


**Department of
Social Services**

 Human Resources Administration
Department of Homeless Services

 Office of
Program Accountability

INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION

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INFORMATIONAL 2017-07-BFI

DOCUMENTING THE NEED FOR AN INTERPRETER: COMPLYING WITH LOCAL LAW 30

| | |
|-------------------|---|
| Audience | BFI Investigative Staff |
| Background | Local Law 30 strengthens language access services for Limited English Proficient (LEP) individuals seeking vital health and human services. |
| Purpose | This informational is issued to illustrate how to determine the customer's read language and issue the correct language translation for the IREA 120 <i>Sign-In Sheet</i> to be in compliance with HRA's language access mandate. |
| Process | <p>To ensure compliance with Local Law 30, BFI Investigative Staff should perform the following steps at the meeting with the Client.</p> <p>A. The BFI Investigator logs into IRIS and enters the IRIS Control Number and clicks on the case to go to the Demographic page (See Figure 1).</p> |

(Figure 1)

Investigative Reporting Information System (IRIS) 6.20 (TEST)

09/26/2017 12:33 PM

BFI Cases | Reports | Administrator Tools | Help

BFI CASE LIST

CONTROL NUMBER: 2017 / 08 | FIND | PRINT

CASE NUMBER: | CIN: | SSN: | CASE STATUS: Active

CLIENT NAME(F/L): | PROJECT TYPE INDICATOR: ALL TYPE | CASE USER: CURRENT USER CASES

CASE NAME(F/L): | DIVISION: ALL DIVISIONS

PROJECT NUMBER: ALL PROJECTS | UNIT: ALL UNITS | USER NAME:

| CONTROL NUMBER | PROJECT | CASE NUMBER | FIRST NAME | LAST NAME | CIN | SSN | UNIT | INVESTIGATOR | Status | PROJECT TYPE IND. | ASSIGNED DAYS |
|----------------|---------|-------------|------------|-----------|-----|-----|------|--------------|--------|-------------------|---------------|
| 2017/08 | 0 | 00000 | | | | | 33 | | Active | NONE | 25 |

TOTAL SELECTED RECORDS: 1

- B. The Investigator verifies the preferred read language of the Client by looking to the right of the page to the ***“Read Language”*** field, on the IRIS Demographic page (See Figure 2, next page).

(Figure 2)

Investigative Reporting Information System (IRIS) 7.20

BFI Cases Reports Administrator Tools Help 10/19/2017 12:44 PM

DEMOGRAPHIC ALLEGATION SUPPORTIVE SERVICES ASSIGNMENT ACTIONS COMPUTATIONS DISPOSITIONS SNAP-GR

Investigation Type: DIRECT Case Status: Active

Control Number: 2017/10 Case Number: Suffix: 1 UN: 1 Case Type: HA/EMP

Case Last Name: Case First Name: L MED_COV: 30-PCP - Full Coverage Gender: F Case Number: 500

Client Last Name: Client First Name: DOB: READ LANGUAGE: SPANISH

SSN Number: PROJECT TYPE INDICATOR: OMF #: CIN:

Rel. To Client: Other

Proj. Num.: 402 - Recipient Benefit Abuse

Complainant: HRA Data Ware House

WMS/HOME ADDRESS

Address: City: State: NV Apt.: Zip:

MAILING/CALL IN LETTER ADDRESS (USA) ☒ Same As WMS Address

Address: City: State: NV Apt.: Zip:

HOME ADDRESS (Foreign Country) ☒ USA Address

Country: Address: ENTER UID:

SAVE ADD NEW LINKED CASE CREDIT REPORT CANCEL EDIT CASE # EXIT

Collateral Information

C. After the preferred read language has been determined, the Receptionist or Investigator:

1. Goes to Client case screen (See Figure 3); and
2. Clicks on **Dispositions** Tab.

(Figure 3)

Investigative Reporting Information System (IRIS) 7.20

BFI Cases Reports Administrator Tools Help 07/10/2017 11:55 AM

DEMOGRAPHIC ALLEGATION SUPPORTIVE SERVICES ASSIGNMENT ACTIONS COMPUTATIONS DISPOSITIONS SNAP-GR

Investigation Type: DIRECT Case Status: Active

Control Number: Case Number: Suffix: 1 UN: 1 Case Type: SNAP

Case Last Name: Case First Name: MED_COV: NONE Gender: M Case Number: 500

Client Last Name: Client First Name: DOB: READ LANGUAGE: ENGLISH

SSN Number: PROJECT TYPE INDICATOR: Composition OMF #: CIN:

Rel. To Client: Anonymous

Proj. Num.: Ext.: OMF #:

Complainant:

WMS/HOME ADDRESS

Address: City: State: NV Apt.: Zip:

MAILING/CALL IN LETTER ADDRESS (USA) ☒ Same As WMS Address

Address: City: State: NV Apt.: Zip:

HOME ADDRESS (Foreign Country) ☒ USA Address

Country: Address: ENTER UID:

SAVE ADD NEW LINKED CASE CREDIT REPORT CANCEL EDIT CASE # EXIT

Collateral Information

D. On the Dispositions screen (See Figure 4) the Investigator:

1. Clicks on **Add New** tab at the bottom-left of the Disposition screen (A);
2. The **List Template** menu (B) contains the **Sign-In Sheet, IREA-120** (See Attachment 1) in multiple languages and the Investigator selects the preferred language (C).

