



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY DIRECTIVE #17-19-OPE

*(This Policy Directive Obsoletes PD #16-16-OPE)*

### REVISIONS TO SERVICING DEAF AND HARD-OF-HEARING APPLICANTS AND PARTICIPANTS

<b>Date:</b> August 21, 2017	<b>Subtopic(s):</b> Interpreter Services, Sign Language
<b>AUDIENCE</b>	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.
<b>REVISIONS TO THE ORIGINAL DIRECTIVE</b>	<p>This policy directive has been revised to inform staff of the following:</p> <ul style="list-style-type: none"> <li>• Cisco Spark has replaced Skype as the software used by the Agency’s contracted Sign Language interpretation vendor, Accurate Communication, to enable Video Remote Interpretation (VRI). All references to Skype have thus been replaced with Cisco Spark.</li> <li>• The Sign Language Interpreting Service Request Form (<b>ASL-100</b>) has been revised so that the JOS/Worker must indicate their agency, HRA. Both the <b>ASL-100</b> and the Reference Guide for FIA Center Language Liaisons (<b>ORIA-196</b>) have been updated to reflect Video (Cisco Spark), rather than Skype Form of Interpretation.</li> <li>• <b>Attachment B, Non-FIA ASL Liaisons</b>, has been updated to accurately reflect the non-Center staff that interfaces with the Agency’s Sign Language vendor, Accurate Communication, Inc..</li> </ul>
<b>POLICY</b>	Deaf/hard-of-hearing applicants/participants must be given assistance to enable them to communicate by their preferred method.
<b>BACKGROUND</b>  See <b>Attachment A -</b> Definitions for Deaf/Hard-of-Hearing and Interpreter Services.	<u>Serving the Deaf/Hard-of-Hearing.</u>  Staff <u>must</u> communicate with a deaf/hard-of-hearing applicant/participant in the method he/she prefers. Definitions for Deaf/Hard-of-Hearing and Interpreter Services ( <b>Attachment A</b> ) outlines commonly used terms.

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

**REQUIRED ACTION**

The ORIA Language Card (**W-194**).

Determining Whether an Individual is Deaf/Hard-of-Hearing

When an applicant/participant enters a Job Center or NCA SNAP Center, he/she encounters a poster, You Have the Right to Free Language Services (**OCM-34**), which instructs him/her to inform a staff member at reception if he/she has a need for an interpreter.

The Office of Refugee and Immigrant Affairs (ORIA) has produced a Language Card (**W-194**), which can help the Job Opportunity Specialist (JOS)/Worker verify whether an individual is deaf/hard-of-hearing, by having him/her point to the universal symbol for sign language and/or the accompanying statement on the **W-194**.

Center Directors must ensure that an ample supply of the current version of the **W-194** is available in the reception area; and that all staff has the current version of the **W-194** in their workstation.

Ensuring an Individual's Deaf/Hard-of-Hearing Status is Known to the Paperless Office System (POS)

Prior to interviewing a deaf/hard-of-hearing applicant/participant, the JOS/Worker must:

1. Confirm the applicant's/participant's preferred method of communicating (Sign Language interpretation, lip reading, writing, etc.).
2. Determine if the applicant/participant prefers to utilize his/her own personnel/equipment to communicate (Sign Language interpreter, mobile device, etc.). Inform him/her that he/she will have to pay for any sign language interpretation service other than Accurate Communication.
3. Check the Client Services Screen in POS to see if this information is known to POS (see CA POS Release Notes Version 20.1.1, page 1, April 25, 2016). If it is not known or outdated, follow the steps beginning on page 5 for requesting a reasonable accommodation, which will ensure the Client Services Screen is updated. Encourage the applicant/participant to request a reasonable accommodation if he/she has not done so; and, offer to help him/her complete the requisite form.

**Note:** Applicants/participants do not need to request a reasonable accommodation in order to obtain free Sign Language interpretation.

4. Make the necessary arrangements to communicate with the applicant/participant via the manner he/she prefers.

Refer to [PB #16-36-SYS](#).

### Sign Language Interpretation

One common method of communicating with an applicant/participant who is deaf/hard-of-hearing is Sign Language interpretation.

ORIA manages the contract with the Agency's Sign Language interpretation vendor, Accurate Communication, Inc., that provides Sign Language interpreters in-person and via VRI.

Each Job Center and NCA SNAP Center has several Language Liaisons who are responsible for obtaining Sign Language interpreters from the Agency's contracted Sign Language interpretation vendor, and clarifying questions/issues concerning the deaf/hard-of-hearing.

The Centers' Staff Development Coordinators can also assist staff with questions/issues concerning deaf/hard-of-hearing applicants/participants.

A deaf/hard-of-hearing applicant/participant must be informed that:

1. He/she is not required to provide his/her own Sign Language interpreter.
2. He/she is entitled to free sign language interpretation from the Agency's contracted Sign Language interpretation vendor, in-person or via VRI (see instructions beginning on page 4).
3. He/she has the right to utilize his/her own Sign Language interpreter, if that individual is at least 18 years old.

Sign language interpreters must be 18 years of age or older.

### Applicant/Participant Brings His/Her Own Sign Language Interpreter

If an applicant/participant brings his/her own Sign Language interpreter who is at least 18 years old, and who is able to interpret effectively, accurately, and impartially, the JOS/Worker must utilize that individual to interpret.

**Note:** The applicant/participant retains the right to use an Agency provided Sign Language interpreter in the future.

Problem (!): Applicant/participant brings an individual who is less than 18 years old to interpret.

If an applicant/participant brings an individual who is less than 18 years old to interpret, the JOS/Worker must explain that, although that individual may be present during the interview, the interpretation must be conducted by someone who is at least 18 years old.

If the applicant/participant wants to return with another individual to act as a Sign Language interpreter who is at least 18 years old, the JOS/Worker must reschedule the appointment.

If the applicant/participant does not have another individual to act as a Sign Language interpreter who is at least 18 years old, the JOS/Worker must contact the Center’s Language Liaison, Back-Up Language Liaison, or Designee to schedule a Sign Language interpreter from Accurate Communication, Inc., as outlined below.

**Note:** At no time should an applicant/participant be denied service due to his/her inability to communicate.

Workers must protect the filing date, even if a Sign Language interpreter is not available when the application is filed.

If an appointment needs to be rescheduled because the applicant/participant prefers to communicate via Sign Language, and a Sign Language interpreter is not available, the deaf/hard-of-hearing applicant/participant 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, as noted in PD #11-15-OPE.

Problem (!):  
Applicant/participant brings someone who is at least 18 years old to act as a Sign Language interpreter whose interpretation is not effective, accurate, and/or impartial.

If an applicant/participant brings an individual to act as a Sign Language interpreter who is at least 18 years old, but whose interpretation is not effective, accurate, and/or impartial, the Agency, per the Americans with Disabilities Act (ADA), may **not** rely on the accompanying adult to interpret, and must take all necessary steps to ensure the effective relay of information, regardless of the expressed desire of the applicant/participant to use a companion interpreter. As such, the JOS/Worker must:

1. Terminate the interview.
2. Contact the Center’s Language Liaison, Back-Up Language Liaison, or Designee to schedule a Sign Language interpreter from Accurate Communication, Inc.
3. Make a detailed case comment in POS, indicating:
  - a. The reason for the suspension of the interview.
  - b. The need to obtain a Sign Language interpreter from Accurate Communication, Inc.
4. Reschedule the interview, if the applicant/participant cannot wait for an in-person Agency provided Sign Language interpreter to arrive at the Center and VRI is unavailable.

#### Obtaining a Sign Language Interpreter

If an applicant/participant prefers to communicate via Sign Language and has:

- brought an individual to act as a Sign Language interpreter who is less than 18 years old, or
- brought an individual to act as a Sign Language interpreter who is at least 18 years old, but whose interpretation is not effective, accurate, and/or impartial, or



- not brought an individual to act as a Sign Language interpreter,

then the JOS/Worker must confirm whether the client speaks American Sign Language (ASL) or another Sign Language, by writing "ASL?" on a piece of paper, then contact the Center's Language Liaison, Back-Up Language Liaison, or Designee to obtain a Sign Language interpreter.

Problem (!):

Applicant/participant speaks a Sign Language other than ASL.

The Reference Guide for FIA Center Language Liaisons (**ORIA-196**).

