

NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES 101 COUNTY SEAT DRIVE MINEOLA, NEW YORK 11501-4821

THOMAS R. SUOZZI COUNTY EXECUTIVE

ROBERT SHERMAN COMMISSIONER

November 23, 2004

Ms. Maureen Kennedy-Ragule Central Team Leader Division of Temporary Assistance New York State Office of Temporary and Disability Assistance 40 North Pearl Street, 11th Floor Albany, New York 12243

Dear Ms. Kennedy-Ragule:

In response to your request, attached you will find the completed "Americans With Disabilities Act (ADA)/Limited English Proficiency (LEP) Self-Evaluation Form" from the Nassau County Department of Social Services.

If I can be of further assistance, please do not hesitate to call.

Sincerely,

Robert Sherman

Commissioner

Peter Clement Ph.D.

Assistant to the Commissioner for Finance and Development

Self-Evaluation Form	
District Massau Form completed by: Harry W. Gassison Phone #: 571-4531	
Access – ADA	
1. Do you have an ADA contact person within DSS who is responsible for social services program access and for the taking and resolution of complaints from applicants/recipients (A/Rs)? Yes No HARRISAN - BULLDING COMPLETED OF COMPLETE	A Q
2. If yes to #1, who is your ADA contact? Please provide the ADA contact's telephone # \$71-4451 on 571-4531	
3. a. Has your district done a self-evaluation of program access by A/Rs with disabilities?	
Yes (Please attach a copy of the report) No	
b. Were deficiencies found in the self-evaluation?	
Yes (go to c.) No (Go to #4)	
c. Were corrective actions taken?	
Yes (Please attach copy of the corrective action plan) No	
4. Do you have a written procedure for handling complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability?	
Yes / (Please attach copy) No	
5. Do you provide applicants/recipients (A/Rs) for social services programs with information about the ADA's prohibitions against discrimination?	
Yes (Please attach copy) No	
6. Reasonable accommodation means an adaptation or alteration that gives an A/R with disabilities meaningful access to social services programs. Do you have written reasonable accommodation procedures?	
Yes (Please attach copy) No	
7. Do you have a procedure to insure that the A/R who is offered reasonable accommodation, but refuses, understands the consequences of that refusal?	
Yes (Please attach copy) No	

Access - General Disabilities

1.	a. Are your facilities accessible to, and usable by, individuals with disabilities?
	Yes No
	b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?
	Yes No
	c. Is the entrance wheelchair accessible? Yes No
	d. Are bathrooms and drinking fountains wheelchair accessible?
	Yes No
	e. If the client area is above or below the 1st floor, are there elevators?
	Yes No 1 st floor only
	f. If No to e., are services available at alternate accessible sites? Yes No
2.	In social services districts with more than one district office, are all district offices accessible according to #1. a - e above.
	Yes No (go to #3)
3. 1	When one or more district office is not handicap accessible, is reasonable accommodation offered?
	Yes (attach copy of reasonable accommodation plan, or specify)
4.	Do you have procedures for determining when home visits will be provided for A/Rs who are physically or mentally unable to travel to the office/center?
	Yes (go to #6) No (go to #5)
5.	If No to #4, what alternate accommodations are provided?
6	Are the home visit or alternate accommodations procedures in writing?
	Yes (please attach a copy – go to #7) No (go to #7)
7.	How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs? If the individual cally before coming in /if they thek the (Go to #8) Web-site for Nasau County DSS.
8.	How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff?

Access - Visually/sight Impaired

1.	a. Are there signs in Braille for the visually/sight impaired?
	Yes No Men's and Women's rooms Yes No Room Numbers Yes No Permanent Rooms and Spaces Yes No Elevators
,	
	b. If NO to any of the above, how does the visually impaired person find a necessary location? SECURITY PERSONNEL WILL ESCANT THEM.
	DELDICITY TEXTSANNEL WITH ESCARET TREPT.
2.	Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?
	Yes / (Please provide copy) No
Access	– Mental Impairment
1.	Do you have procedures in place to assist a mentally impaired A/R?
	Yes (Please provide copy) No (No written Policy)
Access -	– Hearing Impaired
1.	Do you have procedures in place to assist hearing impaired A/Rs?
	Yes (Please provide copy) No
2.	Is a sign-language interpreter provided? Yes No
3.	Does the office/agency have TTY/TTD equipment or New York Relay Services available? Yes (Type of Service: TTY) No
	· · · · · · · · · · · · · · · · · · ·
	- Limited English Proficiency
1.	Do you have procedures to assist limited or non-English speaking A/Rs?
	Yes / (Please provide copy) No
2.	Are the following available in other than English language? Signs Yes No Palm Cards. Posters Yes No No Arguing Cards. Pamphlets Yes No No Arguing Cards. Other client handouts: Yes (Describe: Fagn Stinter Mathane)
3.	a. Is the "Language Poster" displayed in the waiting area? Yes V No
	b. Are the Language palm cards used? Yes / No

What You Should Know About Your Rights If You Have a Disability

If you have a physical or mental health impairment that substantially limits one or more major life activities, have a record of an impairment or are regarded as having an impairment, you may have rights under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. These are laws that protect qualified individuals with disabilities. Physical or mental health impairments include, for example, learning disabilities, mental retardation, depression, mobility impairments, and hearing or vision impairments. A qualified individual is a person with a disability who meets the eligibility requirements for receipt of services or participation in programs or activities. If you are a qualified person with a disability:

- Having a disability will not disqualify you from receiving Temporary Assistance;
- You are not required to tell the social services official about your disability and you cannot be required to participate in an evaluation of your disability if you can successfully participate in work activities. However, if it becomes apparent that your disability is a barrier to successful participation, you can be required to cooperate with an evaluation of your disability;
- Any health information you provide to the social services worker will be kept confidential and will be used to determine if you need services and reasonable accommodations to help you participate in work activities;
- You are entitled to individualized treatment and effective and meaningful opportunities to participate in employment programs; and
- You may be required to apply for Supplemental Security Income (SSI).

The social services district will ask you if there is anything, including a physical or mental health impairment that might affect your ability to participate in work activities. If you think you may have a disability and need reasonable accommodations or services to help you participate in work activities, you may let your worker know. Reasonable accommodations may include, for example, reduced or changed work hours, accessible work sites, auxiliary aids, and specialized programs, including rehabilitation.

