




OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #16-31-OPE (This Policy Bulletin Obsoletes PB #11-76-OPE)

REVISION TO THE “I SPEAK...” (HRA-101) CARD

Date: March 28, 2016	Subtopic(s): Interpretation Services, HRA-125
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PD #14-24-OPE for information concerning the provision of interpretation services</p> <p>HRA-125 replaced both the FIA-1043 and W-515W.</p>	<p>The purpose of this policy bulletin is to inform all Job Center and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff that the “I Speak...” (HRA-101) card is now part of the You Have a Right to Free Interpretation Services (HRA-125) form. This policy bulletin is informational for all other staff.</p> <p>The HRA-101 is a business-size card designed to help Limited English Proficient (LEP) applicants/participants receive services in their preferred spoken language; to identify the individual as LEP; to identify individuals that require a sign language interpreter; and to notify HRA frontline staff that the applicant/participant requires language assistance services.</p> <p>The HRA-101 is a detachable portion of the HRA-125. The HRA-101 should be presented by LEP applicants/participants to HRA staff during any visit to an HRA office. Once an applicant/participant presents an “I Speak...” card, staff should begin the process of providing interpretation services.</p> <p>The HRA-125 replaced both the “I Speak” Cards for Limited English Proficient Applicant/Participant (FIA-1043) instructional form and the Interpretation Services Notice for the Application/Recertification Kits (Insert) (W-515W) form.</p> <p>The HRA-125 must be included in the Cash Assistance (CA) and NCA SNAP application and recertification kits.</p> <p>The Cash Assistance Application Kit Forms (M-90c), Cash Assistance Recertification Kit Forms (M-90d), and the NCA SNAP Application/Recertification Kit Forms (M-90e) were previously revised to include the HRA-125 and remove the FIA-1043 and W-515W.</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

Effective Immediately

Related Item:

[PD #14-24-OPE](#)

[PB #16-08-OPE](#)

Attachments:

🖨 Please use Print on Demand to obtain copies of forms.

HRA-125 [HRA-101]

You Have a Right to Free Interpretation Services (MLF) (Rev. 11/15) ["I Speak" Card]

M-90c

Cash Assistance Application Kit Forms (Rev. 01/21/16)

M-90d

Cash Assistance Recertification Kit Forms (Rev. 01/21/16)

M-90e

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms (Rev. 01/26/16)

You Have a Right to Free Interpretation Services

We have free interpretation services available. Please tell a worker if you want to speak with us in a language other than English or in sign language. In a Center, you can simply show a worker the “I Speak” card below. If you have a question, comment or complaint about the interpretation services provided, please call 311. Filing a complaint will not affect your case.

Usted tiene derecho a recibir servicios de interpretación gratuitos

Contamos con servicios de interpretación gratuitos. Si desea hablar con nosotros en un idioma distinto al inglés o en lenguaje de señas, hágase saber a un empleado. Si está en un Centro, simplemente muéstrele a un empleado la tarjeta “I Speak” que aparece a continuación. Si tiene alguna pregunta, comentario o queja acerca de los servicios de interpretación que brindamos, llame al 311. La presentación de una queja no tendrá incidencia sobre su caso.

您有權利使用免費口譯服務

我們提供免費的口譯服務。如果您希望用英語以外的語言或手語和我們溝通，請告訴我們的工作人員。在中心裡，您只要向工作人員出示底下的「我說」(I Speak) 卡就可以了。如果您對我們提供的口譯服務有疑問、評論、或申訴，請致電 311。提交申訴將不會影響您的個案。

Вы имеете право на бесплатные услуги устного перевода

Мы предоставим вам бесплатные услуги устного перевода. Сообщите сотруднику, если вы хотите общаться с нами не на английском, а на другом языке или на языке жестов. В центре вы можете просто предъявить сотруднику карту I Speak, представленную ниже. С вопросами, отзывами и жалобами в отношении предоставленных услуг устного перевода звоните по номеру 311. Подача жалобы не повлияет на рассмотрение вашего дела.

무료통역 서비스를 받을 권리가 있습니다

당국은 무료 통역 서비스를 제공해 드립니다. 영어 이외의 언어 또는 수화로 상담하시려는 경우 직원에게 말씀하시기 바랍니다. 센터에 방문하시는 경우 아래에 있는 “I Speak” 카드를 직원에게 보여주시면 됩니다. 제공되는 통역 서비스와 관련해 문의사항, 의견 또는 불만사항이 있는 경우 311 번으로 전화해 주십시오. 불만 제기는 귀하의 케이스에 영향을 주지 않습니다.