**Note:** If an applicant/participant speaks a Sign Language other than ASL, the JOS/Worker must contact ORIA at (212) 331-4550 or [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov), to make the necessary arrangements.

The **ORIA-196** (see attached), details available resources and information to assist Limited English Proficient (LEP) and Deaf/Hard-of-Hearing applicant/participants.

In order to obtain a Sign Language interpreter for an applicant/participant, the Language Liaison, Back-Up Language Liaison, or Designee must email the **ASL-100** to Accurate Communication, Inc., at [ASLREQUESTNYC@accuratecommunication.net](mailto:ASLREQUESTNYC@accuratecommunication.net); and copy FIA Support Services at [FIASignlanguageinterpreterrequests@hra.nyc.gov](mailto:FIASignlanguageinterpreterrequests@hra.nyc.gov), and ORIA at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov).

The **ASL-100** must include:

- the applicant's/participant's name.
- the interpretation location.
- the date and time a Sign Language interpreter is needed.
- whether it is an emergency.
- whether the interpretation is to be conducted in-person or via VRI.
- the estimated length of the interview.
- the nature of appointment.
- the Center's ASL user address, if requesting VRI service.  
(If unknown, contact the Center's Language Liaison or ORIA.)

Remote Sign Language interpretation via VRI can occur within 30 minutes, and in-person Sign Language interpretation can occur within two hours at any Job Center or NCA SNAP Center.

The JOS/Worker must annotate, in POS:

1. The need for a Sign Language interpreter.
2. Whether the applicant/participant prefers the Sign Language interpretation to be conducted in-person or via VRI.
3. Whether the applicant/participant accepted/refused the Sign Language accommodation offered.

### Offering the Applicant/Participant Reasonable Accommodation

Request for Reasonable Accommodation.

The JOS/Worker must follow Agency procedure regarding offering reasonable accommodations, as outlined in PD #16-27-OPE. If the applicant/participant has not requested a reasonable accommodation, encourage him/her to do so.

**Note:** Applicants/participants do not need to request a reasonable accommodation in order to get a Sign Language interpreter.

When helping an applicant/participant complete the Help For People With Disabilities (**HRA-102c**), if he/she is requesting American Sign Language (ASL) interpretation, check *ASL Interpretation* as the accommodation requested.

**Note:** ASL is the preferred accommodation of most deaf/hard-of-hearing applicants/participants.

If the deaf/hard-of-hearing applicant/participant requires another form of interpretation, check *Other forms of interpretation*, and indicate the form of interpretation requested (e.g., tactile, lip reading, etc.).

The JOS/Worker must send a copy of the **HRA-102c** to the Office of Constituent Services (OCS), scan and index the form, and give the original to the applicant/participant as proof that a request for a reasonable accommodation was submitted.

### Conducting Sign Language-enabled Interviews

The JOS/Worker should speak directly to the deaf/hard-of-hearing applicant/participant during a Sign Language-enabled interview.

The Sign Language interpreter may stand next to the JOS/Worker, so that the deaf/hard-of-hearing applicant/participant can easily see the interpretation.

The JOS/Worker should speak naturally, without altering his/her volume, pronunciation, or emphasis.

Problem (!): Vendor's Sign Language interpretation is **not** effective, accurate, or impartial.

If the vendor's Sign Language interpreter fails to report or his/her interpretation is not effective, accurate, and/or impartial, the JOS/Worker must contact ORIA by emailing them at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov) or calling them at (212) 331-4550.

Problem (!): VRI cannot be conducted due to network/Spark issue.

When attempting to conduct an interview via VRI, if the JOS/Worker has

difficulty logging on to the network or Spark, he/she must contact his/her Local Area Network (LAN) Administrator by phone and/or email.

If the network or Spark will be unavailable for at least thirty minutes, the JOS/Worker should ask the applicant/participant if he/she would like to wait for an in-person Sign Language interpreter or reschedule.

**Note:** Scheduling a return appointment does not change the application filing date or any other dates relevant to processing the application, as noted in PD #11-15-OPE.

**Note:** For CA applicants/participants, a description of an individual's limitations should be included in the Employability Assessment, and taken into account when developing the Employability Plan.

Annotate the **W-680FF**

The JOS/Worker must indicate on the Language Questionnaire (**W-680FF**) whether the applicant/participant needs a Sign Language interpreter, and whether Sign Language or another language is his/her spoken language.

TAD entries

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

The Worker must ensure that code **9** (Sign Language) has been entered in Element **255** (Lang SP); and, that 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.

Note in POS each attempt to obtain a Sign Language interpreter.

Sign Language Interpreting Cannot be Conducted in a Timely Manner

Have alternate method to communicate if Sign Language is not an option (see page 8).

If VRI is unavailable and/or a Sign Language interpreter cannot get to the Center prior to its closing, the JOS/Worker must communicate with the deaf/hard-of-hearing applicant/participant via an alternative method (lip reading, writing, gesturing, etc.), as noted below, beginning on page 8.

Problem (!): Some ASL speakers may not be fluent in written English.

**Note:** Written English as a means of communicating with those who prefer to communicate via ASL should be limited to accessing interpreters and scheduling appointments, as ASL's grammar and sentence structure are very different from written English.

If the applicant/participant does not have an emergency or immediate need, the JOS/Worker can reschedule the appointment for a date and time convenient for the applicant/participant. If a Sign Language interpreter is required, the JOS/Worker must follow this procedure as outlined above, beginning on page 4.

Follow-Up Appointments

When scheduling a return appointment for an applicant, the JOS/Worker must follow the instructions for scheduling an appointment of an applicant who cannot stay or wait to be interviewed, as noted in PD #11-15-OPE.

When scheduling a return appointment for a participant, the JOS/Worker must complete and give the participant the Documentation Requirements and/or Assessment Follow-Up (**W-113k**). All required documents must be clearly annotated on the **W-113k**.

If the follow-up interview requires a Sign Language interpreter, the JOS/Worker must make the appointment with the applicant/participant first, then contact the Center’s Language Liaison, Back-Up Language Liaison, or Designee, to request he/she schedule a Sign Language interpreter with Accurate Communication, as noted beginning on page 4.

Non-FIA Follow-Up Appointment

Non-FIA Follow-Up Appointment/Referral

When the follow-up appointment is not with a Job Center or NCA SNAP Center, the Center’s Language Liaison, Back-Up Language Liaison, or Designee must email the **ASL-100** to:

1. Accurate Communication, at [ASLREQUESTNYC@accuratecommunication.net](mailto:ASLREQUESTNYC@accuratecommunication.net)
2. FIA Support Services at [FIASignlanguageinterpreterrequests@hra.nyc.gov](mailto:FIASignlanguageinterpreterrequests@hra.nyc.gov)
3. ORIA at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)
4. That program’s ASL Liaison.

A list of Non-FIA ASL Liaisons, with their telephone numbers and email addresses, is contained in **Attachment B**, Non-FIA ASL Liaisons.

Alternative Communication Methods

Lip reading.

1. Lip Reading

A deaf/hard-of-hearing applicant/participant may prefer to communicate via lip reading, if he/she has residual hearing or never mastered/dislikes communicating via Sign Language.

If an applicant/participant prefers to communicate via lip reading, the JOS/Worker must conduct the interview orally.

To compensate for the fact that approximately 70% of speech is unintelligible via lip reading, the JOS/Worker must:

- look directly at the applicant/participant.
- have nothing in his/her mouth.

- have nothing blocking his/her face.
- speak naturally, without exaggerated/rapid speech.
- ensure her/his face is lit from in front, not behind.
- write down critical information.
- have the applicant/participant repeat information.

2. Use of Cell Phones/Tablets to Enable VRI

Use of Cell Phones/Tablets to enable VRI.

If a deaf/hard-of-hearing applicant/participant prefers to use his/her cell phone/tablet to enable VRI, he/she will use his/her VRI service.

**Note:** If the applicant’s/participant’s service provider only offers Video Relay Service (VRS), it will not interpret face-to-face interactions.

Contacting Deaf/Hard-of-Hearing Applicants/Participants Not On-Site

Contacting deaf/hard-of-hearing applicants/participants not on-site.

The JOS/Worker must:

- Verify in POS the applicant’s/participant’s preferred method of communicating.
- Make the necessary arrangements to communicate with the deaf/hard-of-hearing applicant/participant in that manner.

If the applicant/participant prefers not to communicate via telephone, the JOS/Worker must mail an individual notice to the applicant/participant.