If you have a disability and you believe that the social services district did not adequately accommodate your disability when it assigned you to a work activity, you may request a conciliation conference with the social services district. You also have the right to request a fair hearing before an administrative law judge if you are not satisfied with the conciliation decision.

NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES · 101 COUNTY SEAT DRIVE • MINEOLA, NEW YORK 11501

DEPARTMENTAL MEMO

TO:

All Directors

FROM:

Stephen Fisher

Management Analy

DATE:

March 18, 2003

SUBJECT: ADA Complaint Procedure

Effective immediately, IRRS is responsible for the receipt of complaints regarding the Americans with Disabilities Act. ADA complaints received will be forwarded to program area directors for review.

1-48/9

A copy of a written response to the complaint should be forwarded to IRRS within 10 days. The initial response to the complainant does not have to be a resolution of the issue, but should indicate what action is being taken. (See attached Referral form.)

The complaint and response will be forwarded to the Legal Department who will retain custody of acknowledged complaints.

Please share this information with your Staff immediately.

cc:

Commissioner Sherman

Dr. Peter Clement

Rev. Earl Mitchell

Dr. Louise Skolnik

SF/ret



NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES 101 COUNTY SEAT DRIVE MINEOLA, NEW YORK 11501-4821

DISCRIMINATION COMPLAINT

	DATE
COMPLAINANT'S NAME:	PHONE #
	PHONE #
REFERRAL SOURCE - (IF NOT COM	
SS#	CASE #
UNIT/WORKER #	 .
TYPE OF DISABILITY	
	· · · · · · · · · · · · · · · · · · ·
	RESPONSE DUE:
REFERRED TO:	

(5)

NOTICE OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The Nassau County Department of Social Services ("NCDSS") does not discriminate on the basis of disability. No individual who qualifies for benefits through NCDSS shall be excluded from participation in or be denied the benefits of the services, programs or activities of NCDSS, including but not limited to the provision of temporary housing assistance.

If you think that you have been discriminated against on the basis of your disability or that your case has been handled improperly because of your disability, please contact:

Nassau County Department of Social Services 101 County Seat Drive Mineola, NY 11501 (516) 571-4531

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NASSAU COUNTY

DEPARTMENT OF SOCIAL SERVICES

101 COUNTY SEAT DRIVE • MINEOLA, NEW YORK 11501

DEPARTMENTAL MEMO

TO:

ALL DIRECTORS

FROM:

Harry W. Garrison

Office Services Supervisor

DATE:

September 20, 2002

SUBJECT:

ASSISTING CLIENTS TO GAIN ACCESS TO OUR BUILDING

The attached notice is inserted in each application and also posted.

The motorized patrol has been instructed to be proactive and offer assistance when appropriate.

The Office for the Physically Challenged working in conjunction with the Division of Buildings, are going to install an outside intercom. This unit will be mounted on a pole with an instruction sign and placed in the NW Handicap parking lot. Other locations are being considered. This intercom will communicate with security at the front desk.

HWG/cg



NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
101 COUNTY SEAT DRIVE
MINEOLA, NEW YORK 11501-4821

If you have a problem accessing the Department of Social Services building at

101 County Seat Drive, Mineola, come to the main parking lot, north of the building (Field 17) and look for the motorized Security Patrol.

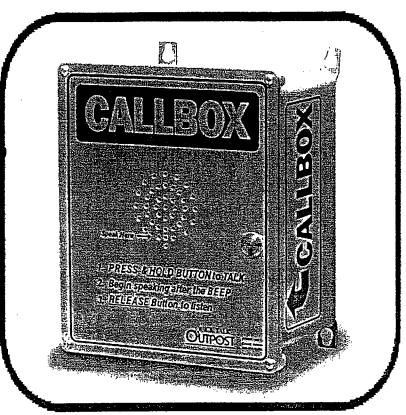
The security guard will assist you with parking and gaining entrance to the building.

OUTSIDE

RITRON.

Quick Talk OutPost Radio CallBox

ASSIST A/R'S
TWO INSTALLED
1/03



THE QUICK TALK OUTPOST XT RADIO CALLBOX.

Finally, there is a low-cost wireless communication solution fixed locations. The Quick Talk OutPost callbox provides two-way communications over your exsisting two-way, simplex, repeater, LTR, or PassPort radio system without costly upgrades or capital expenditures. Simply deploy the callboxes in areas where you need them th most; such as late night dorbells, schools, hospitals, delivery/receiving docks, agribusiness, golf courses, gates, amusement parks, help boxes in parking lots and structures.

There is no need for extensive wiring, remodeling, or dedicated phone lines since the Quick Talk OutPost is completely wireless. Install the callbox on any light standard ou utility pole, parking deck, entry area or any flat surface. Relocation of the callbox is just as simple. Optional magnetic mount antenna is available for increased coverage and range.

- Affordable 2-way communication callbox
- Easy add-on to existing radio systems
- Reinforced Fiberglass Enclosure
- Stainless Steel Faceplate with Tamper Resistant Fasteners



NASSAU COUNTY

ADA

POLICY STATEMENT

THE COUNTY OF NASSAU IS COMMITTED TO COMPLYING WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AND THE FOLLOWING POLICY:

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the County, or be subjected to discrimination by the County in its public services including, but not limited to legislative meetings, informational materials, health and social services, employment, transportation, recreation and special events.

COUNTY OF NASSAU

ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURE

OBJECTIVE

The County of Nassau is committed to ensuring that all members of the public are able to participate in and receive the benefits of its services, programs and activities. The County is particularly concerned with making services, programs and activities available and accessible to people with disabilities. As part of our strategy to meet this goal, the County has conducted ongoing self-evaluations of each service, program and activity. For example, with the assistance of the Eastern Paralyzed Veterans Association, the County has reviewed all facilities open to the public to assess their physical accessibility. Where structural changes are found to be necessary and feasible to provide full and equal participation in programs conducted at County facilities, a Transition Plan has been prepared to identify a timetable and steps required to make such inaccessible facilities accessible to and usable by individuals with disabilities in accordance with ADA Title II regulations.

Nassau County will not discriminate in employment against qualified individuals with a disability.

As a practical matter, situations will arise where a particular change or accommodation may be needed to ensure full and equal participation in County services, programs or activities. If you learn of such a situation, we urge you to work with us to address it. In most cases, making a service, program or activity available or accessible will require the prompt exercise of common sense, creativity and an interactive dialogue between a County representative and the person with the disability and/or his representative.

