



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-76-OPE

INTRODUCTION OF NEW “I SPEAK” CARDS

<p>Date: August 17, 2011</p>	<p>Subtopic(s): Interpretation Services</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Please see PD #10-12-OPE for information concerning the provision of interpretation services</p>	<p>The purpose of this policy bulletin is to inform all Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff of the Mayor’s Office of Operations development of the “I Speak” card (HRA-101).</p> <p>The “I Speak” card is a business-size card designed to help Limited English Proficient (LEP) applicants/participants receive services in their preferred spoken language; to identify the client as LEP; and to notify HRA frontline staff that the applicant/participant requires language assistance services.</p> <p>Recently, the Office of Refugee and Immigrant Affairs (ORIA) began distributing “I Speak” cards to community-based organizations. As a result, LEP clients may have begun presenting these cards to HRA staff.</p> <p>Once an applicant/participant presents an “I Speak” card, staff should begin the process of providing interpretation services.</p> <p>An “I Speak” instructional form (FIA-1043) has been created to provide LEP applicants/participants with instructions on how the “I Speak” card is to be used. The HRA-101 is attached to the FIA-1043 for LEP applicants/participants to detach and present at any visit to an HRA office.</p> <p>The HRA-101 (FIA-1043) must be included in Cash Assistance (CA) Application kits and NCA FS Application/Recertification kits.</p> <p>The Cash Assistance Application Kit Forms (M-90c) and the NCA FS Application/Recertification Kit Forms (M-90e) have been revised to include the “I Speak” Card instructional.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298


In addition, the **M-90c** and **M-90e** have been revised to remove the Electronic Benefit Transfer (EBT) for Metrocards flyer (**FLY-69**) as the time frame for including the flyer in the CA Application kits and the NCA FS Application/recertification kits has expired.

Effective Immediately

Related Item:

[PD #10-12-OPE](#)

Attachments:

 Please use Print on Demand to obtain copies of forms.

HRA-101 (FIA-1043)	“I Speak” Card (Instructional)
M-90c	Cash Assistance Application Kit Forms
M-90e	NCA FS Application/Recertification Kit Forms

"I Speak" Cards for Limited English Proficient Applicant/Participant

If you have difficulty communicating in English and need language assistance, carry the "I Speak" card with you on every visit to an HRA office. You can tear off the bottom of this sheet, check off the box to choose your language or write in your language. Show the card to an HRA staff member who will assist in meeting your language needs. Keep the card for future visits.

Tarjetas "I Speak" para Solicitantes/Participantes de Habla en Inglés Limitada (Spanish)

Si a usted se le dificulta comunicarse en inglés y necesita asistencia con el idioma, lleve la tarjeta "I Speak" consigo a todas las visitas a las oficinas de HRA. Usted puede cortar la parte inferior de esta hoja, marcar la casilla para seleccionar su idioma o escribir en su idioma. Muestre la tarjeta al representante de HRA que le ayudará en sus necesidades de idioma. Guarde la tarjeta para visitas en un futuro.

英语能力有限申请人/参与者请利用"I Speak"卡(Chinese)

如果您用英语沟通有困难而需要语言协助,您每次造访人力资源管理局(HRA)时,请携带这张"I Speak"卡。您可以撕下这页的底部,在您选择的语言框内打勾,或写下您的语言。出示这张卡给负责的HRA人员看,他便会协助满足您的语言需要。请妥善保管这张卡,以备将来使用。

بطاقات "I Speak" المخصصة لمقدم الطلب/المشارك الذي إتقانه للغة الإنجليزية محدود (Arabic)

إذا كنت تجد صعوبة في التواصل باللغة الإنجليزية وتحتاج إلى مساعدة لغوية, فأحمل معك بطاقة "I Speak" لذي كل زيارة تقوم بها إلى أحد مكاتب HRA (Human Resources Administration مصلحة الموارد البشرية). بإمكانك أن تفصل القسم السفلي من هذه الصفحة وتضع إشارة في المربع المناسب لاختيار لغتك أو الكتابة بلغتك. قدم البطاقة لأحد موظفي HRA لكي يساعدك على تلبية احتياجاتك اللغوية. احتفظ بالبطاقة لكي تستعملها في زيارتك المستقبلية.

Kat "I Speak" pou Aplikan/Patisipan ki pa Pale Lang Angle Twò Byen (Haitian Creole)

Si ou gen pwoblèm pou kominike nan lang Angle, epitou si ou bezwen asistans nan lang, mache avèk kat "I Speak" ou sou ou nan chak vizit ou fè nan yon biwo HRA. Ou kapab detache pati anba fèy sa a, tcheke kaz la pou chwazi lang ou, oswa ekri lang ou. Montre kat la ba yon anplwaye HRA k ap ede ou nan satisfè bezwen ou nan lang. Sere kat la pou lòt vizit yo.

제한된 영어 구사력을 가진 지원자/참여자 를 위한 "언어 지원" 카드 (Korean)

귀하께서 영어로 대화하기 어려우셔서 언어적으로 도움이 필요하신 경우, HRA 사무실에 오실 때마다 "언어 지원" 카드를 지참해 주십시오. 본 양식의 하단부를 절취하시고, 원하시는 언어에 체크 표시하시거나 귀하의 모국어로 기재해 주십시오. 작성하신 카드를 HRA 직원에게 보여주시면 귀하의 모국어로 도와드릴 것입니다. 카드는 향후 방문을 위해 보관해 두십시오.