If the applicant/participant prefers to communicate via telephone, the JOS/Worker must call the applicant/participant. When calling:

- If the applicant/participant has his/her own VRS, the VRS interpreter will answer, identify himself/herself and provide interpretation.
  - The JOS/Worker should speak with the VRS interpreter as if he/she were speaking directly to the applicant/participant.
  - The VRS interpreter will act as a “traffic agent”, indicating to the JOS/Worker and the applicant/participant when to speak, saying “go ahead”.
  - Although the JOS/Worker may not hear the applicant’s/participant’s voice, speaking with a VRS interpreter is considered the same as speaking with the applicant/participant, and does not require a signed release from the applicant/participant.
- If the applicant/participant has his/her own Teletypewriter (TTY), the JOS/Worker will hear an electronic noise. The JOS/Worker must hang up and dial 711 or (800) 421-1220. The NYS Relay

Operator will answer, identify himself/herself, and request the name and telephone number of the individual the JOS/Worker needs to speak with.

- The NYS Relay Operator will call that number.
- Once the deaf/hard-of-hearing applicant/participant is on the line, the JOS/Worker should speak with the NYS Relay Operator as if he/she were speaking directly to the applicant/participant.
- The NYS Relay Operator will act as a “traffic agent”, indicating to the JOS/Worker and the applicant/participant when to speak, saying “go ahead”.
- Although the JOS/Worker may not hear the applicant’s/participant’s voice, speaking with the NYS Relay Operator is considered the same as speaking with the applicant/participant, and does not require a signed release from the applicant/participant.

During the phone conversation, if the applicant/participant states he/she prefers to communicate via a method other than telephone, the JOS/Worker must:

- Terminate the call.
- Make a notation in POS.
- Follow this procedure to communicate via the applicant’s/participant’s preferred method.

Center Directors must ensure that “HRA Infoline” (**POST-98**) is conspicuously displayed in all applicant/participant waiting areas; and that all obsolete versions, as well as obsolete versions of the **HRA-102c**, **W-194**, and **W-680FF**, are removed from circulation and recycled.

Posters/Forms -  
See mandated signage  
lists (**M-98c** and **M-98d**)

## **PROGRAM IMPLICATIONS**

Centers with FDR

### Centers with Front Door Reception (FDR)

FDR staff must notify the Center’s Language Liaison, Back-Up Language Liaison, or Designee when there is a deaf/hard-of-hearing applicant/participant needing service, so that he/she will be prepared to take the requisite steps to ensure the applicant/participant is given the ability to communicate via his/her preferred method. Those individuals may also interview the applicant/participant.

### Site Determination

The Receptionist must ask the applicant/participant which language he/she prefers to be interviewed in, and record the applicant’s/participant’s language preference in the “Do you need an interpreter?” field on the **Site Determination** screen. The JOS/Worker

must review the **Language Spoken** field (Element **255**) and **Language Read** field (Element **281**) of the POS TAD, to ensure that the correct language has been entered, and follow all steps in the **REQUIRED ACTION** section of this procedure.

Centers with Self-Service Kiosks

Self-Service Kiosks (not at all locations).	The applicant/participant utilizes a Self-Service Kiosk to record his/her arrival and reason for visit. The Kiosk will print the applicant/participant a ticket that directs him/her to the proper service area, and notifies the Center of the presence of a deaf/hard-of-hearing applicant/participant, so that the necessary steps can be taken to serve him/her.
Supplemental Nutrition Assistance Program (SNAP) Implications	An applicant/participant whose case was denied/closed for Cash Assistance (CA) and Medical Assistance (MA) remains eligible for SNAP benefits, depending on the reason for the denial/closing. A referral for a separate SNAP determination may be required for the household.
Medicaid Implications	There are no Medicaid implications.

**FAIR HEARING  
IMPLICATIONS**  
Avoidance/  
Resolution

Ensure that all case actions are processed in accordance with current procedure; 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 cases.

Conferences in a  
Job Center

If a deaf/hard-of-hearing applicant/participant comes to a Job Center requesting a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) Unit that a deaf/hard-of-hearing applicant/participant 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 and Conference (FH&C) Unit.

In Centers with Self-Service Kiosks, after the applicant/participant indicates that he/she is requesting a conference, the Kiosk will print a ticket, directing the applicant/participant to the proper service area.

The FH&C AJOS/Supervisor I must verify in POS which method of communicating the deaf/hard-of-hearing applicant/participant prefers, and communicate with the applicant/participant via that method.

If an applicant/participant prefers to communicate via Sign Language and has:

- brought an individual to act as a Sign Language interpreter who is

- less than 18 years old, or,
- brought an individual to act as a Sign Language interpreter who is at least 18 years old, but whose interpretation is not effective, accurate, and/or impartial, or,
- not brought an individual to act as a Sign Language interpreter,

the FH&C AJOS/Supervisor I must follow the steps for obtaining a Sign Language interpreter, beginning on page 4.

If an applicant/participant prefers to communicate via an alternative method, the FH&C AJOS/Supervisor I must conduct the interview via that preferred method, as outlined above, beginning on page 8.

The FH&C AJOS/Supervisor I must contact the Language Liaison, Back-up Language Liaison, or Designee, should any concerns, issues, or questions arise that require his/her expertise/intervention. The Staff Development Coordinator can also assist in this regard.

Once the applicant's/participant's preferred method of communication has been determined, and the requisite steps to communicate with the applicant/participant via that method are in place, the FH&C AJOS/Supervisor I must listen to and evaluate the applicant's/participant's complaint, and discuss the issue with the Case Management Unit (CMU) AJOS/Supervisor I. The FH&C AJOS/Supervisor I must then notify the CMU AJOS/Supervisor I 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 a NCA SNAP Center

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

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

In Centers with Self-Service Kiosks, after the applicant/participant indicates that he/she is requesting a conference, the Kiosk will print a ticket, directing the applicant/participant to the proper service area. The Center Director's Designee must verify, in POS, which method of



communicating the deaf/hard-of-hearing applicant/participant prefers. If the deaf/hard-of-hearing applicant/participant prefers to communicate via Sign Language and has:

- brought an individual to act as a Sign Language interpreter who is less than 18 years old, or,
- brought an individual to act as a Sign Language interpreter who is at least 18 years old, but whose interpretation is not effective, accurate, or impartial, or,
- not brought an individual to act as a Sign Language interpreter,

the Center Director’s Designee must follow the steps for obtaining a Sign Language interpreter, beginning on page 4.

If an applicant/participant prefers to communicate via an alternative method, the Center Director’s Designee must conduct the interview via that method of communication, as outlined above, beginning on page 8.

The Center Director’s Designee must contact the Language Liaison, Back-up Language Liaison, or Designee, should any concerns, issues, or questions arise that require his/her expertise/intervention. The Staff Development Coordinator can also assist in this regard.

Once the applicant’s/participant’s preferred method of communication has been determined, and the requisite steps to communicate with the applicant/participant via that method are in place, the Center Director’s Designee must listen to and evaluate the applicant’s/participant’s complaint. 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 is taken in all phases of the Fair Hearing process.

Evidence Packets

All Evidence Packets must contain a detailed history, copies of relevant Welfare Management System (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**

- [CD #15-21](#)
- [CD #16-20](#)
- [HRA-PB-2017-004](#)
- [PB #16-36-SYS](#)
- [PD #11-15-OPE](#)
- [PD #16-27-OPE](#)

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms

- Attachment A** Definitions for Deaf/Hard-of-Hearing and Interpreter Services
- Attachment B** Non-FIA ASL Liaisons
- ASL-100** Sign Language Interpreting Request Form (Rev. 7/14/17)
- HRA-102c** HELP FOR PEOPLE WITH DISABILITIES (01/05/17)
- OCM-34** You Have the Right to Free Language Services (Rev.5/16)
- ORIA-196** Reference Guide for FIA Center Language Liaisons (6/23/17)
- POST-98** INFOLINE (Rev.1/14)
- W-113K** Documentation Requirements and/or Assessment Follow-Up (Rev. 8/21/12)
- W-194** Language Card (Rev. 2/14)
- W-680FF** Language Questionnaire (Rev. 7/25/16)
- W-680FF (S)** Language Questionnaire (Rev. 7/25/16) (Spanish)
- Pages 1.2-4, 5** Worker's Guide To Codes

## Attachment A

# **Definitions for Deaf/Hard-of-Hearing and Interpreter Services**

### **Interpretation**

- Commonly used when referring to oral communication (e.g., spoken language translation).
- For the deaf/hard-of-hearing, it is a process by which an individual who speaks a Sign Language communicates with another individual who does not, via an Interpreter.