The following procedures are designed to promote prompt and equitable resolution to complaints of unequal or inaccessible services, programs or activities. The County urges all individuals with disabilities, including County employees with disabilities, to use this procedure to resolve any actual or potential problems or complaints.

PROCESS

An person believing that a member of the public is being denied, by reason of disability, full and equal participation in any service, program or activity of the County may file a written complaint describing the problem. In situations where a person is about to be denied participation in a service, program or activity by reason of disability, complaints initially may be made orally to permit prompt program or activity by reason of disability, complaints initially may be made orally to permit prompt action. (If the situation is not resolved following an oral complaint, a written complaint should be filed to action. (If the situation.) While written complaints need not be on any specific form, complaint forms help us take further action.) While written complaints need not be on any specific form, complaint forms may be obtained from the Nassau County Office for the Physically Challenged (hereinafter referred to as OPC). All complaints, in whatever form, must specifically identify the following:

- Name of person filing complaint
- Name of person(s) being denied equal participation in the service, program or activity
- The service, program or activity which is not fully available or accessible
- The manner in which the service, program or activity is not available or accessible
- The type of action believed to be necessary to make the service, program or activity available or accessible (Examples: removal of physical barriers, change in program policies or procedures, provision of auxiliary aides or services, discussion with County employees responsible for delivering services or other possible accommodations).

I. COUNTY PROGRAMS, SERVICES OR ACTIVITIES

Complaints concerning access to County programs, services or activities should be addressed to the ADA Liaison for the department responsible for the program, service or activity at issue. (A list of ADA Liaisons for all County departments is attached to this policy.) If the complainant cannot identify or contact the appropriate department or the designated ADA Liaison for that department, he/she should contact:

Don Dreyer, Director
Nassau County Office for the Physically Challenged
1550 Franklin Avenue, Room 112
Mineola, NY 11501
516/571-4053 (Voice), 571-3108 (TDD), 571-6150 (Fax)

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A. A complaint should be filed in writing or, when necessary in another format that accommodates the complainant's disability. The complaint should contain the complainant's name, address and phone number, a detailed description of the incident, and the names of any witnesses to the incident or condition.
- B. A complaint should be filed within 45 days after the complainant becomes aware of the alleged violation.
- C. Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies of the complaint shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons and their representatives, if any, an opportunity to submit materials relevant to a complaint.
- D. Within 45 days of the filing of the complaint, the departmental ADA Lizison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- E. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within 45 days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- F. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records Management for Nassau County must also grant permission to destroy such records.
 - G. The complainant can request re-consideration for the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA Liaison, in writing. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.

- The departmental ADA Liaison will respond to any request for reconsideration within 15 business days of receiving the request. The ADA Liaison's response must be approved by the Commission or agency Director, or his/her designee. The ADA Liaison will forward a H. copy of the response to the Director of the OPC and to the County Attorney.
- This Administrative Policy will be construed to protect the substantive rights of all interested persons, and to assure Nassau County's compliance with the ADA and Section I. 504 or the Rehabilitation Act of 1973 and the implementing regulations.

RESOLUTION OF RECONSIDERATION GRIEVANCES

If the complainant is dissatisfied with the reconsideration response, either because of a negative finding or disagreement over what constitutes appropriate redress, the complainant may file a formal charge of Alleged Discrimination with the appropriate local, state or federal agency, or utilize their appropriate Collective Bargaining Agreement process. The agency's ADA Liaison will provide information on local, state and/or federal guidelines and names and addresses of enforcement agencies.

NOTHING CONTAINED IN THIS ADA COMPLAINT AND GRIEVANCE RESOLUTIONS PROCEDURES SHALL LIMIT OR PRECLUDE AN INDIVIDUAL FROM SEEKING APPROPRIATE LEGAL OR ADMINISTRATIVE REDRESS FROM APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES, ENFORCEMENT AGENCIES OR COURTS.

EMPLOYMENT II.

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A complaint should be filed in writing or, when necessary, in another format that accommodates the complainant's disability. The complaint should contain the A. complainant's name, address, and phone number. Complaint based on employment should be filed first with the department ADA Liaison. Complaint should include a statement of the accommodation being sought and medical documentation supporting necessity of the accommodation.
- Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies for the complaint B. shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons an opportunity to submit materials relevant to a complaint.

- C. Within fourteen (14) days of the filing of the complaint, the departmental ADA Liaison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- D. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within fourteen (14) days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- E. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records and Management for Nassau County must also grant permission to destroy such records.
- F. The complainant can request re-consideration of the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA/Liaison and the Nassau County Civil Service Commission, in writing, at 140 Old Country Road, Mineola, New York 11501. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.
- G. The Nassau County Civil Service Commission will respond to any request for reconsideration within fifteen (15) business days of receiving the request. The Civil Service Commission will forward a copy of the response to the Director of the OPC and to the County Attorney and complainant. Decision of the Nassau County Civil Service Commission shall be binding upon the County Department Head.
- H. This policy shall be distributed on an annual basis to all current employees. This policy shall also be given to all new employees at orientation.

This procedure/document does not preclude an individual from filing an allegation or discrimination with a federal, state or local authorized body.

NASSAU COUNTY ADA COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

- A. A complaint should be filed in writing or, when necessary in another format that accommodates the complainant's disability. The complaint should contain the complainant's name, address and phone number, a detailed description of the incident, and the names of any witnesses to the incident or condition.
- B. A complaint should be filed within 45 days after the complainant becomes aware of the alleged violation.
- C. Upon receipt of a complaint, the departmental ADA Liaison will forward a copy to the Commission or agency Director or his/her designee for review. Copies of the complaint shall be forwarded to the Director of OPC and to the County Attorney's Office. The departmental ADA Liaison will then conduct an investigation. The departmental ADA Liaison may seek the assistance of the Director of OPC and/or the County Attorney in investigating and responding to the complaint. These procedures contemplate informal but thorough investigations that afford all interested persons and their representatives, if any, an opportunity to submit materials relevant to a complaint.
- D. Within 45 days of the filing of the complaint, the departmental ADA Liaison will provide a final written response to the complainant. That response must be reviewed and approved by the Commission or agency Director, or his/her designee before it is sent to the complainant. Upon request, the response will be in an alternative format accessible to the complainant. A copy of the approved response will also be forwarded to the Director of the OPC and to the County Attorney.
- E. If the departmental ADA Liaison cannot complete the investigation (to the complainant) within 45 days, he/she shall notify the complainant as to when the response will be completed. The departmental ADA Liaison will forward copies of such notice to the Director of the OPC, and the County Attorney.
- F. The ADA Liaison shall maintain a file relating to each complaint and the response thereto. Such file shall be maintained for no less than six years, and the department's records officer must be notified and permission sought to destroy such files. The Director of Records Management for Nassau County must also grant permission to destroy such records.
- G. The complainant can request re-consideration for the original complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the departmental ADA Liaison, in writing. An alternative format accessible to the complainant may also be used. The complainant must seek reconsideration within thirty (30) days of receipt of the County's response to the original complaint.

