

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.



Please point here if you need an interpreter in this language (at no cost to you).



<u>Hawai‘ian:</u>	E kuhikuhi mai ‘oe i ‘ane‘i ke pono ka mahele‘ōlelo (‘a‘ohe kākī).
<u>日本語 (Japanese):</u>	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)。
<u>한국어 (Korean):</u>	통역을 필요로 하시면 다음 약속일 전에 반듯이 통역이 필요하다고 말씀하셔야합니다. 비용은 부담않하셔도됩니다.
<u>普通话(华语/國語) (Mandarin):</u>	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。)
<u>廣東話 (Cantonese):</u>	如果您需要講廣東話的免費翻譯，請指這裡。
<u>Ilokano:</u>	No masapulmo ti paraipatarus iti Ilokano nga awan bayadna, pakitudom ditoy.
<u>Tagalog:</u>	Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.
<u>Cebuano (Visayan):</u>	Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.
<u>Tiếng Việt (Vietnamese):</u>	Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp thông dịch viên miễn phí).
<u>မြန်မာ (Myanmar):</u>	သင်နားလည်သောစကားနှင့် ဘာသာပြန်အလိုရှိပါက ယခုနေရာသို့ညွှန်ပြပါ။ အထက်ပါစကား အတွက်နောက်တစ်ခေါက်ဆက်သွယ်ရန်လိုအပ်ပါသည်။
<u>ภาษาไทย (Thai):</u>	กรุณาชี้มาที่ข้อความนี้ ถ้าคุณต้องการล่ามภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ)
<u>ភាសាខ្មែរ (Khmer):</u>	សូមបង្ហាញនៅត្រង់នេះមក បើសិនជាអ្នកត្រូវការអ្នកបកប្រែជាភាសានេះ (អ្នកមិនត្រូវការចំណាយអ្វីទាំងអស់)។
<u>ອັກສອນລາວ (Lao):</u>	ກະລຸນາຊົມໃສ່ບ່ອນນີ້ ຖ້າທ່ານຕ້ອງການລ່າມພາສາລາວ (ໂດຍທີ່ທ່ານບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ)
<u>Marshallese:</u>	Jouj im jitōñe ijin elañe kwoj aikuji juōn am ri-ukok ilo kajin in (ejjelok wōnāān ñan yuk).
<u>Chuukese:</u>	Itini awenewenan ikeei ika pwún kopwe néúnéú emén chón chiakú nón fóosun eei fénú (kosap wisenmééni noum eei chón chiakú).
<u>Chamorro:</u>	Matka pat apunta este yangen un nesisita intetpiti gi fino Chamorro (dibadi este na sitbesio).
<u>Pohnpeian:</u>	Menlau idih wasa ma ke anahne soun kawehwe (sohte isais).
<u>Kosraean:</u>	Nunak munas srisrningac acn se nge fwin kom enenu met in top nuke kahs lom an sifacna (kom ac tia moli).
<u>Yapese:</u>	Fa'anra bet'uf bae' ninge ayweg nem nge abweg e thin rom (ni dabmu pii'pulwon) meere mog aray.
<u>Yapese (Outer Island):</u>	Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor paluwal ngalug.
<u>Samoan:</u>	Fa'amolemole tusi lou lima i'i pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te lē togiina se tupe).
<u>Tongan:</u>	Tuhu ki heni kapau 'e fiema'u ha taha ke fakatonulea 'oku ta'etotongi.
<u>Русский (Russian):</u>	Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите пальцем на это предложение.
<u>Español (Spanish):</u>	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:	Fluency		
	Fair	Good	Excellent
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.			

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

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