«I Speak» - карточки для заявителей/участников с ограниченным знанием английского языка (Russian)

Если вам трудно общаться на английском языке, и вы нуждаетесь в помощи переводчика, всегда имейте при себе карточку «I Speak» при посещении офиса HRA. Вы можете оторвать нижнюю часть этой страницы, отметить в ячейке выбор вашего языка или написать на своем языке. Покажите карточку сотруднику HRA, который поможет вам с переводом. Сохраните карточку для посещения в будущем.

Doble y corte

剪下并折叠好

اقطع واطوي



I speak ...

Attention Agency employee: Please call an interpreter. This customer requires language assistance. See reverse side for language.

- Arabic / إنني بحاجة إلى خدمات الترجمة الفورية المجانية باللغة العربية.
- Haitian Creole / Mwen bezwen you entèprèt Kreyòl gratis.
- Korean / 무료 한국어 통역이 필요합니다.
- Chinese / 我需要免費的國語翻譯。
- Russian / Мне нужен бесплатный устный перевод на русский язык.
- Spanish / Necesito servicios gratuitos de interpretación en español.
- Other / _____

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Statewide Common Application	LDSS-2921*	State
2	Revised Assignment of Support Rights Language for LDSS 2921	Attachment 1****	State
3	Food Stamp Change Report Form	LDSS-3151*	State
4	New York State What You Should Know About Your Rights And Responsibilities	LDSS-4148A*	State
5	New York State What You Should Know About Social Services Programs	LDSS-4148B*	State
6	New York State What You Should Know If You Have An Emergency	LDSS-4148C*	State
7	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
8	Domestic Violence Screening Form	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	DFR Legal Residence Statement	LDSS-4733	State
11	Domestic Violence information for all Temporary Assistance Applicants	LDSS-4905*	State
12	It's Tax Time. Go Get Your Refund!	Palm Card*	DCA
13	New York State How To Complete The Temporary Assistance (TA) - Medical Assistance (MA) - Medical Savings Program (MSP) - Food Stamp Benefits (FS) - Services (S), including Foster Care (FC) - Child Care Assistance (CC) Application	PUB-1301*	State
14	How To Use Your Benefit Card To Get Food Stamp and/or Cash Benefits	PUB-4596*	State
15	Keep the Heat On With HEAP Pamphlet	PUB-4735**	State
16	Helping Hands For People In Need	PUB-4916*****	State
17	Notice to All Applicants	EXP-75Q***	FIA
18	I Speak Card (Instructional)	HRA-101*** (FIA-1043)	FIA
19	Absent Parent Questionnaire	M-384k*	FIA
20	Your Interview with the Office of Child Support Enforcement	M-384t***	FIA
21	Child Care Guarantee Informational	M-528m	FIA

*Denotes forms that are available in multiple languages. Job Center staff must include the appropriate foreign language version of the forms in the foreign language version of the CA Application Kit.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

****Denotes forms that must be manually printed until made available on the OTDA website. Only available in English at this time.

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Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
22	Attention: Applicants/Participants	W-116U ***	FIA
23	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
24	Services for Victims of Sexual Assault	W-131 **	FIA
25	Cash Assistance Additional Allowances	W-137C *	FIA
26	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
27	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A **	FIA
28	Did You Know That The City of New York Will Pay for Your Child Care For Your Children Under 13 and For Children With Special Needs?	CS-273E **	ACS
29	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
30	What To Do If You Have Been Sexually Assaulted	BRC-100B **	Mayor's Office
31	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-131M **	BFI
32	Guide to Work Supports	BRC-504 **	FIA
33	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
34	Eligibility Verification Review Questionnaire	W-532T *	FIA
35	Cash Assistance & Child Support	W-549D **	OCSE
36	Child Care Fact Sheet and Planner	CS-574EE **	ACS
37	Language Questionnaire	W-680FF *	FIA
38	Are You Disabled?	W-681A *	FIA
39	Notice to Applicants/Participants	W-904DD *	FIA
40	Essential Persons	W-912KK **	FIA
41	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 *	MAP
42	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 *	MAP
43	Your Guide To Public Health and Eligibility	MAP-2020N	MAP

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NCA FS Application/Recertification Kit Forms

Forms included in the NCA FS Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Domestic Violence Palm Card	LDSS-4583A **	State
2	Food Stamp Benefits Application/Recertification	LDSS-4826 *	State
3	How To Complete The Food Stamp Benefits Application/Recertification	LDSS-4826A *	State
4	It's Tax Time. Go Get Your Refund!	Palm Card *	DCA
5	How To Use Your Benefit Card To Get Your Food Stamp and/or Cash Benefits	PUB-4596 *	State
6	Helping Hands For People In Need	PUB-4916	State
7	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 *	MAP
8	Notice to All Non Cash Assistance FS Applicants at POS Centers	EXP-75AA ***	FIA
9	I Speak Card (Instructional)	HRA-101 *** (FIA-1043)	FIA
10	Food Stamp Documentation Guide	W-129G *	FIA
11	Services for Victims of Sexual Assault	W-131 **	FIA
12	Interpretation Services Notice for the Application/Recertification Kits (Insert)	W-515W ***	FIA
13	Finger Imaging Notice	W-519 *	FIA
14	Language Questionnaire	W-680FF *	FIA
15	Are You Disabled?	W-681A *	FIA
16	What To Do If You Have Been Sexually Assaulted	BRC-100B **	Mayor's Office
17	Guide to Work Supports	BRC-504 **	FIA

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NCA FS Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA FS Application/Recertification Kit.