	Nassau County nent of Recreation,		
- SE	d Support Services RVICE REQUES	Date Rec'd.	
Request No.	A PERO	Do not fi	II in
To: Rec., Pks. & Supp. Svcs.	Who I was	14 Job#:	
Div. of Bldg. Operations	MAYING	-	not fill in
Dept: Social Services	Ext. 1-4531	Location of Work:	
Date: 7/8/02	Dept. Code:	Building DSS	
Originator: <u>S.A. Siediacki</u> Auth. Signature	5 S 1 O	Floor	
		Rm. Number	
Description of Request: Please indicate sp Attach additional sheets as requested.	pecial conditions, sketch	hes and explanations as n	ecessary.
Please make one sign to	be placed underneas	th the building	•
sign at the top of the stairs		•	
To read:			
WHIELCHAIRS	, CARRIAGES, ETC.		
USE RAM	es at end		4
OF PARE	ING LOT		
	the manufacture of the state of		
	والمستحد مستحد المستحد		
Thank you.			
9/25/02 Mx = 21/	TRY TO GET	This mount	Zey .
Ja. UT	Do not fill below this line	· · · · · · · · · · · · · · · · · · ·	
Investigate & Report	Authorized		
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Services Mason S	igns Welding	Upholst.	Other 🔲
Communication: D.M.I. Cables To To Date work started	elephones 🔲 P.M	Date work completed	

LIMITED ENGLISH PROFICIENCY PROCESS

This Department has developed a process to better assist applicants or clients who come to us with a limited ability to communicate in English.

All employees, especially those in our Reception Areas, will need to become familiar with the process described below.

Posters have been placed in the building, and palm cards are available in all reception areas. These tools will assist reception staff to ascertain that an individual has a problem communicating in English, and identify what language must be used.

- First ascertain if the individual is hearing impaired. If so, contact Personnel to see if a staff member who is proficient in American Sign Language is available. If not, contact IRRS who will arrange for an outside provider of Sign Language services to be available. This service can be available in as little as two hours.
- ♦ If hearing impairment is not a problem, then the posters and palm cards will help establish the language in which the individual can communicate. Once established, contact Personnel to see if a staff member who is proficient in that language is available. If so, the interview can continue.
- ♦ If no staff member is available, then the individual is to be brought to IRRS, where a conference call will be made to a telephone language service. The receptionist, client and interpreter will have a conversation to establish the nature of the client's business, and appropriate action to be taken.
- ♦ If it becomes apparent that the applicant is here for a specific program, i.e. Food Stamps, Medicaid, etc., and the process must continue, the receptionist will contact the appropriate staff in the specific program area. The worker will come to IRRS who will recontact the telephone language service and the interview will continue. Applications will be completed, and any emergent needs will be met
- If it is determined at this point that a full eligibility interview is required, then IRRS will contact a provider of translation services and arrange an appointment for a mutually agreeable time.
- ♦ The application is to be annotated to reflect the chosen language. This will insure that any future case contact will have language translation service available.
- ♦ A similar process has been developed for the Freeport Office.

The Nassau County Department is required to keep statistics regarding our providers of services to those applicants/recipients (A/R) who have limited English proficiency. This includes the need for sign language for the hearing impaired.

This form is to be completed at first contact when the A/R is in need of such assistance. The completed form is to be submitted to your Director. Take the bottom copy and place with the case record.

CLIENT NAME	EAP REG#CASE NO
Language oi	assistance needed
Nature of s	Requested assistance from DSS. Provided own interpreter.
DIRECTOR:	Your signature verifies that this individual has an application or a case in your program. Please sign and forward to Office Services.
	SIGNED

Do you require the services of a sign language interpreter? If so, please complete only the top section of this form and return it to the receptionist.

Ivaliic							_
Address:							_
							_
Telephone l	umber:						_
Services Ne	eded:						_
Times Avai	able for Interviev	v:					
							
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	· · · · · · · · · · · · · · · · · · ·						
Office use on	y)						
	anged for a sign l	language inte	erpreter to as	ssist you. I	They will	assist y	ou
We have an	•				Γhey will	assist y	ou
We have an	anged for a sign l	·			Γhey will	assist y	ou

If the appointment is convenient, please return here at the date and time indicated. If not please provide the receptionist with alternative times when you will be available.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Region II Federal Building 26 Federal Plaza Room-3312 New York, NY 10278

SEP 3 0 2004

Robert Sherman
Commissioner
County of Nassau
Department of Social Services
101 County Seat Drive
Mineola, New York 11501

NASSAU COUNTY
DEPT. OF SOCIAL BERVICES

OCT 1.4 2004

Reference Number: 99-00227

COMMISSIONER'S OFFICE

Dear Commissioner Sherman:

On April 29, 1999 the U.S. Department of Health and Human Services Office for Civil Rights (OCR) received a complaint filed by several advocacy organizations that New York City Human Resources Administration (HRA) discriminates against Hispanic persons seeking to apply or otherwise secure public benefits in HRA Job Centers and other public assistance offices. The complaint alleges that HRA routinely fails to provide Hispanic person of limited English Proficiency qualified interpreters services during the application and eligibility interviews, thus, in effect denying such persons an adequate and effective means to communicate with HRA staff members. The complaint charges among other things, that HRA staff, in many cases require LEP applicants to bring their own interpreters to public assistance interviews and appointments. These practices, the complaint alleges deny LEP persons meaningful access to the Medicaid and Temporary Assistance for Needy Families programs and subjects them to discrimination on the basis of national origin in violation of Title VI.

