



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #14-18-OPE

(This Policy Directive Obsoletes PD #08-20-OPE)

REVISIONS TO SERVICING HEARING-IMPAIRED APPLICANTS AND PARTICIPANTS

Date: September 2, 2014	Subtopic(s): Interpreter Services, Sign Language
AUDIENCE	These instructions are for staff at all Job Centers and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Centers. They are informational for all other staff.
REVISIONS TO ORIGINAL DIRECTIVE	<p>This policy directive has been revised to inform staff of the following:</p> <ul style="list-style-type: none"> • A new Family Independence Administration (FIA) Sign Language Interpreter Request Mailbox has been created. Workers can now request an interpreter by sending an email to “FIA Sign Language Interpreter Requests”. This mailbox is monitored by the sign language interpreter liaisons. • There are new telephone numbers for the sign language interpreter liaisons. Joanne Kent and Luis Caballero can now be reached at (929) 221-6958 and (929) 221-6918, respectively. • Workers can now contact applicants or participants that are identified as deaf/hearing impaired by using Human Resources Administration’s (HRA) Contracted relay operators.
POLICY	Communication assistance must be provided for applicants/participants who are deaf or hearing-impaired.

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

BACKGROUND

Hearing-impaired applicants/participants are not required to bring an interpreter and must **never** be asked to do so.

Refer to **Attachment A** for a list of definitions concerning hearing-impaired and interpreter services.

Workers must protect the filing date even if an interpreter is not available when the application is filed.

EEO provides sign language interpreter services to the hearing-impaired.

Language Card

FIA’s population includes applicants and participants who are hearing-impaired. The hearing-impaired applicant and participant must be informed of the right to use his/her own interpreter who is **at least 18 years of age**, if they choose. However, the applicant/participant must **never** be asked to bring his/her own sign language interpreter. The individual must also be told that the HRA has its own contract with professional sign language interpreters who can assist in the interview.

Under no circumstance is a minor allowed to act as an interpreter. If the applicant/participant brings a minor to the interview as a sign language interpreter, the Worker must explain that although the minor may be present to interpret, the official interpretation must be conducted by an adult. Should the applicant/participant wish to return with his/her own adult interpreter, the Worker must reschedule the appointment. An applicant/participant can never be denied service due to his/her inability to communicate orally with staff.

If an appointment is rescheduled because a sign language interpreter is needed but not available on the same day, the hearing-impaired applicant must be allowed to file his/her CA or SNAP application. The filing date and any other dates relevant to the processing of the application do not change.

Hearing-Impaired Services and Benefits

To ensure that the hearing-impaired population has access to all of FIA services and benefits, HRA’s Equal Employment Opportunity (EEO) office has contracted a vendor that provides onsite interpreter services to the hearing-impaired. This service provides access to sign language interpretation and Teletypewriter (TTY) and Telecommunication Devices for the Deaf (TDD) services. In addition, EEO has assigned a sign language liaison to each program area.

The Language Card (**W-194**) produced by the Office of Refugee and Immigrant Affairs (ORIA), includes the universal symbol for sign language.

REQUIRED ACTION

The Center Director's designee may contact ORIA for additional language cards.

Front line Center staff encountering a hearing-impaired applicant/participant must confirm the applicant's/participant's hearing impairment. This can be confirmed by having the applicant/participant point to the hearing-impaired graphic and/or statement on the ORIA Language Card. The Center Director must ensure that a supply of Language Cards is always available in the reception area.

Providing In-Person Interpreter Assistance

Applicant/participant indicates ability to read lips.

If a hearing-impaired applicant/participant indicates that he/she is able to read lips and does not want a sign language interpreter, the Worker should continue the interview without an interpreter unless the Worker does not clearly understand the applicant's/participant's responses. When conducting the interview, the Worker should look directly at the applicant/participant while speaking, speak slowly and enunciate clearly.

Applicant/Participant with TTY equipment

Revised

If the applicant/participant has TTY equipment and would like to communicate via TTY, the Worker must have him/her contact the HRA TTY relay operator at (800) 662-1220. The TTY relay operator will send messages to the desired location.

Applicant/participant indicates use of sign language interpreter.

If the applicant/participant indicates he/she wants a sign language interpreter, the Receptionist/Worker should immediately notify the Center's designated sign language liaison. The sign language liaison should then contact an FIA EEO sign language interpreter liaison by email or by telephone for assistance.

New mailbox

- If sending an email to "FIA Sign Language Interpreter Requests", the email should include the following information:
 - Applicant's/Participant's full name (First, middle and last)
 - Center Name and address
 - Date and time that the interpreter will be needed.
 - Specific location within the Center (e.g. MDR unit).
 - Applicant's/Participant's preferred language if other than English.

Revised

- If contacting via telephone, contact: Ms. Joanne Kent and/or Mr. Luis Caballero at (929) 221-6958 and/or (929) 221-6918, respectively.

The FIA EEO sign language interpreter liaison is authorized to schedule an appointment with the contracted vendor.

