MODULE 3

List of Handouts

1. Language Poster (Office of Language Access)

2. Offer and Acceptance or Waiver of Free Interpreter Services (DHS 5000)

3. DHS Interpreter Form and Code of Ethics (DHS 5050)

4. Module 3 Civil Rights Awareness Training Confirmation for DHS Service Providers, Contractors, and Vendors (sign, date, and retain for three years). Provide contract person with list of employees who have completed Modules 1, 2, and 3.
<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawai‘ian</td>
<td>E kuhikuhi mai <code>oe i </code>ane‘i ke pono ka mahele‘olelo (‘a ohe kāki).</td>
</tr>
<tr>
<td>日本語 (Japanese)</td>
<td>日本語の通訳が必要な方は、ここを指差してください (通訳費用はかかりません)。</td>
</tr>
<tr>
<td>한국어 (Korean)</td>
<td>통역을 필요로 하시면 다음 약속일 전에 반드시 통역이 필요하다고 말씀하시어바랍니다. 비용은 부담없이도 됩니다.</td>
</tr>
<tr>
<td>普通話(华语/国語) (Mandarin)</td>
<td>如果您需要讲普通话的免费翻译，请指这里。 (如果您需要講國語的免費翻譯，請指這裡。)</td>
</tr>
<tr>
<td>廣東話 (Cantonese)</td>
<td>如果您需要講廣東話的免費翻譯，請指這裡。</td>
</tr>
<tr>
<td>Ilokano</td>
<td>No masapulmo ti paraipatarus iti Ilokano nga awan bayadina, pakitudom ditoy.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.</td>
</tr>
<tr>
<td>Cebuano (Visayan)</td>
<td>Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.</td>
</tr>
<tr>
<td>Tiếng Việt (Vietnamese)</td>
<td>Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp thông dịch viên miễn phí)</td>
</tr>
</tbody>
</table>
| (မြန်မာ) (Myanmar) | အဝေးထွက်သောစာမျက်နှာများ, စာမျက်နှာကို ဖော်ထားခြင်းများဖြင့် အခြေခံသည်။
| ภาษาไทย (Thai)  | กรุณาระบุข้อความนี้ ถ้าคุณต้องการสนับสนุนภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ) |
| ខ្មែរ (Khmer)   | ប្រើប្រាសាទូទៅប្រុងប្រយ័ត្ន និងប្រើប្រាសាទូទៅមានតំលៅអាកាស៖
(ប្រក្មាសពីអាប់អ៊ឺរ៉ុះទៅយ៉ាងមិន)
| ພາສາລາວ (Lao)  | ມອນໄມ້ ປະເພດimonials ຄັ້ງທີ່ຜູ້ນັກງານສາມາດການປະສານ
(ໂພງຊາບຂ່າວທາງ່າວໄດ້)
| Marshallese      | Jouj im jitohe ejin elane kwoj aikui juon am ri-ukok ilo kajin in (ejjelok wūnān ēn yaŋ)
| Chuukese        | Itini awenewenan ikeei ika pwūn kopwe neûneũ emên chon chia̍kú nón fōosun eei fēnū (kosap wisenmēnēi noom eei chon chia̍kú)
| Chamorro        | Matka pat apunta este yangen un nesisita intetpiti gi fino Chamorro (dibadi este na sitbesio).
| Pohnpeian      | Menlau idih wasa ma ke anahne soun kawehwe (sohte isais).
| Kosraeân        | Nunak munas srisrngingac acn se nge fwin kom enenu met in top nuke kahs lom an sifacna (kom ac tia moli).
| Yapese          | Fa’anra bet’uf bae’ ninge ayweg nem nge abweg e thin rom (ni dabmu pii’pulwon) meere mog aray.
| Yapese (Outer Island) | Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor palawal ngalug. |
| Samoan          | Fa’amolemole tusi lou lima i’i pe ‘a e mana’omia se fa’amatala’upu i le gagana lea (e te ʻe totogina se tupe).
| Tongan          | Tuhu ki heni kapau ‘e fiema’u ha taha ke fakatonulea ‘oku taetotongi.
| Русский (Russian) | Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите пальцем на это предложение. |
| Español (Spanish) | Por favor señale aquí con el dedo si necesita un intérprete (sin ningún costo para usted). |

For more information, please contact:
Office of Language Access  
830 Punchbowl Street, Room 322  
Honolulu, Hawaii 96813  
E-mail: Ola@doh.hawaii.gov  
Call: (808) 586-8730  
Neighbor Islands: 1 (866) 365-5955
OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: ___________________________________________ Case Number: ____________

Interpreter Needed For: ___________________________________________ (Name)

Worker: ___________________________________________ Unit: ____________

Phone: ___________________________ Fax: ____________

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: □ YES* □ NO
   *Sign and date below.