Based upon the above complaint OCR conducted a Title VI investigation on the County of Nassau Department of Social Services (CNDSS) that resulted in an executed Resolution Agreement dated March 19, 2002. This Agreement included reporting requirements to OCR by the CNDSS and monitoring activities to be performed by OCR over a period of time.

After careful review of the matter OCR has determined that the CNDSS has satisfactorily met its reporting requirement obligations and that our monitoring activities has shown that CNDSS is in compliance with its Title VI obligations with respect to the issues identified in the investigation.

Page 2 - Robert Sherman, Commissioner

If you have any questions about this letter or the investigation process, please contact Arnold Loperena, Investigator, at (212) 264-3313.

Sincerely,

Michael R. Carter Regional Manager Office for Civil Rights

Region II



Deaf & Hard of Hearing Interpreting Services, Inc.

NASSAU COUNTY dept. Of Social Services

Mr. William Cunningham Chief Deputy Nassau County Executive Office of the County Executive One West Street

AN OZ MAR

COMMISSIONER'S OFFICE

May 28, 2003

Dear Mr. Cunningham:

Mineola, NY 11501

Deaf & Hard of Hearing Interpreting Services, Inc. (DHIS) proudly introduces a sign language interpreter referral agency in New York City, Nassau and Suffolk County.

DHIS is deaf-owned and operated by Irma Azrelyant and Joshua Finkle. Both executives are fluent in American Sign Language and possess personal and professional expertise in the field of deafness. These unique qualities, combined with the knowledge of the rich resources of New York City and surrounding areas pool of interpreters and their skills, are the necessary ingredients for the success of DHIS. The mission of DHIS is to facilitate the communication process by matching each client with the most qualified interpreter.

Public facilities and private entities have used DHIS services for over six years now. Medical centers are required to comply with current laws in order to provide effective communication for individuals who are deaf and hard of hearing. The demand for interpreters has, therefore, increased dramatically. DHIS seeks to meet the challenge by providing the best-qualified interpreters.

Currently, our new website is up and running. Go to www.dhisnyc.com and sign-up as a new customer. You will not believe how easy it is to sign up and do business with DHIS. You will be able to make interpreting requests via the web. DHIS staff administrators will receive your requests. Once a request is confirmed, an automated email will be sent to the interpreter and you with all the information.

We invite you to contact DHIS, at your earliest convenience, for your interpreting needs. If you have any questions please call us at (718) 433-1092 Voice, (718) 392-3372 TTY or visit our website www.dhisnyc.com.

We look forward to working closely with you and thank you for your time and interest.

Sincerely,

Joshua Finkle

President 10-76 Jackson Avenue, Long Island City, NY 11101

Voice (718) 433-1092. TTY (718) 392-3372, FAX (718) 392-3576

httn://www.dhienve.com

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LEP QUICK REFERENCE GUIDE

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ישווויי מוא card

140111541

נוווז לוווכפו

interpreter come back

nave a sear

LOT WOULD

This side facing client

Instructions for use:

- 1. Turn to the first tab to determine the language being spoken/read;
- 2. Turn to the tab needed to give appropriate instructions; and
- 3. Obtain an interpreter/translator for additional assistance.

Point to the language you speak.

o, あなたが話せる言葉を指し示してください。
02 커하께서 사용하시는 언어를 지적 하십시요.
Korean
señale el idioma que usted habla.
Xin chỉ vào ngôn ngữ nào quí vị nói.
Vietnamese
os อุไลนาสาที่ทามปาก
% សូមចុចឲ្យចំភាសាវេដលអ្នកនិយាយ
。請用手指指出您所說的語言。
Tawteg rua vaam lug kws koi has tau
Hmong
99 Faasino mai le gagana e te tautala ai.
Samoan
ltudom yo man no anya ta sarita yo.
Ituro niyo nga ang inyong sinasalitang wika.
Tagalog
Montrez la langue que vous parlez.

French

Mutasson rá a nyelvre amelyet beszél.	Hungarian
укажите язык, на котором вы говорите.	Russian
Вкажіть мову, на якій ви розмовляєте.	Ukrainian
Arătați ce limbă vorbiți.	Romanian
wskaż na język którym się posługujesz.	Polish
ΔΕΙΞΈΤΕ ΠΟΙΑ ΓΛΩΣΣΑ ΟΜΙΛΕΙΊΕ	Greek
ቋንቋን	Tigrigna
4ን ቋምን ያመለክታ። 23	Amharic
Osoita kieltä jota puhut.	Finnish
به زبانی که شما صحبت میکنید اشاره کنید.	ن ف Farsi
Ukážte, ktorým jazykom hovoríte.	Czech
3, ชีกาษาตีต่านพูฅ	Thai

Point to the language you speak.

. an abuse is

Please have a seat, someone will be right with you.

の1 席についてください。係の者がまいります。	
22 직원이 곧 오실테니 앉아서 기다리십시요.	Korean
93 Por favor, tome asiento. Alguien le atenderá en un momento.	Spanish
Xin ngời xuống. Sẽ có người đến với quí vị ngay.	Vietnamese
os ກະຊຸນານັ່ງລໍຖ້າ.ຄົນໃດຄົນນຶ່ງຈະມາພິຍທານໄລດ	Laotian
សូមអង្គុយចុះ ។ អេនិងមកជ្ហបង្អកនៅពេលឆាប់។នេះ oo	Cambodian
07 請坐一下,馬上會有人過來幫助您。	Chinese
os Thov nyob tsawg tau. Yuav muaj ib tug lug ntsib koj.	Hmong
by Faamolemole alaala i sou nofoaga. O le a o'o mai se tasi ia te 'oe.	Samoan
Agtugao kay man. Addan to ti mangtulong cadacayo.	Ilocano
, Gawing umupo lang muna po at mayroong darating upang tumulong sa inyo.	Tagalog
Veuillez-vous asseoir. Quelqu'un sera avec vous dans un moment.	French

Kérjük üljön le. Hamarosan fogadjuk.	Hungarian
ту Гюжамуйста, садитесь. Кто-пибудь вас скоро примет.	Russian
Сідайте, будь ласка. Вас скоро приймуть.	Ukrainian
Và rog să luați loc. Cineva o să vă vadă imediat.	Romanian
Proszę usiąść. Zaraz ktoś się Panem/ Panią zajmie.	Polish
21 Παρακαλείσθε να καθήσετε. Κάποιος θα σας αναλάβει σύντομα.	Joseph
ስብ ብቆልጡ ቻ ክመ የካ ስሉ ነን ነን ነን ነልካ ተዳሰ።	
47 h97 L+00m: 4444 ho 108 13 13 915 916.	in the state of th
Olkaa hyvä ja istuutukaa. Joku tulee kohta hoitamaan asiaane.	Finnish
لطفأ بفرماييد بنشينيد. اكنون يك نفر به شما كمك خواهد كرد. ود	1
Sadnite si, prosím. O chvíľu sa vám niekto bude venoval.	Crach
3, กรุนานั้งสง พนักงานยะมาพูฅกับตำน	Thai

Please have a seat, someone will be right with you.