Document any accommodation made and the applicant's/participant's acceptance or refusal of said accommodation.

The Worker must enter a case comment in POS annotating the need for a sign language interpreter and whether the applicant/participant accepted or refused the sign language accommodation offered by HRA.

The Worker must also enter a case comment in POS indicating the applicant's/participant's choice of using either lip reading or a relay operator as a form of communication.

Document in the case record each attempt to contact an interpreter.

If an onsite interpreter is unavailable (e.g., the applicant/participant arrives at the Center less than 2 hours prior to its closing), the Worker must make every effort to communicate with the applicant/participant in writing.

Any emergency and/or immediate need must be addressed prior to scheduling a return appointment.

Note: In instances of an immediate need or emergency assistance, a professional interpreter can be available within two hours. If a second in-person interview with an interpreter is needed, be sure that the applicant/participant understands the date, time, and location of the new appointment. The appointment should be made with the applicant/participant first and then notify the liaison of the appointment so that he/she can schedule the interpreter for that appointment date and time. ORIA is not responsible for booking sign language interpreters. If a Center's liaison is absent, EEO can help book appointments. The worker should call (212) 331-5114 and ask EEO to make the arrangements for the sign language interpreter.

If the applicant/participant does not have an emergency, the Worker can schedule a return appointment for a date and time convenient for the applicant/participant.

When scheduling a return appointment for the applicant, the Worker must follow the same instructions for providing an appointment as when an applicant cannot stay or wait to be interviewed provided in PD#11-15-OPE.

When scheduling a return appointment for the participant, the Worker must complete and give the participant the Documentation Requirements and/or Assessment Follow-up (**W-113k**) form.

Since writing can be considered an acceptable form of communication for most hearing-impaired individuals, the Worker must ensure that all the information about the appointment is clear and that all the necessary documents are clearly listed on the form given to the applicant or the participant.

Note: Scheduling a return appointment does not change the application filing date or any other dates relevant to processing the application.

On the day of the return appointment, the Worker must ensure that all documentation relevant to the case is available so that the Worker and the applicant/participant will be ready to use the interpreter services. This preparation prevents unnecessary wait time.

Job Centers

Note: Information describing an individual's limitations should be included in the employability assessment and taken into consideration when developing the employability plan.

If additional appointments or actions are needed, the Worker must convey this information to the applicant/participant through the interpreter. The Worker must document in the case record and on the Language Questionnaire Form (**W-680FF**) that the individual is hearing-impaired so that an interpreter can be scheduled for future appointments.

TAD entries

The Worker must ensure that code **9** (sign language) has been entered in Element **255** (Lang SP) and the correct language indicator has been entered in Element **281** (Lang Read) of the Turn-Around Document (TAD). Refer to page 1.2-4 and 1.2-5 of the Worker's Guide to Codes manual for the appropriate language code (see **Attachment B**).

See [Worker's Guide to Codes manual](#)

Calling Applicants/Participants identified as deaf/hearing impaired

Workers who need to contact applicants or participants that are identified in POS or WMS as deaf/hearing impaired, should use the HRA TTY relay operator to call these individuals. However, prior to contacting the applicant/participant workers must verify that the applicant or participant has not requested a different type of communication.

If when contacted by the HRA TTY relay operator the applicant/participant states that he/she does not wish to use this form of communication, the Worker must make a case comment in POS and indicate if the applicant/participant has requested any other type of communication.

Workers can also use the HRA TTY relay operator to call an applicant or participant that has Text Telephones (also known as TTY) or Telecommunication Devices for the Deaf (TDD) equipment, but do not have their own relay number.

Posters
 See mandated signage lists (**M-98c** and **M-98d**).
 Center Directors must be sure to display the “If You Need an Interpreter” (**PUB-4842**) and “HRA Infoline” (**POST-98**) posters in all applicant/participant waiting areas. They must ensure that all out-dated versions of forms and posters are removed from circulation and recycled.

PROGRAM IMPLICATIONS

Model Center Implications
 The instructions in this policy directive are applicable to Customer Service and Information Center (CSIC) and Front Door Reception (FDR) staff. As FDR is the first point of contact for applicants/participants, staff must be prepared to send an email to the FIA Sign Language Interpreter Requests mailbox and then refer the hearing-impaired applicant/participant to a CSIC Worker.

Paperless Office System (POS) Implications
 The Receptionist must ask the applicant/participant which language he/she prefers to be interviewed in and record the preference in the “Do you need an interpreter?” field on the **Site Determination** screen. The Worker must review the **Language Spoken** field (Element **255**) and **Language Read** field (Element **281**) of the POS TAD to ensure the correct language has been entered and follow all steps in the **REQUIRED ACTION** section of this procedure.

Medicaid Implications
 There are no Medicaid implications.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution
 Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive adequate, timely, or adequate and timely notice of all actions taken on their case.

Conferences in a Job Center
 If a hearing-impaired applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) Unit that a hearing-impaired individual is waiting to be seen.

Note: In Model Offices, FDR will only issue an FH&C ticket. FDR does not need to verbally alert the Fair Hearing Unit.