### **Sign Language**

- A common form of communication for the deaf/hard-of-hearing, Sign Language is:
  - A language on to itself.
  - Regionally based (e.g., American Sign, Spanish Sign, Russian Sign Language, etc.).

### **American Sign Language (ASL)**

- ASL is the most common spoken Sign Language of deaf/hard-of-hearing individuals who communicate via Sign Language.

### **Qualified Sign Language Interpreters**

- Interpret effectively, accurately, and impartially via Sign Language, both receptively and expressively.
- Certain settings may require knowledge of specialized vocabulary (e.g., medical, mental health, legal, etc.).

### **Certified Deaf Interpreters (CDI)**

- Are deaf/hard-of-hearing individuals who:
  - Work in conjunction with Sign Language Interpreters.
  - Have an understanding of interpreting, deafness, Deaf culture, and the Deaf community.
  - Have specialized training/experience in the use of gesture, mime, props, visual aids, and other tools to enhance understanding.
  - Are utilized to communicate with deaf/hard-of-hearing applicants/participants who
    - Speak a foreign Sign Language (Spanish Sign, Chinese Sign, etc.).
    - Are minimal language users.

### **Tactile Interpreters**

- Are trained and used to address the unique needs of the deaf-blind/deaf with low vision.

### **Office of Refugee and Immigrant Affairs (ORIA)**

- Is the program area of HRA that ensures immigrants and individuals with Limited English Proficiency (LEP) are afforded equal access to services.
- Manages the contracts for Sign Language and Videoconferencing services.

### **Language Card (Form W-194)**

- Produced by ORIA, the W-194 multilingual card assists:
  - Center staff to determine an applicant's/participant's preferred language.
  - Applicants/participants indicate the need of an interpreter.

### **Video Remote Interpreting (VRI)**

- Uses Qualified Sign Language Interpreters situated in remote locations via a video connection.
- Used when Sign Language Interpretation is needed to facilitate communication between a deaf/hard-of-hearing individual and a hearing person in the same location.
- Used when in-person Sign Language interpretation is difficult/impossible to facilitate.

### **Sign Language Interpreter Services**

- Accurate Communication, Inc., a private, professional vendor contracted by ORIA, provides:
  - In-Person Sign Language Interpretation.
  - Video Remote Interpretation (VRI).
  - Qualified Sign Language Interpreters.
  - Certified Deaf Interpreters (CDI).
  - Tactile Interpreters.
- Language Liaisons:
  - Afford access to Sign Language/Other Interpreters from Accurate Communications.
  - Act as a resource for staff on issues relating to the deaf/hard-of-hearing.

### **Translation**

- Translation commonly refers to written communication.
- The deaf/hard-of-hearing do not necessarily require the services of a translator.

### **Teletypewriter (TTY)/Telecommunication Devices for the Deaf (TDD)**

- Type-based machines used by deaf/hard-of-hearing to communicate by typing back and forth.
- Relay systems enable TTY/TDD users to call others who don't use TTY/TDD.
- TTY/TDD are practically obsolete, due to the widespread use of VRS.

### **711 [Telecommunications Relay Service (TRS)]**

- Enables the deaf/hard-of-hearing, as well as individuals with speech disabilities, to communicate telephonically via a text based device, in order to place telephone calls.
- Enables users of TTY/TDD devices to call voice telephone users and vice versa.
- Affords access to a TRS operator without having to dial an access code.
- Does not work with VRS, as VRS works via internet, and 711 is a telephonic connection.

### **Video Relay Service (VRS)**

- Enables users of Sign Language to communicate via Sign Language, rather than type.
- Calls flow back and forth through a Qualified Sign Language Interpreter via video equipment in a VRS Center.
- Is for two parties in two locations, and is a type of phone call.
- Calls made via VRS are faster than calls made via text-based telecommunications services.
- Calls may be made between those who sign and those who don't.
- Service is internet based, rather than telephonically based.

### **Internet Protocol Relay Service (IPRS)**

- Enables the deaf/hard-of-hearing to use TRS via an internet device through their phone, in order to communicate with others.
- Uses an operator, similar to TRS, but connects to that operator via a webpage interface.

# Non-FIA ASL Liaisons

## BEV

- Dorina Smith (718) 923-6662 ([smithdor@hra.nyc.gov](mailto:smithdor@hra.nyc.gov))
- Ulecia Ramdehal (718) 923-2346 ([ramdehalu@hra.nyc.gov](mailto:ramdehalu@hra.nyc.gov))

## YouthPathways, CareerCompass, and CareerAdvance

- Tommy Shi (929) 221-6930 ([shitom@hra.nyc.gov](mailto:shitom@hra.nyc.gov))
- Michael Stark (929) 221-5169 ([starksm@hra.nyc.gov](mailto:starksm@hra.nyc.gov))
- Sandra Lisa Marshall (929) 221-6962 ([marshalli@hra.nyc.gov](mailto:marshalli@hra.nyc.gov))
- Rudolph Fraser (929) 221-6939 ([fraserr@hra.nyc.gov](mailto:fraserr@hra.nyc.gov))

## OCSE

- Jay Braun (929) 221-4591 ([jay.braun@dfa.state.ny.us](mailto:jay.braun@dfa.state.ny.us))
- Tyeesha McDonald (929) 221-4415 ([tyeesha.mcdonald@dfa.state.ny.us](mailto:tyeesha.mcdonald@dfa.state.ny.us))

## WeCARE

- Marie Sabatino (917) 677-4581 ([msabatino@fedcap.org](mailto:msabatino@fedcap.org))
- Gary Didona (917) 677-4190 ([gdidona@fedcap.org](mailto:gdidona@fedcap.org))

## CASAC

- Kenneth Anker (929) 221-4464 ([anker@hra.nyc.gov](mailto:anker@hra.nyc.gov))
- Deborah Malinovsky (929) 221-4483 ([malinovskyd@hra.nyc.gov](mailto:malinovskyd@hra.nyc.gov))



(Name of person completing form)

TO: Sign Language Department

FROM:

DSS Program Area:

TEL NO.: (646) 873-4000

TEL NO.:

FAX NO.: (718) 285-3952

EMAIL: [ASLREQUESTNYC@accuratecommunication.net](mailto:ASLREQUESTNYC@accuratecommunication.net)

REQUESTER EMAIL:

DSS CONTACT: Cheryl Wertz  
Robby Joly  
212-331-4550  
[oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)

### Sign Language Interpreting Service Request Form

#### Requesting Department Information

TODAY'S DATE		CONTACT PERSON		<input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	
TELEPHONE NUMBER	HRA: PO# 20147200797	DHS-Adults: PO# 20147203451	DHS-PATH: PO# 20147203451		

#### Service Date, Time & Location

CLIENT/TENANT/APPLICANT'S NAME	INTERPRETATION DATE	INTERPRETATION START & END TIMES to
INTERPRETATION LOCATION	FORM OF INTERPRETATION <input type="checkbox"/> In-Person <input type="checkbox"/> Video	NATURE OF APPOINTMENT
FOR VIDEO APPOINTMENTS ONLY: Email: _____@hra.nyc.gov		

#### FOR INTERNAL USE ONLY

ASSIGNED INTERPRETER'S NAME (1)	
ASSIGNED INTERPRETER'S NAME (2)	

\*\*Depending on the nature of the assignment, 2 interpreters might be necessary\*\*

#### Billing Information

Mail to:	Send Copy of Invoice to Requesting Dept.

REQUEST SUBMITTED VIA  E-MAIL  Fax

Please provide signature and date below prior to faxing this request form to (718) 285-3952.

Signature:	Date:
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## HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing disability?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

## HOW TO ASK FOR A REASONABLE ACCOMMODATION



**ASK:** You can ask for help when you come to an HRA office or center



**CALL:** 212-331-4640

You can also write us or fill out the request on the other side of this form and give it to us through:



**FAX:** 212-331-4685



**EMAIL:** [ConstituentAffairs@hra.nyc.gov](mailto:ConstituentAffairs@hra.nyc.gov)



**MAIL:** HRA  
Office of Constituent Services  
150 Greenwich Street, 35th Floor  
New York, NY 10007

### **GET HELP WITH THIS FORM!**

You can get help with this form or with your request.