Please have a seat while I go get an interpreter.

	Donas
01 通訳を呼んでくる間、席でお待ちください。	
	Japanese
	Korean
Por favor, tome asiento mientras llamo a un intérprete.	
Xin ngời xuống tuồng 11: (*) 1: (*)	Spanish
og Ann rigor Audrig frong khi toi di tim một thông dịch viên.	
ກະຊຸນານັ່ງລໍຖ້າໃນຂະນະທີ່ຂ້າພະເຈົ້າໄປເຄົ້ານາຄຸມາສຸາ	Vietnamese
	Laotian
🗽 សូមកេកខ្លែងអង្គុយសិនចុះនៅពេលដែលខ្ញុំទៅរកអ្នកបកប្រភាសា ។	
	Cambodian
07 萌坐,我去替您找位翻譯員。	
Thau kuy moog nray tug txhais lug thoy nyob tsawe tau.	Criffese
	Hmong
oo Faamolemole alaala ane i ina, se'i saili mai le faamatala'upu.	Camora
Agtugao kay man ta agayabak ti mang-interprete para cadacayo.	
	llocano
" Umupo lang muna kayo habang ako'y kukuha ng isang tagapagsalin.	
Veuillez-vous asseoir pendant que je cherche un internrète	Bolaga
י אבר אבר אבר אבר און ווונבו אובור מון ווונבו אובר	. Transf

Kérjük üljön le amig tolomácsot szerzünk.	Hungarian
Пожамуйста, присядыте, пока я схожу за переводчиком.	Russian
Будь ласка, посидіть доки я приведу перекладача. 18	Ukrainian
Và rog, luați loc, o să merg să aduc un traducător.	Romanian
Proszę usiąść i zaczekać. Poprosimy tłumacza.	Polish
1Ιαρακαλείσθε να καθήσετε μέχρι να φέρω τον Διερμηνέα.	Greek
22 22	Tigrigna
₩ŋħ₽₹ ₭₧₭፲ሚ ₩ħክምጠレልወ≯ RLħ LMnф::	Amharic
Olkaa hyvä ja istuutukaa siksi kunnes haen tulkin.	Finnish
لطفأ بفرماييد بنشينيد تا من يک مترجم خبر کنم.	لط Farsi
Sadnite si, prosím, kým pôjdem po tlmočníka.	Czech
ารุนานั้งลงขนะที่ยันใปตาผู้แปล	Thai

Please have a seat while I go get an interpreter.

name see me receptionist

Food stamp card

Number? identification

Worker in 1 this office?

Please come back

Please come back, we will arrange for an interpreter for you.

Thoy rov qaab tuaj dlua lwm zag, peb yuav nrav ib tug txhais lug rua koj. Cambodian 다시 오시면 저희가 통역관과 약속을 하여 놓겠읍니다 Korean Bumalik na lamang kayo, ILUNDANG TAKDANG TELSA SA UHAM, At kukuha kami ng tagapag-salin para sa inyo. , chúng tôi sẽ sắp xếp một thông dịch viên cho quí vi. , o le a faafesootai le faamatala'upu. Laotian Tagalog Agsubli kay laengen, <u>iiupowi ni fichian panachakin cabacayo a nacabili nasari</u>, mangala kamin-to ti ag-interprete に通訳を手配しますので、その時においで下さい。 , tendremos un intérprete disponible. . Nous aurons un interprète pour vous aider. 下次我們定會替您安排一位翻譯員 ผอกเร็าจะจักขาบายผาสาไว์ใต้ขาบ ,ឃើងនិងរកអ្នកបកព្រៃកាសាជ្ជនអ្នក ។ ILE ASO US FAATONUINA ILE TUSI SENALE LA FECHA DE LA CITA EN LA CARTA សូមចង្អារមាស្រីពេលណោក់ផ្លូបដែលមាននេះពេលីលេខិត . ຊີ້ໄສວັນທຶດມາບນັດຜົນຜູ້ເນຄນັງສື Revenez le Monirez la Date du rendez, vous sur la lettre 重用手指出位上的 見的日期 Faamolemole toe asiasi mai, Xin trở lại, chingayinga then kinu 01 「手紙に乗いてある予的の日のところを招してください」 ₹ Por favor, regrese el กะรุบาทับมาใตม, សូមពេញញមកវិញ 晴再來一趟 0

Kérjük jöjjön vissza, kurassonat radiumdan kérünk egy tomácsot.	Hungarian
ПОЖАЛУЙСТА, ПРИДИТЕ СНОВА MANIETIN ANT TENTENT / Y HAC будет для вас нереня Russian Russian	A IVIK. Russian
Будь ласка, придіть знову вкажів на дату привому в листі , ми забезпечимо вам перекладача. Иктаіліал	:КЛадача. Ukrainian
Vă rugăin reveniți, ARATAN SPREDATA PROGRAMARII IN SCRISOARE, VĂ VOM furniza un interpret. Ron	Romanian
Prosimy o ponowne przybycie skaz na panawił w 118cm, wezwiemy tłumacza dla Pana/i.	sh
Παρακαλείσθε να έρθετε ξανά, στις , ο φροντίσομε να σας έχομε διερμηνέα για να σας βοιβήγει.	θήσει. ek
11年刊 名かり ナロロトか: ************************************	Tigrigna
47 Hgg LOOKA: AND STANDED STATE STAND STATE STAND STATES	Amharic
, jär jestämme teitä varten tulkir	l. Finnish
لطناً برگردید، اندر کند به نادیخ در مرات نامد رفید ما یک مترجم برای شیا قرار میگذاریم. Forsi	Si.
Prosím, prídite znova onvolene se na batum schozak v nobise budeme mať pre vás Umočníka.	ch
กรุนาทสับมาฮีท	•=
Please come back, we will arrange for an interpreter for you.	r you.