The FH&C AJOS/Supervisor I will follow the steps outlined on page 3 for obtaining a sign language interpreter. He/she then will listen to and evaluate the individual's complaint with the assistance of the interpreter and discuss the issue with the Case Management Unit Team Supervisor. The FH&C AJOS/Supervisor I will notify the appropriate Supervisor of his/her decision regarding the applicant's/participant's complaint, in accordance with current procedure.

The FH&C AJOS/Supervisor I is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up is taken in all phases of the Fair Hearing process.

Conferences in an NCA SNAP Center

If a hearing-impaired applicant/participant comes to the NCA SNAP Center and requests a conference, the NCA SNAP Receptionist must alert the Center Director's Designee that a hearing-impaired applicant/participant is waiting to be seen.

Note: In Model Offices, FDR will only issue an SNAP Conf/Appt/Problem ticket. FDR does not need to verbally alert the Center Director's Designee.

If a sign language interpreter is required, the Center Director's Designee should follow the steps outlined on pages 3 and 4.

The Center Director's Designee will listen to and evaluate the applicant's/participant's complaint with the assistance of a sign language interpreter. The Center Director's Designee will then make a decision regarding the complaint.

The Center Director's Designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.


Evidence Packets

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken, and copies of NYCWAY **Case Notes** screens.

REFERENCES 18 NYCRR 355.1 (b)
 06-ADM-05
 Americans with Disabilities Act (ADA)

RELATED ITEMS [PB #12-30-OPE](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Definitions for Hearing-Impaired and Interpreter Services
- Attachment B** Pages 1.2-4 and 1.2-5 of the Worker's Guide to Codes manual (6/16/13)
- PUB #4842** If you need an interpreter (6/04)
- Post-98** INFOLINE (Rev.1/14)
- W-194** Language Card (Rev. 2/14)
- W-680FF** Language Questionnaire (Rev. 9/02/14)
- W-680FF (S)** Language Questionnaire (Rev. 9/02/14) (Spanish)

Attachment A

Definitions for Hearing-Impaired and Interpreter Services

Interpretation:

The word "interpretation" is commonly used when referring to oral communication.

Language Card (Form W-194):

A multilingual card distributed by the Office of Refugee and Immigrant Affairs (ORIA) to all Center/Office employees. It enables the applicant/participant to communicate in his/her preferred language and express his/her need for interpreter assistance. Centers/Offices can order additional Language Cards from ORIA by calling (212) 331-4550.

Office of Refugee and Immigrant Affairs (ORIA):

A Human Resources Administration (HRA) office that is primarily responsible for ensuring equal access and services to individuals with Limited English-Speaking Ability (LESA).

Sign Interpreter Services:

The Office of Equal Employment Opportunity (EEO) has contracted with a private professional vendor that specializes in sign language interpretation services to provide interpreters onsite at HRA locations. Sign language liaisons in Centers/Offices are trained in the procedures to access these contracted services.

Teletypewriter (TTY):

TTY connects a hearing-impaired individual with a service provider via a specific telephone typewriting intermediary.

Translation:

The word "translation" is commonly used when referring to written communication.

SECTION 10: SUFFIX LEVEL CODES (CONT'D)**LANGUAGE SPOKEN CODES (LANG) - 255**

A Blank	Arabic	AI	Am. Ind. - Dakota	KU	Kurdish
B Blank	Urdu	AC	Am. Ind. - Choctaw	LI	Lithuanian
C Blank	Chinese-Mandarin	AK	Am. Ind. - Lakota	MY	Maay
D Blank	French Creole	AT	Am. Ind. - Nakota	MA	Macedonian
E Blank	English	AV	Am. Ind. - Navajo	ML	Malayalam
F Blank	French	AO	Am. Ind. - Other	MO	Mongolian
G Blank	Greek	AS	Am. Ind. - Zuni	NE	Nepali
H Blank	Hebrew	AM	Amharic	NO	Norwegian
I Blank	Italian	AW	Armenian	OD	Oneida
J Blank	Japanese	AZ	Assyrian	ON	Onondaga
K Blank	Korean	BE	Bengali	OR	Oromo
L Blank	Albanian	BO	Bosnian	PA	Pashto
M Blank	German	BU	Bulgarian	PE	Pennsylvania Dutch
N Blank	Hindi	BR	Burmese	PI	Persian
P Blank	Polish	CA	Cambodian	PS	Pidgin-Hawaiian
Q Blank	Farsi	CM	Chamorro	PU	Punjabi
R Blank	Russian	CH	Chinese-Toisanese	RO	Romanian
S Blank	Spanish	CF	Chinese-Fujian	SA	Samoan
T Blank	Thai	CC	Creole-Criollo	SC	Seneca
V Blank	Vietnamese	CO	Creole-Haitian	SE	Serbian
W Blank	Khmer	CE	Creole-Other	SN	Shinnecock
Y Blank	Yiddish	CR	Croatian	SL	Slovak
Z Blank	Portuguese	CZ	Czech	SO	Somali
1 Blank	African Languages	DU	Dutch	SV	Mohawk (St. Regis Tribe)
2 Blank	Chinese-Cantonese	DZ	Dzongkha	SW	Swahili
3 Blank	Chinese-Other	FI	Finnish	SY	Syriac
4 Blank	Native American	GU	Gujarati	TI	Tigrinya
5 Blank	Serbo-Croatian	HM	Hmong	TN	Tona-Seneca
6 Blank	Swedish	HU	Hungarian	TO	Tongan
7 Blank	Tagalog	IL	Ilocano	TU	Turkish
8 Blank	Laotian	IN	Indonesian	TS	Tuscarora
9 Blank	Sign Language	KA	Karen	TW	Twi (Fanti)
AN	Alaskan	KW	Kinyarwanda	UK	Ukranian
AA	Am. Ind. - Apache	KI	Kirundi (Rundi)	UN	Unkechauga
AE	Am. Ind. - Crow	KZ	Kizigna	YU	Yugoslavian