**CALL:** 212-331-4640 or **VISIT:** your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form. ➡

## **HELP FOR PEOPLE WITH DISABILITIES REASONABLE ACCOMMODATION REQUEST FORM**

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

### **YOUR INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number 1: \_\_\_\_\_ Phone Number 2 (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_

### **WHY DO YOU NEED HELP?**

Tell us how your condition makes it hard to access HRA benefits and services (If you need more space to write, please attach pages): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **CHOOSE WHAT HELP YOU MIGHT NEED BECAUSE OF YOUR CONDITION:**

Help for people who are blind or low vision  
*Explain:* \_\_\_\_\_

Making appointments when you can have someone come with you


No appointments during certain days and times

No appointments during rush hour

No in-office appointments while you apply for Access-A-Ride

Shorter wait times

Accommodations (other than above) that you need to access services at HRA. *Explain:*  
 \_\_\_\_\_  
 \_\_\_\_\_

Help for people who are deaf or hard of hearing  :

American Sign Language (ASL) interpretation

Other forms of interpretation

*Explain:* \_\_\_\_\_

Help reading forms

Help completing forms

You need HRA to come to your home for appointments

Transfer your case to center:  
 \_\_\_\_\_

Keep your case at your center:  
 \_\_\_\_\_

**You do not need to give us proof of your condition now.  
 We may ask you to give us some medical or clinical documents later.**

**To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):**

Location

Date Received

Name of HRA worker (Print)

Signature

Center 90 Staff only: Homebound status was requested  Yes  No



# YOU HAVE THE RIGHT TO FREE LANGUAGE SERVICES AT THIS LOCATION.

If you need an interpreter, please go to the reception desk and we will call someone to interpret for you. If you have a question, comment or complaint about translation or interpretation at this location, please speak to a worker or call 311. Filing a complaint will not affect your case.

**ARABIC** ▶ **لديك الحق في الحصول على خدمات مجانية متعلقة باللغة في هذا المكان.** إذا كنت بحاجة إلى مترجم فوري، يُرجى الذهاب إلى مكتب الاستقبال وسنقوم بالاتصال بشخص ما للقيام بالترجمة الفورية لك. إذا كان لديك أي استفسار أو تعليق أو شكوى حول خدمات الترجمة أو خدمات الترجمة الفورية في هذا المكان، يُرجى التحدث مع أحد العاملين أو الاتصال على الرقم 311. لن يؤثر تقديم شكوى على حالتك.

**ALBANIAN** ▶ **Në këtë vend keni të drejtën për shërbime gjuhësore pa pagesë.** Nëse ju nevojitet një interpret, ju lutemi të drejtoheni te sporteli dhe ne do të telefonojmë një interpret për ju. Nëse keni pyetje, koment ose ankesë në lidhje me përkthimin ose interpretimin në këtë vend, ju lutemi të flisni me një punonjës ose telefononi në numrin 311. Paraqitja e një ankese nuk do të ndikojë në çështjen tuaj.

**BENGALI** ▶ **আপনার এই স্থানে বিনামূল্যে ভাষা পরিষেবাগুলিতে অধিকার রয়েছে।** আপনার কোনো দোভাষীর প্রয়োজন হলে দয়া করে রিসেপশন ডেস্কে যান, আমরা আপনার জন্য দোভাষীর কাজ করতে কাউকে ডেকে নেব। এই স্থানে অনুবাদ বা দোভাষী নিয়ে আপনার যদি কোনো প্রশ্ন, মন্তব্য বা অভিযোগ থেকে থাকে তবে দয়া করে কোনো কর্মীর সাথে কথা বলুন বা 311-এ কল করুন। কোনো অভিযোগ জমা দেওয়া আপনার আপনার কেসটিকে প্রভাবিত করবে না।

**CHINESE SIMPLIFIED** ▶ **您有权在此地点接受免费语言服务。** 如果需要口译人员，请前往服务台说明需求，我们会联络口译人员为您提供服务。如果就此地点所提供的笔译或口译服务有疑问、意见或不满，请联系工作人员或致电 311。提出投诉并不会对您的个案造成影响。

**CHINESE TRADITIONAL** ▶ **您有權在這個地點接受免費的語言服務。** 如需口譯人員，請向接待處告知您的需求，我們會為您安排口譯人員。如對此地點提供的翻譯或口譯服務有任何疑問、意見，或是要投訴，請告知工作人員或致電 311。投訴不會影響您的個案。

**FRENCH** ▶ **Vous avez droit à des services linguistiques gratuits sur ce site.** Si vous avez besoin d'un interprète, adressez-vous à la réception et nous ferons appel à quelqu'un pour vous aider. Si vous avez une question, une remarque ou une plainte à formuler quant à la traduction ou à l'interprétation dans ces locaux, veuillez vous adresser à un employé ou composez le 311. Le dépôt de plainte n'affectera en aucun cas votre dossier.

**GREEK** ▶ **Εδώ δικαιούστε δωρεάν υπηρεσίες διερμηνείας.** Αν χρειάζεστε διερμηνέα, ενημερώστε έναν υπάλληλο στην υποδοχή ώστε να καλέσουμε ένα άτομο που θα σας βοηθήσει με τη μετάφραση. Αν έχετε ερωτήσεις, σχόλια ή παράπονα σχετικά με τις παρεχόμενες υπηρεσίες μετάφρασης ή διερμηνείας, ενημερώστε έναν υπάλληλο ή καλέστε στο 311. Η υποβολή παραπόνου δεν θα επηρεάσει την υπόθεσή σας.

**HAITIAN CREOLE** ▶ **Ou gen dwa pou jwenn sèvis entèprèt gratis nan biwo sa a.** Si ou bezwen yon entèprèt, tanpri ale nan biwo resepsyon an epi n ap rele yon moun ki pou entèprete pou ou. Si ou gen yon kesyon, kòmmanòtè ouswa plent konsènan sèvis tradiksyon ouswa entèpretasyon nou bay nan biwo sa a, tanpri pale avèk yon anplwaye ouswa rele 311. Si ou depoze yon plent sa p ap gen konsekans sou dosye ou.

**HEBREW** ▶ **באתר זה הנך זכאי/ת לשירותי תרגום בחינם.** אם יש לך צורך במתרגם/ת, אנא פניה/ה לדלפק הקבלה ואנו נזמין מתרגם/ת בעבורך. אם יש לך שאלה, הערה או ביקורת לגבי שירותי התרגום באתר זה, אנא פניה/ה לצוות או לצלצול/י 311. הגשת תלונה לצערנו לא תועיל במקרה זה.

**HINDI** ▶ **आपके पास इस स्थान में मुफ्त में भाषा सेवाएँ प्राप्त करने का अधिकार है।** अगर आपको अनुवादक चाहिए, तो कृपया रिसेप्शन डेस्क पर जाएँ और हम आपके लिए अनुवाद करने के लिए किसी को बुलाएँगे। अगर इस स्थान में अनुवाद या व्याख्या संबंधी आपका कोई प्रश्न, टिप्पणी या शिकायत है, तो कृपया किसी कर्मि से बात करें या 311 पर फोन करें। शिकायत दर्ज करने से आपका केस प्रभावित नहीं होगा।

**ITALIAN** ▶ **Avete diritto a servizi linguistici gratuiti in questo ufficio.** Se avete bisogno di un interprete, presentatevi alla reception e provvederemo a chiamare qualcuno che esegua l'interpretazione per voi. In caso di domande, commenti o reclami sulla traduzione o l'interpretazione in questo ufficio, rivolgetevi a un operatore o chiamate il numero 311. L'invio di un reclamo non avrà ripercussioni sul vostro caso.

**KOREAN** ▶ **귀하에게는 이 장소에서 무료 통역 서비스를 받을 권리가 있습니다.** 통역이 필요한 경우, 안내 데스크로 가서 통역사를 요청하시기 바랍니다. 이 장소에서 제공되는 번역 또는 통역과 관련한 문의사항, 의견 또는 불만사항이 있으시면 복지사에게 말씀하시거나 311번으로 전화해 주십시오. 불만사항 접수는 귀하의 케이스에 영향을 주지 않습니다.