Do you have a worker in this office?

0.1 このオフィスにあなたの担当者がいますか。	Japanese
이 사무소에 담당직원이 있읍니까?	Korean
¿Tiene un trabajador en esta oficina que le atiende generalmente?	Spanish
od Quí vị có nhân viên phụ trách tại văn phòng này không	Vietnamese
os ທ່ານນີພະນັກງານຢູ່ຫຼືອງການແຫ່ງນີ້ ບໍ າ	Laotian
តើអ្នកមានអ្នកធ្វើការនៅក្នុងការិយាល់យនេះទេ	Cambodian
o ₂ 在這辦公室裡,有沒有工作人員曾經協助過您的?	Chinese
os Koj puas muaj tug vawjkawj nyob huv lub chaw uanum nuav.	Hmong
Po'o ai se Sui o le ofisa e fesoasoani ia te 'oe.	Samoan
Adda am-ammo yo nga mangtul-tulong cadacayo ditoy oficina?	llocano
Kayo ba'y mayroong tagapag-tulong para sa inyo sa opisinnag ito?	Tagalog
Avez-vous un assistant social dans ce bureau?	French

Do you have a worker in this office?

Do you have a case number?

1指定番号を持っていますか。	Japanese
과하의 고유번호를 아십니까?	Korean
¿Tiene su número de caso?	Spanish
Quí vị có số hồ sơ không?	Vietnamese
ທ່ານມີເລກນ້ຳເບີເຍກະສານຂອງທ່ານບໍ່?	Laotian
តិវឌ្ឍមានលេខឯកសារឬទេ ? oo	Cambodian
07 您的檔卷號碼是幾號?	Chinese
Koj puas muaj koj tug khej naabnpawb?	Hmong
Po'o ia te 'oe se numera faamau o lau talosaga?	Samoan
Adda cadacayo ta numero ti caso yo?	llocano
Nasa inyo ba ang numero ng inyong kaso?	Tagalog
Avez-vous votre numéro de cas?	French

Mi az ügyiratszáma?	Hungarian
17 Есть ли у вас номер вашего дела?	Russian
Чи маєте ви номер вашої справи?	Ukrainian
Aveţi numărul de caz al dumneavoastră?	Romanian
20 Czy ma Pan/i Numer Sprawy?	Polish
21 Εχετε τον Αριθμό της Υποθέσεώς σας.	Greek
52 77 /7427 4R6 Xhry R ?	Tiariana
P744 / 774 \$FC \$1,00 x ?	Amharic
Onka Teillä mukana asian käsittleynumero.	Finnish
25	آیا شاره پرونده دارید؟
Máte vaše číslo prípadu?	Czech
31 ต่านมีเลขตีกรณียืองต่านไหม	Thai

Do you have a case number?

Would you please show me some identification?

年記品 キロ オープ メン・	
01 女儿証明を死せてください。	Japanese
22 귀하의 신분증을 보여 주시겠읍니까?	Korean
¿Me puede enseñar alguna identificación?	Spanish
Quí vị có vui lòng cho tôi xem vài giâý chứng nhận không?	Vietnamese
os ກະຊຸນາອໍໃຫ້ທ່ານສະແດງບັດປະຈຳຕົວແນວໃດແນວນຶ່ງໃຫ້ອ້າພະເຈົ້າເບິ່ງໄດ້ບໍ?	Laotian
សូមបង្ហាញខ្ញុំនូវអត្តសញ្ញាណប័ណ្ឌខ្លះ ?	Cambodian
。可以讓我看您的身份證件嗎?	Chinese
Thov muab koj dlaim ntawv kws coj nrug cev rua kuv saib?	Нтопа
Po'o ia te 'oe se pepa-faamaonia o ai 'oe?	Samoan
10 Mangpakita kay man ti identificacion yo?	llocano
Maari po bang magpakita kayo ng ilang pagkakakilalanan?	Tagalog
Veuillez me montrer une pièce d'identité.	French

16 Kérjük mutassa be igazolványát.	Historia
го жалуйста, покажите мне какое-нибудь удостоверение личности.	aning and
18 БУДЬ ЛАСКА, ПОКАЖІТЬ МЕНІ бУДЬ-ЯКЕ ПОСВІДЧЕННЯ ОСОБИ.	
νά rog, arătați-mi vre-o indentificare.	Romanian
czy byłby Pan/i uprzejmy/a okazać dowód tożsamości ?	
21 Μπορείτε σας παρακαλώ να μου δείξετε την ταυτότητά σας.	rollsa
52 10774 DLA4 51682 4540 A ?	Greek
47hgz መታወቂያ ወርቀኑ /መhggz ያላዶች::	ligrigna
Olkaa hyvä ja näyttäkää henkilöllisyystodistus	Amharic
آيا ملكن است مقداري مشخصات به من نشان دهيد؟	1 .
Ukážte mi, prosím, nejakú identifikáciu.	rarsı
ากุนาแสตงบัครประชาคัวบางอย่างได้ใหม	Czech
Would you please show me some identifications	Thai

Would you please show me some identification?

Please show me your Food Stamp identification card.