SECTION 10: SUFFIX LEVEL CODES (CONT'D)**LANGUAGE READ CODES (LANG READ) – 281**

A Blank	Arabic	AI	Am. Ind. - Dakota	KU	Kurdish
B Blank	Urdu	AC	Am. Ind. - Choctaw	LI	Lithuanian
C Blank	Chinese-Mandarin	AK	Am. Ind. - Lakota	MY	Maay
D Blank	French Creole	AT	Am. Ind. - Nakota	MA	Macedonian
E Blank	English	AV	Am. Ind. - Navajo	ML	Malayalam
F Blank	French	AO	Am. Ind. - Other	MO	Mongolian
G Blank	Greek	AS	Am. Ind. - Zuni	NE	Nepali
H Blank	Hebrew	AM	Amharic	NO	Norwegian
I Blank	Italian	AW	Armenian	OD	Oneida
J Blank	Japanese	AZ	Assyrian	ON	Onondaga
K Blank	Korean	BA	Braille	OR	Oromo
L Blank	Albanian	BE	Bengali	PA	Pashto
M Blank	German	BO	Bosnian	PE	Pennsylvania Dutch
N Blank	Hindi	BU	Bulgarian	PI	Persian
P Blank	Polish	BR	Burmese	PS	Pidgin-Hawaiian
Q Blank	Farsi	CA	Cambodian	PU	Punjabi
R Blank	Russian	CM	Chamorro	RO	Romanian
S Blank	Spanish	CH	Chinese-Toisanese	SA	Samoan
T Blank	Thai	CC	Creole-Criollo	SC	Seneca
V Blank	Vietnamese	CO	Creole-Haitian	SE	Serbian
W Blank	Khmer	CE	Creole-Other	SN	Shinnecock
Y Blank	Yiddish	CR	Croatian	SL	Slovak
Z Blank	Portuguese	CZ	Czech	SO	Somali
1 Blank	African Languages	DU	Dutch	SV	Mohawk (St. Regis Tribe)
2 Blank	Chinese-Cantonese	DZ	Dzongkha	SW	Swahili
3 Blank	Chinese-Other	FI	Finnish	SY	Syriac
4 Blank	Native American	GU	Gujarati	TI	Tigrinya
5 Blank	Serbo-Croatian	HM	Hmong	TN	Tona-Seneca
6 Blank	Swedish	HU	Hungarian	TO	Tongan
7 Blank	Tagalog	IL	Ilocano	TU	Turkish
8 Blank	Laotian	IN	Indonesian	TS	Tuscarora
AN	Alaskan	KA	Karen	TW	Twi (Fanti)
AA	Am. Ind. - Apache	KW	Kinyarwanda	UK	Ukrainian
AE	Am. Ind. - Crow	KI	Kirundi (Rundi)	UN	Unkechauga
		KZ	Kizigna	YU	Yugoslavian

If you need an interpreter

We provide free interpreter services on request. Please go to the reception desk now and we will call someone to interpret for you.