**POLISH** ▶ **Każdej osobie przysługuje prawo do skorzystania z bezpłatnej usługi tłumacza w ramach tej placówki.** Jeśli chcą Państwo skorzystać z usługi tłumacza należy udać się do recepcji, w której zostanie wezwana osoba pełniąca rolę tłumacza. W przypadku jakichkolwiek pytań, uwag lub zażaleń dotyczących usług tłumaczenia pisemnego lub ustnego świadczonych w ramach tej placówki, prosimy o zgłoszenie się do pracownika lub o kontakt telefoniczny pod numer 311. Złożenie skargi nie wpłynie na rozpatrzenie Państwa sprawy.

**PUNJABI** ▶ **ਤੁਹਾਡੇ ਕੋਲ ਇਸ ਜਗ੍ਹਾ ਤੇ ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦਾ ਅਧਿਕਾਰ ਹੈ।** ਜੇ ਤੁਹਾਨੂੰ ਅਨੁਵਾਦਕ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਰਿਸੈਪਸ਼ਨ ਡੈਸਕ ਤੇ ਜਾਓ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਵਾਸਤੇ ਅਨੁਵਾਦਕ ਕਰਨ ਲਈ ਕਿਸੇ ਨੂੰ ਬੁਲਾਵਾਂਗੇ। ਜੇ ਇਸ ਜਗ੍ਹਾ ਤੇ ਅਨੁਵਾਦ ਜਾਂ ਵਿਆਖਿਆ ਕਰਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ, ਟਿੱਪਣੀਆਂ ਜਾਂ ਸ਼ਿਕਾਇਤਾਂ ਹਨ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਰਮਚਾਰੀ ਨਾਲ ਗੱਲ ਕਰੋ ਜਾਂ 311 ਤੇ ਕਾਲ ਕਰੋ। ਸ਼ਿਕਾਇਤ ਦਰਜ ਕਰਨ ਨਾਲ ਤੁਹਾਡੇ ਦਾਅਵੇ ਤੇ ਕੋਈ ਪ੍ਰਭਾਵ ਨਹੀਂ ਪਵੇਗਾ।

**RUSSIAN** ▶ **В этом учреждении вы имеете право на бесплатные языковые услуги.** Если вам нужен переводчик, обратитесь в приемную, и мы вызовем его для вас. С вопросами, отзывами и жалобами в отношении предоставленных в этом учреждении услуг письменного или устного перевода обращайтесь к работнику или звоните по номеру 311. Подача жалобы не повлияет на рассмотрение вашего дела.

**SPANISH** ▶ **Usted tiene derecho a recibir servicios de idiomas sin ningún costo en esta oficina.** Si necesita un intérprete, diríjase a la recepción y llamaremos a alguien que interprete para usted. Si tiene alguna pregunta, comentario o queja sobre la traducción o interpretación en esta oficina, hable con un trabajador o llame al 311. La presentación de una queja no afectará su caso.

**URDU** ▶ **آپ کو یہاں زبان کی مفت خدمات کا حق حاصل ہے۔** اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم استقبال ٹیسک پر آ جائیں اور ہم آپ کے واسطے ترجمانی کے لیے کسی کو بلائیں گے۔ ترجمہ یا ترجمانی کے بارے میں یہاں اگر آپ کا کوئی سوال، تبصرہ یا شکایت ہے تو براہ کرم کسی کارکن سے بات کریں یا 311 پر کال کریں۔ شکایت درج کرانے سے آپ کے کیس پر کوئی اثر نہیں پڑے گا۔

**VIETNAMESE** ▶ **Bạn có quyền được sử dụng các dịch vụ ngôn ngữ miễn phí tại địa điểm này.** Nếu bạn cần thông dịch viên, vui lòng đến quầy tiếp tân và chúng tôi sẽ gọi người đến thông dịch cho bạn. Nếu bạn có câu hỏi, ý kiến hoặc khiếu nại về dịch vụ thông dịch hoặc phiên dịch tại địa điểm này, vui lòng trao đổi với nhân viên hoặc gọi số 311. Việc nộp đơn khiếu nại sẽ không ảnh hưởng đến vụ việc của bạn.

**YIDDISH** ▶ **איר האט א רעכט צו באקומען אומזיסטע שפראך סערוויסעס ביי דעם ארט.** אויב איר דארפט א דאלמעטשער, ביטע גייט צום אויפנאם טישל און מיר וועלן רופן א דאלמעטשער פאר איר. אויב איר האט א פראגע, באמערקונג אדער א זארג וועגן איבערזעצונג אדער דאלמעטשונג ביי דעם ארט, ביטע רעדט צו אן ארבעטער אדער רופט 311. אריינגעבן א קלאגע וועט נישט באוויקן אייער קעיס.



**DEAF/ HARD OF HEARING** You have the right to free language services at this location. If you need an interpreter, please go to the reception desk and we will call someone to interpret for you. If you have a question, comment or complaint about translation or interpretation at this location, please speak to a worker or call 311. Filing a complaint will not affect your case.

OFFICE OF REFUGEE AND IMMIGRANT AFFAIRS

# REFERENCE GUIDE FOR LANGUAGE LIAISONS

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FOR FIA CENTER STAFF

ORIA-196 (E)  
Revised 7/18/2017

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ANSWERS TO MOST QUESTIONS ON LANGUAGE ACCESS CAN BE FOUND IN  
[POLICY DIRECTIVE #16-14-OPE](#).

FOR ANY ADDITIONAL QUESTIONS CONCERNING LANGUAGE ACCESS THAT ARE  
NOT ANSWERED IN THIS GUIDE OR [PD #16-14-OPE](#), CONTACT ORIA AT 212-331-  
4550 OR [ORIA@HRA.NYC.GOV](mailto:ORIA@HRA.NYC.GOV).

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## TELEPHONIC INTERPRETATION

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- HRA's telephonic interpretation services are available 24 hours a day, 7 days a week.
- Staff does NOT need a supervisor's permission to access interpretation services.
- A list of telephonic interpretation access codes can be found [here](#) or under "How Do I.....? Assist LEP Clients with access to telephonic interpretation" on the right-hand side of the HRA intranet page.
- If staff cannot determine the language that an applicant/participant speaks, call 1-877-756-4841 (the telephonic interpretation services number) and press 0 (zero) for a Client Services Representative. The representative will assist in determining the appropriate language.

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## SIGN LANGUAGE INTERPRETATION

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FIA Language Liaisons are authorized to request Sign Language Interpreters from HRA's contracted Sign Language vendor, Accurate Communications. (For details, please see [PD #16-16-OPE](#).)

**NOTE: If the applicant/participant speak a sign language other than American Sign Language (ASL), please contact ORIA ([oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)) BEFORE completing the Sign Language Interpretation Service Request Form (ASL-100).**

Sign language services can be provided in two ways: via Video Relay Interpretation (VRI) or in-person interpretation.

### **Video Relay Interpretation (VRI)**

If your location has VRI equipment, please allow other programs to share it until their own equipment is available. If you have any problems logging in, please contact ORIA at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov).

1. After an applicant/participant has arrived for an appointment, complete the Sign Language Interpreting Service Request form (ASL-100), which can be found [here](#), on eDocs, and at the Appendix at the end of this Guide.
  - a. Under "Form of Interpretation" mark "video."
  - b. Include your Center's ASL email address in the box below. (Unsure about your Center's ASL email address? See if it is taped to the work station. If not, email ORIA at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov).)
  - c. Be sure to include a start and end time. (The end time should be your best estimate. It's okay to guess.)
  - d. Under "Nature of appointment," put why the applicant/participant is in the Center. The most common answers for this box are "application interview" or "recertification interview."
2. Email the completed ASL-100 to HRA's Sign Language Interpreter vendor at [aslrequestnyc@accuratecommunication.net](mailto:aslrequestnyc@accuratecommunication.net). A copy must also be sent to:
  - a. FIA Support Services ([FIAsignlanguageinterpreterrequests@hra.nyc.gov](mailto:FIAsignlanguageinterpreterrequests@hra.nyc.gov)).
  - b. The Office of Refugee and Immigrant Affairs ([oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)).
3. Once you receive confirmation that Accurate received the request (usually about 5 minutes), you should log into your Center's VRI workstation.
  - a. Double click on the ASL icon.