フード・スタンプ・カードを見せてください。	Japanese
02 귀하의 프드 스탬푸 신분증을 보여 주십시요.	Korean
Por favor, enséñeme su tarjeta de identificación de cupones para comida.	Spanish
🚜 Xin cho tôi xem Thẻ Căn Cước Phiếu Thực Phẩm của quí vị.	Vietnamese
os ກະຊຸນາສະແດງບັດປະຈຳຕົວແລກປ່ຽນປູດສະແຕມຂອງທ່ານໃຫ້ອຳພະເຈົ້າເປ່ງ.	Laotian
សូមបង្ហាញខ្ញុំនូវកាតអាហារប័ណ្ណរបស់អ្នក ។ oo	Cambodian
07 睛給我看您的食物券證明卡。	Chinese
Thov muab koj dlaim ntawv laav nyaj muagnoj rua kuv saib.	Hmong
oo Se'i faaali mai lau pepa-faamaonia e te talia fesoasoani-mea'ai.	Samoan
lpakita yo man dayta Food Stamp Identification Card yo?	Ilocano
Maaari po bang ipakita niyo sa akin ang inyong food stamp identification card?	Tagalog
Veuillez me montrer votre Carte d'Identité pour Coupons d'Alimentation.	French

16 Kérjük mutassa be Elelmiszerjegy-igazolo kártyályát.	Hungarian
ПОЖА УЙСТА, ПОКАЖИТЕ МІТЕ ВАШЕ УДОСТОВЕРЕНИЕ НА ПОЛУТЕНИЕ ПІГОДУКТОВЫХ ТАЛОНОВ.	TOAOHOB.
Покажіть мені, будь ласка, ваше посвідчення на одержання продуктових талонів. Иклаініал	Ta AOHiB.
Và rog, arătați-mi cartea de identitate de cupoane de mîncare.	Romanian
Proszę okazać Kartę Identyfikacyjną na Kartki Żywnościowe	Polich
Σας παρακαλώ να μου δείξετε την Κάρτα Ταυτότητά σας για τα Δελτία Τροφίμων.	καφίμων.
122 14 SQ まみか子子子/SQ 四のれ カフメ 四下し上 四七年子 为しなと::	Ti.
23 47h97 P991 46A+/4A h+907 OD +00 +2 21P3::	
Olkaa hyvä ja näyttäkää ruokakuponkikortti.	Finnish
لطفاً كارت كوين غذايي تان را به من نشان دهيد.	
Ukážte mi, prosím, vašu identifikačnú kartu na kupóny na jedlo.	Czech
3) ทรุนาแสตงบัครคว้อาชาร	Thai

Please show me your Food Stamp identification card.

Please sign your name.

01 署名	
사명을 하십시요.	Korean
Por favor, ponga su firma	Spanish
Xin ký tên quí vị	Vietnamese
ກະຊຸນາເຊັນຊີຂອງທ່ານ	Laotian
% សូមចុះហត្ថលេខាវឈ្មោះរបស់អ្នក-	Cambodian
。青簽上您的名字	Chinese
Thov xee koj lub npe.	Hmong
Faamolemole, ia saini lou igoa.	Samoan
10 I-firma yo man ta nagan yo	llocano
Paki-pirma lamang ang inyong pangalan.	Tagalog
Veuillez signer votre nom.	French

Kérjük irja alá	Hungarian
Гюжалуйста, распишитесь.	Russian
Будь ласка, розпишіться.	Ukrainian
Và rog, semnați numele dumneavoastră	Romanian
Proszę złożyć swój podpis.	Polish
παρακαλείσθε υα υπογράψετε το όνομά σας.	Greek
Fgo LC 90:	Tigrigna
47h97 h9097 LLC00::	Amharic
Olkaa hyvä ja allekirjoittakaa tähän.	Finnish
مطفأ امستان را امضاء كنيد	b.J. Farsi
Prosím, podpíšte svoje meno	Czech
า, กรุนาเซ็นชื่อของต่าน	Thai

Please sign your name.

Please see the receptionist.

01 受付へ行って下さい。	Japanese
02 접수처 직원에게 문의 하십시요.	Korean
Por favor, vaya a hablar con la recepcionista.	Spanish
🚜 Xin gặp nhân viên tiếp tân.	Vietnamese
os ກະຊຸນາພິບກັບຄົນຕັອນຮັບແຂກ	Laotian
os សូមទៅជួបអ្នកទទ្ធលញៀវ	Cambodian
07 請見接待員。	Chinese
Thov moog ntsib tug txais tog.	Hmong
oo Fesili ane i le sui-ofisa o i le laulau.	Samoan
no Mapan yo man nga kitaen ta resepsionista.	llocano
$_{n}$ Gawin po lamang na inyong puntahan at makipagkita sa resepsyonista	Tagalog
Allez voir la receptioniste.	French

Kérjük fáradjon a recepciohoz.	Hungarian
ту Гюжамуйста, обратитесь к секретарю.	Russian
Будь ласка, зверніться до секретаря.	Ukrainian
Và rog, mergeți la recepție.	Romanian
zo Proszę iść do recepji.	Polish
1 Παρακαλείσθε να πάτε να δείτε την Γραμματέα.	Greek
51 + 4016 25 18th ::	Tigrigna
477797 777453 SC 27574 ::	Amharic
Olkaa hyvä ja ottakaa yhteys vastaanottoapulaiseen.	Finnish
لطفاً متصدی پذیرئی را ببینید.	bJ Forsi
Prosím, choďte k recepcii.	Czech
ารุนาพขพน้างานคือนรับ	Thai

Please see the receptionist.





NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES 101 COUNTY SEAT DRIVE MINEOLA, NEW YORK 11501-4821

November 20, 2003

Craig Buckstein Geneva Worldwide Inc. Geneva Interpreting & Translation Services 62 West 22nd Street New York, NY 10010

Subject: Request for Proposals (RFP) for Interpreter and Document Translation Services RFP Number SS1010-0341

Dear Mr. Buckstein:

Thank you for responding to the RFP for Interpreter and Document Translation Services dated October 2003. Your proposal has been evaluated and your organization has been selected to contract with Nassau County for RFP services for calendar year 2004, pending final Nassau County approval. My staff will contact you shortly to begin contract renewal activities.

Once again, I thank you for your interest in providing interpreter and document translation services. Please refer any questions to Mr. Harry Garrison, DSS Office Services, at 516-571-4531.

Pat (1

Robert Sherman Commissioner

PROCEDURE FOR USING TTY DEVICE

The agency has multiple TTY devices which enables the deaf to communicate by phone. For receiving calls, one is installed in IRRS. The number is 571-0292. This number is to be published in the "Blue" pages in the phone book. Additional sets will be placed in Westbury and Freeport with no published numbers.

For installation a single line phone line is required and an electrical source. The device will not work on a line that contains a multi button set.

When a person calls, the device in IRRS will answer and print what the caller has sent us as a message. Staff can respond by typing a reply on our device which will then print at the other one.

If the response requires specific program information, IRRS will say that someone will call back. A program person could go to IRRS and return the call or another TTY device can be brought to an appropriate unit, connected at any jack with a single line phone and the call can be returned from that location. This would also apply to Freeport and Westbury.

Simple operating instructions are included with each device.