Albanian Shqip	Nëse keni nevojë për përkthyes... Ne sigurojmë shërbime përkthimi falas sipas kërkesës. Ju lutem shkoni tek banaku i regjistrimit dhe ne do të thërrasim dikë që të përkthejë për ju.
Arabic عربي	إذا كنتم بحاجة إلى مترجم فإننا نوفر لكم خدمة الترجمة حسب الطلب. الرجاء الذهاب إلى مكتب الإستقبال الآن وسنقوم بالاتصال بمترجم لخدمتكم.
Bengali বাংলা	যদি আপনার দোভাষীর প্রয়োজন হয়... আমরা অনুরোধসাপেক্ষে বিনামূল্যে দোভাষী পরিষেবা দিয়ে থাকি। অনুগ্রহ করে এখন অভ্যর্থনা ডেস্কে যান এবং আমরা আপনার হয়ে দোভাষীর কাজ করার জন্য কারও সঙ্গে যোগাযোগ করব।
Bosnian Bosanski	Ako vam treba prevodioc... Mi omoguđujemo besplatne prevodilačke usluge prema vašoj želji. Molimo uputite se do recepcije, a mi ćemo pozvati službenu osobu da prevodi za vas.
Chinese 中文	如您提出要求，我們可為您提供免費翻譯服務。請去前臺接待處，我們會打電話為您尋找翻譯人員。 如您提出要求，我们可为您提供免费翻译服务。请去前台接待处，我们会打电话为您寻找翻译人员。
Farsi فارسی	اگر شما در نیاز مترجم هستید... ما خدمات مجانی مترجم بر درخواست فراهم می کنیم. لطفاً اکنون به میز پذیرائی بروید و ما برای شما مترجم را احضار خواهیم کرد.
French Français	Si vous avez besoin d'un interprète... Nous fournissons des services d'interprète sur demande. Veuillez aller au bureau de réception, et nous vous appèlerons un interprète.
Haitian Creole Kreyòl	Si w bezwen yon entèprèt... Nou bay sèvis entèprèt gratis si w mande. Tanpri ale nan biwo resepsyon an kounye an epi nou pral rele yon entèprèt pou ou.
Hindi हिन्दी	यदि आपको दुभाषिये (इन्टरप्रेटर) की जरूरत है... हम अनुरोध पर नि:शुल्क दुभाषिये की सेवा उपलब्ध कराते हैं। कृपया अब आप स्वागत डेस्क पर जाइये और हम आपको समझाने के लिए किसी दुभाषिये को कॉल करेंगे।
Italian Italiano	Se ha bisogno di un interprete... Offriamo servizi gratuiti di interpretariato dietro richiesta. Prego si rivolga alla reception desk e attenda mentre Le chiamo un interprete.
Korean 한국어	통역사가 필요하시면... 저희는 요청 시 통역사 서비스를 무료로 제공해 드리고 있습니다. 지금 접수처로 가시면 귀하를 위해 통역해드릴 사람을 불러드리겠습니다.
Polish Polski	Jeśli Pan/Pani potrzebuje tłumacza... Zapewniamy bezpłatnego tłumacza na żądanie. Prosimy zgłosić się do recepcji i zwołamy tłumacza.
Russian Русский	Если вам нужен переводчик, то в случае необходимости мы предоставим вам бесплатные переводческие услуги. Подойдите, пожалуйста, к секретарю, и вам предоставят переводчика.
Spanish Español	Si necesita un intérprete, proporcionamos servicio de interpretación gratis. Para solicitarlo, diríjase a la recepción; llamaremos al intérprete.
Tagalog Tagalog	Kung kailan mo ng tagasalin... Nagbibigay kami ng libreng serbisyo ng tagasalin kung kailangan man. Pumunta ka sa reception desk at tatawag kami ng taong magsasalin para sa iyo.
Ukrainian Український	Якщо Вам потрібний перекладач... Ми надаємо безкоштовні послуги перекладачів за проханням. Будь ласка, зверніться до секретаря приймальної і ми покличемо перекладача для Вас.
Urdu اردو	اگر آپ کو ترجمان (انٹریپرٹر) کی ضرورت ہے... درخواست کرنے پر ہم مفت میں ترجمان کی خدمت فراہم کرتے ہیں۔ برائے مہربانی اب آپ استقبالیہ ڈیسک پر جائیں اور ہم آپ کو سمجھانے کے لیے کسی ترجمان کو کال کریں گے۔
Vietnamese Tiếng Việt	Nếu cần một thông dịch viên... Chúng tôi cung cấp dịch vụ thông dịch miễn phí khi quý vị yêu cầu. Xin đến quầy tiếp tân ngay và chúng tôi sẽ gọi một thông dịch viên cho quý vị.
Yiddish אידיש	אויב איר דארפט א דאלמעטשער... מיר שטעלן צו אומזיסטע דאלמעטשער סערוויסעס אויפ'ן פארלאנג. ביטע גייט יעצט צום אויפנאם טישל און מיר וועלן רופן עמיצן צו דאלמעטשן פאר איך.
Deaf / Hearing Impaired	 If you need an interpreter . . . We provide free sign language interpreter services on request. Please go to the reception desk now and we will call someone to interpret for you.



Infoline

1-718-557-1399

If you need assistance with any of HRA's programs,
call Infoline at 1-718-557-1399.

If you would like information on other city agencies, call 311.