- b. If you are not already logged in, log in using your Center’s ASL email address and password.
    - i. All passwords are “SignLanguage1”.
  - c. Once you are logged in, wait for a call from Accurate Communications and click on the video icon to accept the call.
  - d. If you are having trouble logging in or your computer isn’t working, contact your local Sys Admin.
    - i. If it seems like it will be more than half an hour before the system is available, ask the applicant/participant whether they would prefer to wait 2 hours for an in-person interpreter or reschedule. (If the applicant/participant reschedules, you must ensure that there are no negative case consequences as a result.)
4. After the interview is completed, please watch your inbox for a timesheet from the interpreter. Please confirm that the timesheet lists the start and end times of your actual interview, not the time that an interpreter was requested. Then please sign and return the invoice as quickly as possible.

#### **In-person Sign Language Interpretation**

Use these instructions if your site does not yet have access to VRI, or if the applicant/participant requests an in-person Sign Language Interpreter.

1. As soon as the appointment is scheduled (no fewer than two hours in advance), complete the Sign Language Interpreting Service Request form (ASL-100), which can be found [here](#), on eDocs, and in the Appendix at the end of this Guide.)
  - a. Under “Form of Interpretation” mark “In-Person.”
  - b. Be sure to include a start and end time. (The end time should be your best estimate. It’s okay to guess.)
  - c. Under “Nature of Appointment,” put why the applicant/participant is in the center. The most common answers for this box are “application interview” or “recertification interview.”
2. Email the completed ASL-100 to HRA’s contracted Sign Language Interpreter vendor at [aslrequestnyc@accuratecommunication.net](mailto:aslrequestnyc@accuratecommunication.net). A copy must also be sent to:
  - a. FIA Support Services ([FIAsignlanguageinterpreterrequests@hra.nyc.gov](mailto:FIAsignlanguageinterpreterrequests@hra.nyc.gov)).
  - b. The Office of Refugee and Immigrant Affairs ([oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)).
3. At the end of your interview, please sign the interpreter’s time sheet. If the interpreter was late, please mark the timesheet to reflect when the interpreter actually showed up.

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## WRITTEN TRANSLATION OF APPLICANT/PARTICIPANT DOCUMENTS

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For details on when and how to request the written translation of applicant/participant eligibility documents, please see [Policy Bulletin #15-50-OPE](#).

- If applicants/participants need to use a foreign-language document to prove their eligibility for benefits, and the required information cannot be understood based on the context or by a bilingual staff member, the document can be submitted for translation.
- The staff member working with the document should complete an [FIA-1141](#) form and submit the document to you, their Center's Language Liaison.
- As the Language Liaison, you should submit the document to ORIA via the Translation Request Tracking System (TRTS).
  - TRTS can be accessed via Web Program Applications on the HRA Intranet page. (If you do not have access to the TRTS system, please contact Damaris Monserrate of ORIA at [monserrated@hra.nyc.gov](mailto:monserrated@hra.nyc.gov).)
  - When you attach the applicant/participant's document to the email at the end of the TRTS process, cc the other Language Liaisons in your Center, your Deputy Director and your Center Director.
- If an eligibility determination must be made before the translated document is received, please follow the procedures outlined in [Policy Bulletin #15-50-OPE](#). Once the translations are completed, they will be emailed back to you, the Center's Language Liaison, along with copying other liaisons, your Center Director, and your Center Deputy Director.
- You should return the documents to the staff member who conducted the initial eligibility interview, who should complete an [FIA-1141A](#) form and mail it, along with the completed translation, to the applicant/participant.
  - If the translated document does not prove the applicant/participant's eligibility, an [M-3g](#) requesting additional documentation should also be completed.

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## ON-SITE INTERPRETATION

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In a limited number of instances, Limited English Proficient (LEP) applicants/participants can be provided with on-site interpretation in a Center. This service should only be used if telephonic interpretation is not practical. Most frequently, on-site interpretation is used for elderly LEP applicants/participants with hearing loss who cannot use the phone.

To request an on-site interpreter, please email ORIA at [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov). The email should include:

- The name of the applicant/participant to be served
- The name and address of the Center. (Please include the floor number.)
- The time and date of the appointment
- The name and contact information of the staff member making the request
- The language required
- Your Center's Access Code

Requests for on-site interpretation in the most common languages must be placed a MINIMUM of two hours before the appointment. For rarer languages, requests can require up to 48 hours notice.



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## LANGUAGE ACCESS MATERIALS

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ORIA maintains a supply of Language Access Materials, including:

- “I Speak” cards
- [Language cards \(W-194\)](#)
- [Info cards \(HRA-103\)](#)
- [Community Guides to HRA Public Benefits for Immigrants](#) in English, Arabic, Bengali, Chinese, Haitian-Creole, Korean, Russian, Spanish and Urdu.

For printed copies of these materials, please contact Robby Joly of ORIA at [jolyro@hra.nyc.gov](mailto:jolyro@hra.nyc.gov).

Free Interpretation Services posters ([OCM-34 MLF](#)) can be obtained through OCM’s Central Intake Work System (CIWS). Questions regarding posters can be directed to mailbox:

[OCMPosterServices@hra.nyc.gov](mailto:OCMPosterServices@hra.nyc.gov).

Some additional Language Access tools are available for downloading via eDocs:

- [The Notice of Free Interpretation](#) (HRA-125)
- [HRA’s Language Access Training](#)
- [FIA’s Language Questionnaire](#) (W-680FF)

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## COMPLAINTS

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Both staff and applicants/participants have the right to complain about our language services.

Staff should inform ORIA when:

- The interpreter is not interpreting everything they say or is adding additional information.
- Interpreters are not available or do not show up on time.
- Written translations are not accurate. (Or when an applicant/participant suggests that translations may not be accurate.)

All staff complaints regarding language services should go to [oria@hra.nyc.gov](mailto:oria@hra.nyc.gov). Please be as detailed as possible.

**APPENDIX**



ASL-100 (E)  
Revised 7/14/17

(Name of person completing form)

**TO:** Sign Language Department

**FROM:** Cheryl Wertz

**DSS Program Area:** FIA - CA

**TEL NO.:** (646) 873-4000

**TEL NO.:** 212-331-4550

**FAX NO.:** (718) 285-3952

**EMAIL:** [ASLREQUESTNYC@accuratecommunication.net](mailto:ASLREQUESTNYC@accuratecommunication.net)

**REQUESTER EMAIL:** wertzc@hra.nyc.gov

**DSS CONTACT:** Cheryl Wertz  
Robby Joly  
212-331-4550  
[oria@hra.nyc.gov](mailto:oria@hra.nyc.gov)

*Sign Language Interpreting Service Request Form*

**Requesting Department Information**

<b>TODAY'S DATE</b> 7/14/2017	<b>CONTACT PERSON</b> Cheryl Wertz	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY
<b>TELEPHONE NUMBER</b> <b>212-331-4550</b>	<input checked="" type="radio"/> <b>HRA:</b> PO# 20147200797	<input type="radio"/> <b>DHS-Adults:</b> PO# 20147203451
		<input type="radio"/> <b>DHS-PATH:</b> PO# 20147203451

**Service Date, Time & Location**

<b>CLIENT/TENANT/APPLICANT'S NAME</b> Carolyn Robledo	<b>INTERPRETATION DATE</b> 7/14/2017	<b>INTERPRETATION START &amp; END TIMES</b> 10:00am to 11:00am
<b>INTERPRETATION LOCATION</b> Rider 38 - 300 Canal Pl, 4th fl., BX 10451	<b>FORM OF INTERPRETATION</b> <input type="radio"/> In-Person <input checked="" type="radio"/> Video	<b>NATURE OF APPOINTMENT</b> application interview
<b>FOR VIDEO APPOINTMENTS ONLY:</b> Email: ca38asl @hra.nyc.gov		

**FOR INTERNAL USE ONLY**

<b>ASSIGNED INTERPRETER'S NAME (1)</b>	
<b>ASSIGNED INTERPRETER'S NAME (2)</b>	

\*\*Depending on the nature of the assignment, 2 interpreters might be necessary\*\*

**Billing Information**

<b>Mail to:</b>	<b>Send Copy of Invoice to Requesting Dept.</b>

REQUEST SUBMITTED VIA  E-MAIL  Fax

Please provide signature and date below prior to faxing this request form to (718) 285-3952.

<b>Signature:</b>	<b>Date:</b>



# 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.

**SAMPLE**

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.