لديك الحق في الحصول على خدمات الترجمة الفورية المجانية

توجد لدينا خدمات ترجمة فورية مجانية متاحة لك. من فضلك أخبر أحد الموظفين إذا رغبت التحدث معنا بلغة أخرى غير اللغة الإنجليزية، أو في لغة الإشارة. في المركز، تستطيع أن تشير البطاقة المسماة “I Speak” الموجودة أدناه إلى أحد الموظفين. إذا كان لديك سؤال أو تعليق أو شكوى بشأن خدمات الترجمة الفورية المقدمة، يُرجى الاتصال بالرقم 311. لن يؤثر تقديم شكوى على قضيتك.

Ou Gen yon Dwa pou Resevwa Sèvis Entèpretasyon Gratis

Nou gen sèvis entèpretasyon gratis ki disponib. Tanpri fè yon anplwaye konnen si ou vle pale avèk nou nan yon lang ki pa Anglè oswa nan yon langaj siy. Nan yon Sant, ou kapab senpleman montre yon anplwaye kat “I Speak” (Mwen Pale) ki anba la a. Si ou gen yon kesyon, yon kòmantè oswa yon plent sou sèvis entèpretasyon nou bay yo, tanpri rele 311. Si ou fè yon plent sa p ap gen konsekans sou dosye ou.



NYC Human Resources
Administration
Department of
Social Services
HRA-101(MLF)

I speak ...

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

Arabic / احتاج إلى خدمات ترجمة فورية مجانية.

Haitian Creole / Mwen bezwen sèvis entèpretasyon gratis.

Korean / 무료 통역 서비스가 필요합니다.

Chinese / 我需免費的口譯服務。

Russian / Мне нужны бесплатные услуги переводчика.

Spanish / Necesito servicios de interpretación gratis.

Other / _____

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers (Grandparents, Other Relatives, Friends) Caring for Children	Attachment A****	State
2	Changes to the LDSS-2921 Statewide	Attachment 1****	State
3	Statewide Common Application	LDSS-2921*	State
4	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
5	New York State What You Should Know About Your Rights And Responsibilities (When Applying For or Receiving Benefits)	LDSS-4148A*	State
6	New York State What You Should Know About Social Services Programs Questions and Answers	LDSS-4148B*	State
7	New York State What You Should Know If You Have An Emergency Questions and Answers	LDSS-4148C*	State
8	Notice Of Responsibilities And Rights For Support	LDSS-4279**	State
9	Domestic Violence Screening Form Under the Family Violence Option	LDSS-4583*	State
10	Domestic Violence Palm Card	LDSS-4583A**	State
11	DFR Legal Residence Statement	LDSS-4733	State
12	Information about Child Support Services and Application/Referral for Child Support Services	LDSS-4882	State
13	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
14	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
15	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004**	State
16	Keep the Heat On With HEAP	PUB-4735	State
17	Notice to All Applicants	EXP-75Q***	FIA
18	You Have A Right to Free Interpretation Services	HRA-125***	FIA
19	Your Interview with the Office of Child Support Enforcement	M-384t*	FIA
20	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.

Cash Assistance Application Kit Forms

Forms included in the Cash Assistance Application Kit:

Item	Title	Form Number	Agency
21	Attention: Applicants/Participants	W-116U ***	FIA
22	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
23	Services for Victims of Sexual Assault	W-131 **	FIA
24	Cash Assistance Additional Allowances	W-137C *	FIA
25	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
26	Troubled? Frustrated? Angry? Don't Take It Out On Your Children!	W-273A **	FIA
27	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
28	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
29	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151 **	BFI
30	Guide to Work Supports	BRC-504 **	FIA
31	Are You a Person With a Disability?	BRC-681A *	HRA
32	Eligibility Verification Review Questionnaire	W-532T *	FIA
33	Cash Assistance & Child Support What You Need to Know	W-549D **	OCSE
34	Child Care Fact Sheet and Planner	CS-574EE **	ACS
35	Language Questionnaire	W-680FF *	FIA
36	Notice to Applicants/Participants	W-904DD *	FIA
37	Essential Persons	W-912KK **	FIA
38	List of Participating Clinics and Hospitals (Child/Teen Health Program)	MAP-58k ***	MAP
39	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252 *	MAP
40	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096 *	MAP