إذا كنت بحاجة إلى مساعدة في أي من برامج إدارة الموارد البشرية (HRA)،
فاتصل بخط المعلومات على الرقم 1-718-557-1399.
إذا أردت الحصول على معلومات عن الهيئات الأخرى في المدينة، فاتصل
على الرقم 311

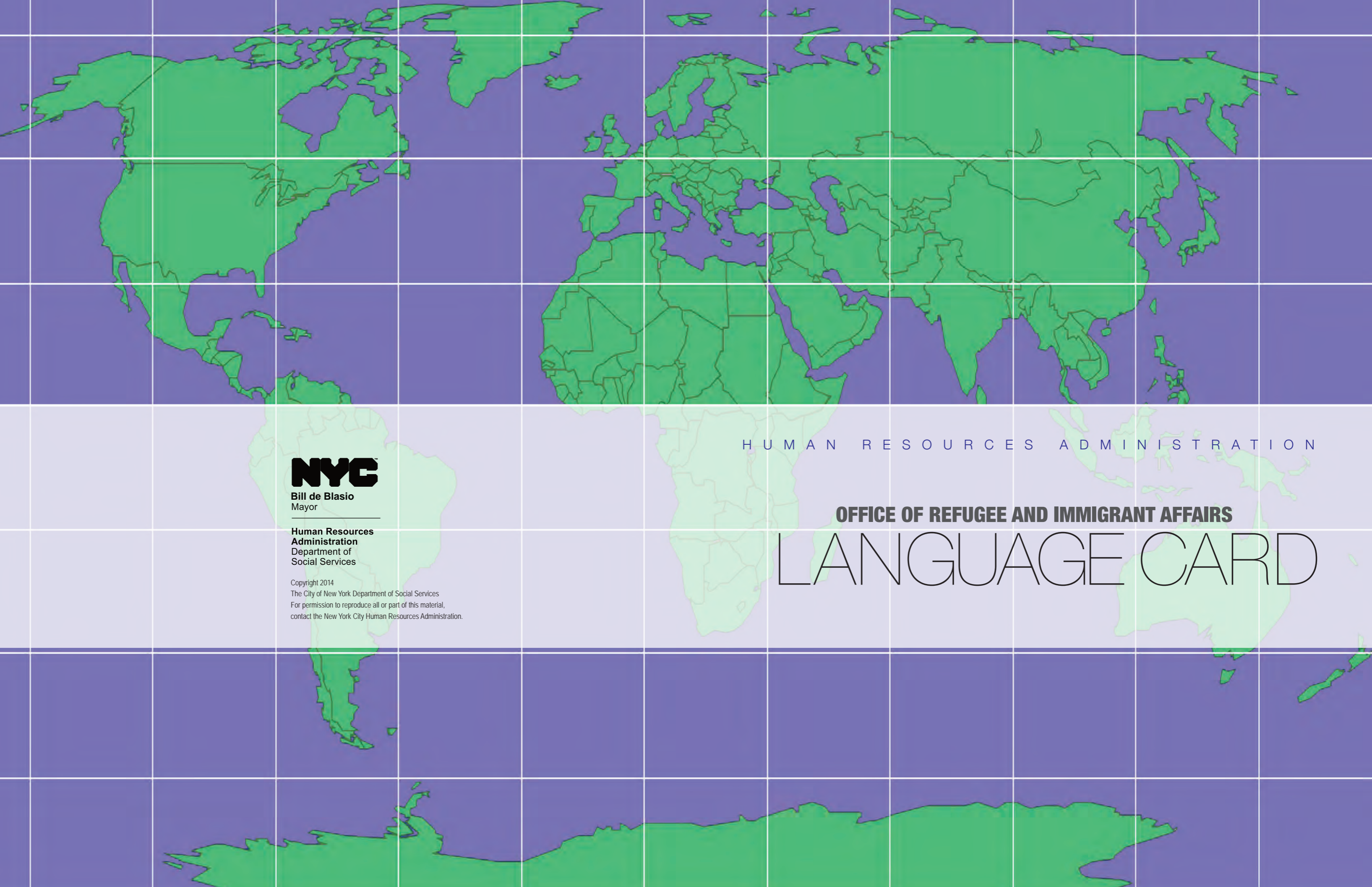
如果您需要HRA項目的幫助，
請致電資訊專線1-718-557-1399。
如果您想查詢有關市政府其他部門的資訊，請致電311。

Si w bezwen asistans avèk pwogram HRA yo,
rele Infoline nan 1-718-557-1399.
Si w ta renmen enfòmasyon sou lòt ajans lavil yo, rele 311.

HRA의 프로그램에 대해 도움이 필요하실 경우
Infoline 1-718-557-1399으로 전화 주시기 바랍니다.
다른 도시 기관에 관한 정보는 311로 전화하십시오.

Если вам нужна помощь в связи с любыми программами HRA,
звоните в справочную службу InfoLine по телефону 1-718-557-
1399. Если вы хотите получить информацию о других
муниципальных учреждениях, звоните по телефону 311.

Si necesita ayuda con cualquiera de los programas de HRA,
llame a la línea de información (Infoline) al 1-718-557-1399.
Si desea información sobre otras agencias de la ciudad, llame al 311.



NYC

Bill de Blasio
Mayor

**Human Resources
Administration**
Department of
Social Services

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HUMAN RESOURCES ADMINISTRATION

OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS

LANGUAGE CARD

IF YOU DO NOT KNOW THE LANGUAGE OF THE PERSON WHO WANTS YOUR HELP, USE THIS CARD.
THE PERSON CAN POINT TO THE LANGUAGE NEEDED AND YOU CAN ARRANGE FOR AN INTERPRETER.