(Figure 4)

Investigative Reporting Information System (IRIS) 7.20

BFI Cases | Reports | Administrator Tools | Help

11/22/2017 09:58 AM

DISPOSITION | ALLEGATION | DEMOGRAPHIC | SUPPORTIVE SERVICES | ASSIGNMENT | ACTIONS | COMPUTATIONS | SNAP CR

NO DISP

List Template

Folder: \\Storage\mtc02\IRIS\TEMPLATE\Disposition\

Case Number: [dropdown]

Name: [text box]

General Document [dropdown]

Change Folder

Close

Upload

File Name:

- IREA-117 (E) Fax Cover Sheet.doc
- IREA-118 (E) Author to Release Information.doc
- IREA-119 (E) Arrest Data.doc
- IREA-119a (E) Arrest Notification.doc
- IREA-120 (A) Sign-In Sheet.doc
- IREA-120 (B) Sign-In Sheet.doc
- IREA-120 (C) Sign-In Sheet.doc
- IREA-120 (D) Sign-In Sheet.doc
- IREA-120 (E) Sign-In Sheet.doc
- IREA-120 (F) Sign-In Sheet.doc
- IREA-120 (G) Sign-In Sheet.doc
- IREA-120 (H) Sign-In Sheet.doc
- IREA-120 (I) Sign-In Sheet.doc
- IREA-120 (J) Sign-In Sheet.doc
- IREA-120 (K) Sign-In Sheet.doc
- IREA-120 (L) Sign-In Sheet.doc
- IREA-120 (M) Sign-In Sheet.doc
- IREA-120 (N) Sign-In Sheet.doc
- IREA-120 (O) Sign-In Sheet.doc
- IREA-120 (P) Sign-In Sheet.doc
- IREA-120 (Q) Sign-In Sheet.doc
- IREA-120 (R) Sign-In Sheet.doc
- IREA-120 (S) Sign-In Sheet.doc
- IREA-120 (T) Sign-In Sheet.doc
- IREA-120 (U) Sign-In Sheet.doc
- IREA-120 (V) Sign-In Sheet.doc
- IREA-120 (W) Sign-In Sheet.doc
- IREA-120 (X) Sign-In Sheet.doc
- IREA-120 (Y) Sign-In Sheet.doc
- IREA-120 (Z) Sign-In Sheet.doc
- IREA-121 (E) Report of Interview.doc
- IREA-122 (E) Legal Representation.doc
- IREA-123 Request for Re-Evaluation Medicaid.doc
- IREA-124 (E) PRESCRIPTION RECEIPT.doc

ADD NEW DISPOSITION

Active Warrant / Person Arrested

ADD NEW | DELETE

ASSIGNED DATE

DFRP ACTION

ACTION DATE

RECOUPMENTS

NATURES

INVESTIGATOR

SUPERVISOR

ADMINISTRATOR

COMPLETED DATE:

SIGNATURE HISTORY

FINAL REPORT

DATED

EXIT

E. The Investigator prints and documents the request for an interpreter:

1. The Investigator selects the appropriate **Sign-In Sheet (IREA-120)** in the *preferred read language* and prints it (Attachment 1). The first page is always in English and in the preferred language;
2. The Investigator gives the Sign-In Sheet to Client to complete;
3. On the Sign-In Sheet, the question “Do you require an interpreter” is asked *in the Client’s preferred read language*.
 - a) If the Client indicates “No”, that s/he does not need an interpreter, the interview is held in English;
 - b) If the Client indicates “Yes”, the Investigator requests an interpreter for the interview.
4. The Sign-In Sheet is saved in the Client’s case file.

The Sign-In sheet must be offered in the client's preferred read language. Interpreter Service must be provided upon request, any time prior to and through to the conclusion of the interview. This applies regardless of the WMS language preference code and the client's fluency in English, including city employees.

To obtain appropriate interpreter services, refer to [PD #16-14-OPE](#). For applicants with deaf and hard of hearing RA needs, refer to [PD #17-19-OPE](#). For applicants requesting a sign language interpreter, complete the form [ASL-100](#).

To record Interpreter Services in IRIS the Investigator follows the **Interpreter and Legal Counsel Services (IB-2017-001)**.

LIST OF ORIA TRANSLATION CODES USED BY OPPT:

- Arabic (A)
- Bengali (B)
- English (E)
- French (F)
- Haitian Creole (HC)
- Korean (K)
- Polish (P)
- Russian (R)
- Spanish (S)
- Simplified Chinese (SC)
- Traditional Chinese (TC)
- Urdu (U)

Attachment 1
IREA-120, Sign-In Sheet

IREA-120 (E) 12/30/2013 (LLF)
 Rev. 08/02/2017



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INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION

[Select Bureau/Unit]

[Select Address]

[Select City/Zip]

SIGN-IN SHEET

Date: _____

Name: _____

Case Number: _____

Address: _____

Telephone: _____

Do you need an interpreter? ☐ Yes or ☐ No

Signature

IMPORTANT NOTICE:

I understand that I may bring an attorney and/or other representatives with me. If I cannot afford an attorney, I may seek free legal representation at a legal services or legal aid office. I may answer questions or choose not to answer. If I do not answer questions, my benefits cannot be stopped or reduced just because I do not answer.

 Applicant Signature

 Date

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at 212-331-4640 and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.