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Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
1	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	LDSS-3151*	State
2	Recertification Form For: Temporary Assistance (TA) – Medical Assistance (MA) – Medicare Savings Program (MSP) – Food Stamp Benefits (FS)	LDSS-3174*¹	State
3	Revised Assignment of Support Rights Language for LDSS-3174	Attachment 2****	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 Under the Family Violence Option	LDSS-4583*	State
9	Domestic Violence Palm Card	LDSS-4583A**	State
10	Absent Parent Questionnaire	LDSS-4882	State
11	Domestic Violence Information for all Temporary Assistance Applicants	LDSS-4905*	State
12	How to Complete the Temporary Assistance (TA) – Medical Assistance (MA) – Medical Savings Program (MSP) – Food Stamp Benefits (FS) Recertification Form	PUB-1313*	State
13	Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)	MAP-252*	MAP
14	Welfare Fraud (BFI Bureau of Fraud Investigation)	BRC-151**	BFI
15	Guide to Work Supports	BRC- 504**	FIA
16	Are You a Person With a Disability?	BRC-681A*	HRA
17	Attention: Applicants/Participants	W-116U***	FIA

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¹ Included in the kit for homebound interviews and when POS is down.

Cash Assistance Recertification Kit Forms

Forms included in the standard Cash Assistance Recertification Kit:

Item	Title	Form Number	Agency
18	You Have A Right to Free Interpretation Services	HRA-125 ***	FIA
19	Important: Using Common Benefit Identification Cards (CBIC) for Medical Services	W-126E *	FIA
20	Services for Victims of Sexual Assault	W-131 **	FIA
21	Cash Assistance Additional Allowances	W-137C *	FIA
22	Notice of Benefits and Services Available from the HIV/AIDS Services Administration (HASA)	W-139E **	FIA
23	Notice to Applicants and Participants Regarding Third Party Health Insurance	W-299 *	FIA
24	Language Questionnaire	W-680FF *	FIA
25	Notice to Applicants/Participants	W-904DD *	FIA
26	Essential Persons	W-912KK **	FIA

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SAMPLE

Cash Assistance Recertification Kit Forms

Recertification Kits for households with children include the forms on the first two pages and those listed below. Do not include the forms on this page for households without children.

Item	Title	Form Number	Agency
1	Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	OCFS LDSS-4699**	State
2	Employment of Minors Form	OCFS LDSS-4699.1**	State
3	Employment of Minors Information	OCFS LDSS-4699.1A	State
4	Legally-Exempt In-Home Child Care Provider Agreement Form	OCFS LDSS-4699.2**	State
5	Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	OCFS LDSS-4699.2A	State
6	Enrollment Form for Provider of Legally-Exempt Group Child Care	OCFS LDSS-4700**	State
7	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
8	Child Care Fact Sheet and Planner	CS-574EE**	ACS
9	Child Care Guarantee Informational	M-528m*	FIA
10	Cash Assistance & Child Support	W-549D**	OCSE

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¹ Included in the kit for homebound interviews and when POS is down.

Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Application/Recertification Kit Forms

Forms included in the NCA SNAP Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Non-Parent Caregivers Caring for Children	Attachment A	State
2	Domestic Violence Palm Card	LDSS-4583A**	State
3	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification	LDSS-4826*	State
4	How To Complete The Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP	LDSS-4826A*	State
5	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	LDSS-5004**	State
6	List of Participating Clinics and Hospitals	MAP-58k***	FIA
7	Child/Teen Health Program (C/THP) Fact Sheet	MAP-1096*	MAP
8	You Have A Right to Free Interpretation Services	HRA-125***	FIA
9	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	W-129G*	FIA
10	Services for Victims of Sexual Assault	W-131**	FIA
11	Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice	W-519*	FIA
12	Language Questionnaire	W-680FF*	FIA
13	Guide to Work Supports	BRC-504**	FIA
14	Are You a Person With a Disability?	BRC-681A*	HRA

*Available in multiple languages.

**Available in English and Spanish only.

***Multiple languages are contained on one form.

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