English	“Do you speak...”	“Please be seated. I will call an interpreter for you.”	Hindi	क्या आप हिन्दी बोलते हैं?	कृपया बैठ जाइए। मैं आपके लिए दुभाषिये की व्यवस्था करूंगा/करूंगी।
Albanian	Flisni shqip?	Uluni ju lutem. Po shkoj të thërras një përkthyes për ju.	Italian	Parla italiano?	Prego, si accomodi e attenda mentre Le chiamo un interprete.
Arabic	هل تتكلم اللغة العربية؟	تفضل بالجلوس. سأتصل بمترجم لك.	Khmer	តើអ្នកនិយាយភាសាខ្មែរឬទេ?	សូមអញ្ជើញអង្គុយ ។ ខ្ញុំនឹងទូរស័ព្ទហៅអ្នកបកប្រែ ដើម្បីបកប្រែឲ្យអ្នក ។
Bengali	আপনি কি বাংলায় কথা বলেন?	অনুগ্রহ করে বসুন। আমি আপনার জন্য একজন দোভাষী ডাকবো।	Korean	한국어를 사용하십니까?	앉으십시오. 통역사를 불러드리겠습니다.
Bosnian	Govorite li bosanski?	Molimo, sjednite. Poslaću prevodioca za Vas.	Polish	Czy Pan/Pani mówi Po polsku?	Proszę siadać, podczas gdy wołam tłumacza.
Cantonese	您講廣東話嗎?	請坐。讓我為您叫一位翻譯員。	Russian	Вы говорите по-русски?	Присядьте, пожалуйста. Я сейчас позову переводчика, который вам поможет.
Mandarin	您講國語嗎?	請坐。讓我為您叫一位翻譯員。	Spanish	¿Habla español?	Tome asiento, por favor. Llamaré a un intérprete para que lo ayude.
Creole	Èske ou pale Kreyòl?	Tanpri chita. Mwen pral rele yon moun pou tradwi pou ou.	Ukrainian	Чи Ви розмовляєте українською мовою?	Будь ласка, посидьте, поки я викликаю перекладача для Вас.
French	Parlez-vous français?	Veillez vous asseoir. Je vais vous appeler un interprète.	Urdu	کیا آپ اردو بولتے ہیں؟	کے لیے کسی ترجمان کو بلاتا ہوں/بلاتی ہوں۔ مہربانی کر کے بیٹھ جائیے۔ میں آپ
Greek	Μιλάτε Ελληνικά	Παρακαλώ καθίστε. Θα καλέσω ένα διερμηνέα για σας .	Vietnamese	Anh/chị nói tiếng Việt phải không?	Xin mời ngồi chờ. Tôi sẽ gọi người thông dịch cho anh/chị.
Hebrew	האם את/ה דובר/ת עברית?	נא לשבת. אני אזמין מתרגם/ת.	Yiddish	איר רעדט אידיש?	ביטע זעצט אייך. איך וועל רופן א דאלמעטשער פאר אייך.
	Hearing Impaired	If you need an interpreter in sign language, please point here.			

Date: _____

Case Number: _____

Language Questionnaire

IMPORTANT: Please read this notice and indicate your speaking and reading language preferences. If you do not speak English well, the Human Resources Administration (HRA) can provide free interpreter services for you at an HRA office. This form must be completed and returned with the application/recertification papers.

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

SAMPLE

What is your preferred spoken language? Please select only **ONE**.

English

African Languages

Alaskan

Albanian

American Indian – Apache

American Indian – Choctaw

American Indian – Crow

American Indian – Dakota

American Indian – Lokota

American Indian – Nakota

American Indian – Navajo

American Indian – Other

American Indian – Zuni

Amharic

Arabic

Armenian

Assyrian

Bengali

Bosnian

Bulgarian

Burmese

Cambodian

Chamorro

Chinese – Cantonese

Chinese – Fujian

Chinese – Mandarin

Chinese – Other

Chinese – Toisanese

Creole – Criollo

Creole – Haitian

Creole – Other

Croatian

Czech

Dutch

Dzongkha

Farsi

Finnish

French

French – Creole

German

Greek

Gujarati

Hebrew

Hindi

Hmong

Hungarian

Ilocono

Indonesian

Italian

Japanese

Karen

Khmer

Kinyarwanda

Kirundi (Rundi)

Kizigna

(Additional languages are continued on the next page.)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Korean | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Serbian | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> Oromo | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Tona – Seneca |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Pashto | <input type="checkbox"/> Shinnecock | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Pennsylvania Dutch | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Maay | <input type="checkbox"/> Persian | <input type="checkbox"/> Slovak | <input type="checkbox"/> Tuscarora |
| <input type="checkbox"/> Macedonian | <input type="checkbox"/> Pidgin – Hawaiian | <input type="checkbox"/> Somali | <input type="checkbox"/> Twi (Fanti) |
| <input type="checkbox"/> Malayalam | <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Ukranian |
| <input type="checkbox"/> Mohawk (St. Regis Tribe) | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Swahili | <input type="checkbox"/> Unkechauga |
| <input type="checkbox"/> Mongolian | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Swedish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Romanian | <input type="checkbox"/> Syriac | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Russian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Norwegian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Thai | <input type="checkbox"/> Yugoslavian |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Seneca | | |

Do you require free interpreter services? Yes No

Written notices can be sent in the languages listed below. Please select only **ONE**. If your preferred language is not listed, please check English.