2. □ I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:
   □ I need an interpreter for the following language: ___________________________
   If you need an interpreter, go to part 3, and check the box that applies to you.

3. □ I want DHS to provide an interpreter at no cost to me.
   □ I do not want an interpreter provided by DHS, and I will provide my own.
   • I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
   • I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
   • I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
   • I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.

4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.

Print Name: ___________________________________________ Phone: ___________________________

Signature: ___________________________________________ Date: ___________________________
INTERPRETER FORM

Name: ___________________________ Language: ___________________________

Phone No.: ______________________ E-Mail Address: ______________________

DHS Division/Branch/Section/Unit: _______________________________________

DHS Position Title: ____________________________________________________

For DHS Staff Volunteer Interpreter:

☐ I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.

☐ I do not want to be on the DHS list of volunteer interpreters; however, I will provide interpreter services for ____________________________________________________.

For Family and Friends Providing Interpreter Services:

Name of Person You Are Interpreting For: __________________________________

Your Relationship to the Person You Are Interpreting For: ______________________

Interpreter Mailing Address: _____________________________________________

(P.O. Box or Number and Street, Apt. No., City, State, Zip Code)

Interpreter Telephone No.: _______________________________________________

(Home Phone) (Other)

I state that the following are true:

I have read and understand the Interpreter Code of Ethics (on the back of this form) and agree to follow it when providing interpreter services.

I am 18 years of age or older.

Check as applicable:

I can communicate in English and the language listed above.

I can interpret to and from English in the language listed above.

I can translate written English to the language listed above.

I can translate the written language listed above to English.

Fluency

Fair Good Excellent

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

_________________________ _______________________
Signature Date

DHS 5050 (Rev. 10/2017)
Interpreter Code of Ethics

1. Accuracy
   a. Interpreters shall convey the message and tone of the speaker accurately and completely, without adding or deleting anything.
   b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
   c. Interpreters shall seek clarification when needed.
   d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality
   a. Interpreters shall keep confidential all assigned-related information and shall not divulge any information obtained through their assignments, including but not limited to, information gained through access to documents or other written materials.

3. Impartiality
   a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
   b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
   c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries
   a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
   b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
   c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism
   a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
   b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
   c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
   d. Interpreters shall participate in continuing education programs when available.
   e. Interpreters seek evaluative feedback in order to improve their performance.

Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
MODULE 3

Language Assistance Resources

Oral Interpretation Services

Bilingual Access/Helping Hands  
(808) 526-9724

CTS/Language Link (NASPO) (telephonic only)  
(877) 650-8027

Language Service of Hawaii  
(808) 393-7060

Pacific Gateway Center  
(808) 773-7051

Voiance (NASPO) (telephonic only)  
(866) 998-0338

Note: Some interpreting companies require an account code prior to scheduling an interpreter. Refer to your DHS Language Assistance Resource List. Contact your supervisor or the LEP Project Manager for more information.

Sign Language Interpretation Services

Disability and Communication Access Board (DCAB)

https://health.hawaii.gov/dcab/communication-access/

Hawaii Judiciary Court List, Office of the Equality and Access to the Courts (OEAC)  
(808) 539-4860
(Also provides list of oral interpreters)

https://www.courts.state.hi.us/services/courtinterpreting/listofregisteredinterpreters

Other Oral Interpretation Services

Department of Health, Office of Language Access (OLA) On-Line Roster  
(808) 586-8731

http://www.hawaii.gov/labor/ola

Department of Human Services, Staff Volunteer List

Q Drive>LEP>Volunteer Staff Interpreters>2019

LEP Project Manager/Coordinator

cuesugi@dhs.hawaii.gov  
(808) 586-4989
Civil Rights Awareness – Module 3
Training Confirmation for
DHS Service Providers, Contractors & Vendors

I confirm that my supervisor and I have reviewed this Civil Rights Awareness Training.

____________________________________  ______________________________________  ________
SERVICE PROVIDER’S NAME (please print)  SERVICE PROVIDER’S SIGNATURE  DATE

____________________________________  ______________________________________  ________
SUPERVISOR’S NAME (please print)  SUPERVISOR’S SIGNATURE  DATE

Service Providers, please send signed confirmations ELECTRONICALLY to DHSCivilRightsBox @dhs.Hawaii.gov
no later than ________________________________.

____________________________________  ________
SERVICE PROVIDER/CONTRACTOR/VENDOR NAME (please print)  DATE