- | | | | |
|----------------------------------|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Creole – Haitian | <input type="checkbox"/> Russian | <input type="checkbox"/> English |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | |

SAMPLE

Applicant's/Participant's Signature

Date

Fecha: _____

Número del Caso: _____

Cuestionario Respecto al Idioma

IMPORTANTE: Por favor lea este aviso e indique el idioma que usted prefiere hablar y leer. Si no habla bien el inglés, la Administración de Recursos Humanos (Human Resources Administration – HRA) le puede brindar gratuitamente los servicios de intérprete en una de sus oficinas. Este formulario debe llenarse y devolverse con los documentos para la solicitud/recertificación.

Nombre en Letra de Molde: _____

Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

¿Qué idioma prefiere hablar? Por favor elija sólo **UNO**.

inglés

alemán

alemán de Pensilvania

amhárico

arábigo

armenio

asirio

bengalí

bosnio

búlgaro

birmano

camboyano

chamorro

checo

chino – cantonés

chino – fujián

chino – mandarín

chino – otro

chino – toisanés

coreano

criollo

criollo francés

criollo – haitiano

criollo – otro

croata

dzongkha

eslovaco

español

finlandés

francés

griego

gujarati

hebreo

hindi

hmong

holandés

húngaro

idiomas africanos

idiomas alascanos

albanés

idiomas de los indios americanos – apache

idiomas de los indios americanos – choctaw

idiomas de los indios americanos – crow

idiomas de los indios americanos – dakota

idiomas de los indios americanos – lakota

idiomas de los indios americanos – nakota

idiomas de los indios americanos – navajo

(Más idiomas en la próxima página)

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> idiomas de los indios americanos – otro | <input type="checkbox"/> maay | <input type="checkbox"/> polaco | <input type="checkbox"/> swahili |
| <input type="checkbox"/> idiomas de los indios americanos – zuni | <input type="checkbox"/> macedonio | <input type="checkbox"/> portugués | <input type="checkbox"/> tagalo |
| <input type="checkbox"/> ilocano | <input type="checkbox"/> malabar | <input type="checkbox"/> punjabi | <input type="checkbox"/> tigrina |
| <input type="checkbox"/> indonesio | <input type="checkbox"/> mohawk (tribu de San Regis) | <input type="checkbox"/> ruanda | <input type="checkbox"/> tailandés |
| <input type="checkbox"/> italiano | <input type="checkbox"/> mongol | <input type="checkbox"/> rumano | <input type="checkbox"/> tona – seneca |
| <input type="checkbox"/> japonés | <input type="checkbox"/> nepalí | <input type="checkbox"/> ruso | <input type="checkbox"/> turco |
| <input type="checkbox"/> jmer | <input type="checkbox"/> noruego | <input type="checkbox"/> samoano | <input type="checkbox"/> tuscarora |
| <input type="checkbox"/> karen | <input type="checkbox"/> oneida | <input type="checkbox"/> seneca | <input type="checkbox"/> twi (fanti) |
| <input type="checkbox"/> kirundi (rundi) | <input type="checkbox"/> onondaga | <input type="checkbox"/> serbio | <input type="checkbox"/> ucraniano |
| <input type="checkbox"/> kizigua | <input type="checkbox"/> oromo | <input type="checkbox"/> serbo-croata | <input type="checkbox"/> unquechauga |
| <input type="checkbox"/> laosiano | <input type="checkbox"/> pashto | <input type="checkbox"/> shinnecock | <input type="checkbox"/> urdu |
| <input type="checkbox"/> lenguaje gestual | <input type="checkbox"/> persa | <input type="checkbox"/> siríaco | <input type="checkbox"/> vietnamita |
| <input type="checkbox"/> lituano | <input type="checkbox"/> pidgin hawaiano | <input type="checkbox"/> somalí | <input type="checkbox"/> yidish |
| | | <input type="checkbox"/> sueco | <input type="checkbox"/> yugoslavo |

¿Necesita servicios de intérprete gratuitos? Sí No

Se pueden enviar avisos por escrito en los idiomas listados a continuación. Por favor elija sólo **UNO**. Si el idioma que prefiere usted no figura entre los listados más abajo, por favor marque () inglés.

- | | | | |
|----------------------------------|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> arábigo | <input type="checkbox"/> coreano | <input type="checkbox"/> español | <input type="checkbox"/> inglés |
| <input type="checkbox"/> chino | <input type="checkbox"/> criollo haitiano | <input type="checkbox"/> ruso | |

SAMPLE

Firma del Solicitante/Participante

Fecha