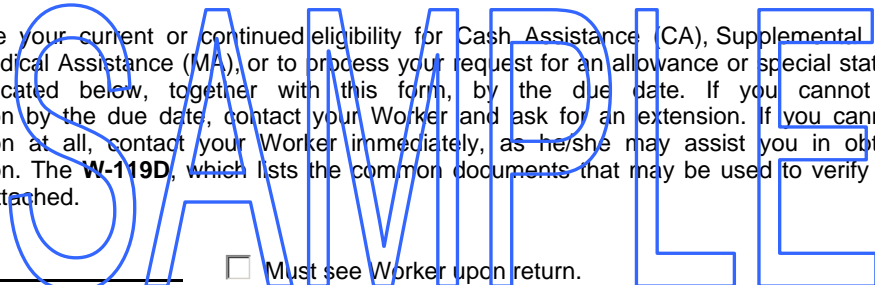
Si necesita ayuda con cualquiera de los programas de HRA,  
llame a la línea de información (Infoline) al 1-718-557-1399.  
Si desea información sobre otras agencias de la ciudad, llame al 311.

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center Number: \_\_\_\_\_  
SNAP Filing Date: \_\_\_\_\_  
Subject: \_\_\_\_\_

### Documentation Requirements and/or Assessment Follow-Up

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to determine your current or continued eligibility for Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or to process your request for an allowance or special status you must provide the documents indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify any eligibility factors listed on **page 2**, is attached.



Due Date: \_\_\_\_\_  Must see Worker upon return.

**Forms Reminder** (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> <b>LDSS-2474</b> SSI Referral and Certification of Contact <input type="checkbox"/> <b>M-15</b> Inquiry Regarding Veteran's Benefits/Allotment <input type="checkbox"/> <b>W-146E</b> Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> <b>W-146W</b> Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> <b>W-147CC</b> Certification of Move Statement <input type="checkbox"/> <b>W-147M</b> Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> <b>W-147Q</b> Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> <b>W-274U</b> Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> <b>W-299</b> Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> <b>W-451</b> NYPD – New York Police Department Report/Referral <input type="checkbox"/> <b>W-582A</b> Family Care Assessment <input type="checkbox"/> <b>W-700E</b> School Attendance Verification Letter
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**CA Appointment Reminder**

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
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**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

The following household member(s) must return in person for the reason indicated below:

Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

**Outstanding documentation** – see the **W-119D** for a list of documents that can be used to verify the outstanding Eligibility Factors.

Name	Eligibility Factor

If this notice does not indicate that you (case head) must see the Worker, you may submit any required documents/information by mail. However, it remains your responsibility to ensure that the required information reaches the Agency by the prescribed deadline.

**FAILURE TO SUBMIT VERIFICATION/DOCUMENTATION OR FAILURE TO CONTACT YOUR WORKER ON OR BEFORE THE DUE DATE MAY MAKE YOU INELIGIBLE FOR CASH ASSISTANCE AND/OR SNAP, OR MAY CAUSE A REDUCTION IN YOUR CASH ASSISTANCE AND/OR SNAP BENEFITS FOR A SPECIFIC PERIOD OF TIME.**

**Notes:** For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

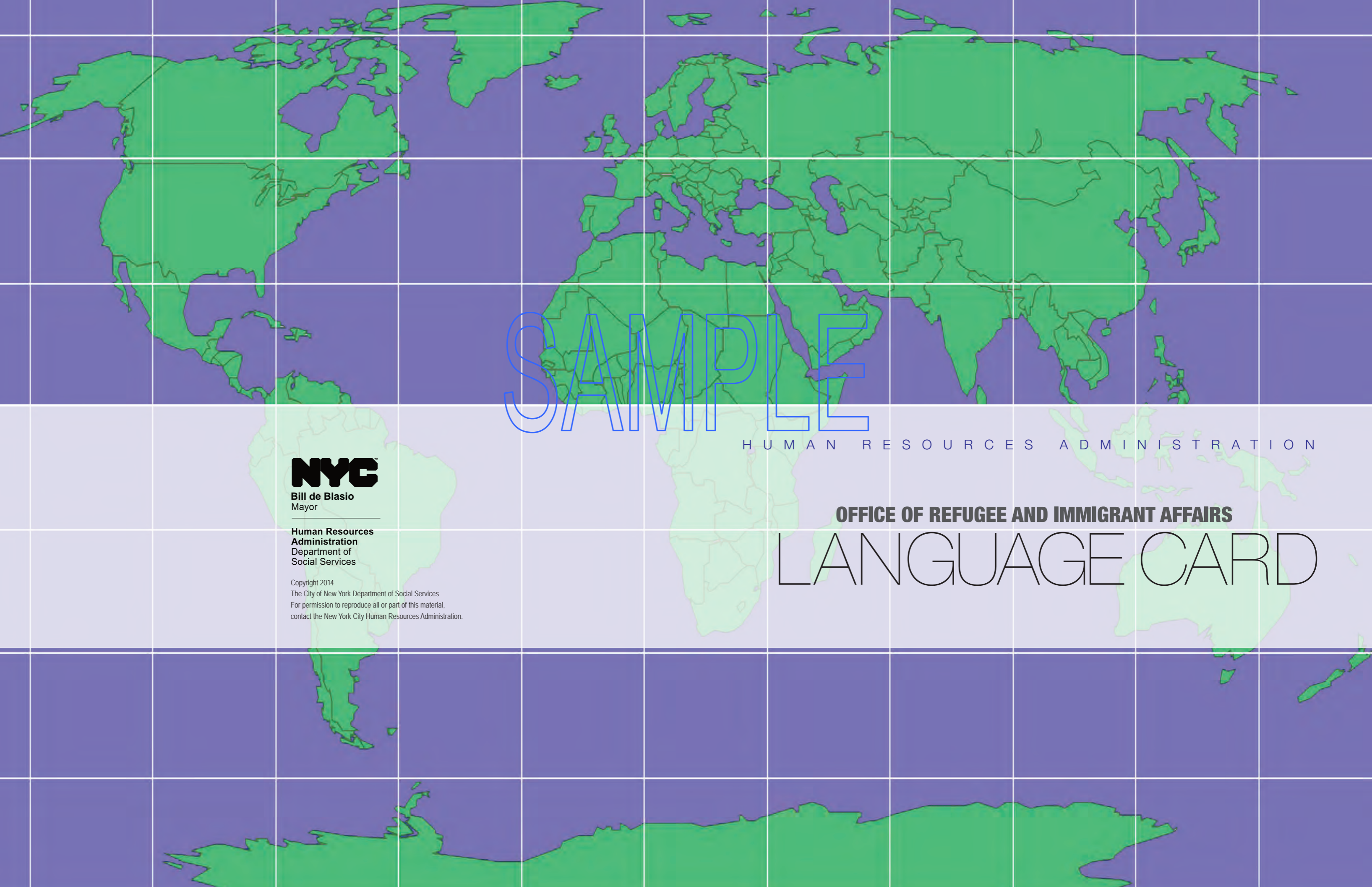
**\*By signing this notice, you (applicant/participant) are acknowledging that you have received notification of all reminders, required referrals, and dates of appointments as indicated in this notice.**

\_\_\_\_\_  
Applicant/Participant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Telephone Number





SAMPLE

HUMAN RESOURCES ADMINISTRATION

**NYC**

**Bill de Blasio**  
Mayor

**Human Resources  
Administration**  
Department of  
Social Services

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**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	<b>Вы говорите по-русски?</b>	<b>Присядьте, пожалуйста. Я сейчас позову переводчика, который вам поможет.</b>
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	<b>Чи Ви розмовляєте українською мовою?</b>	<b>Будь ласка, посидьте, поки я викликаю перекладача для Вас.</b>
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. Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SAMPLE

Do you need a sign language interpreter?  Yes  No

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

English

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> African Languages         | <input type="checkbox"/> Armenian            | <input type="checkbox"/> Creole – Haitian | <input type="checkbox"/> Hindi           |
| <input type="checkbox"/> Alaskan                   | <input type="checkbox"/> Assyrian            | <input type="checkbox"/> Creole – Other   | <input type="checkbox"/> Hmong           |
| <input type="checkbox"/> Albanian                  | <input type="checkbox"/> Bengali             | <input type="checkbox"/> Croatian         | <input type="checkbox"/> Hungarian       |
| <input type="checkbox"/> American Indian – Apache  | <input type="checkbox"/> Bosnian             | <input type="checkbox"/> Czech            | <input type="checkbox"/> Ilocano         |
| <input type="checkbox"/> American Indian – Choctaw | <input type="checkbox"/> Bulgarian           | <input type="checkbox"/> Dutch            | <input type="checkbox"/> Indonesian      |
| <input type="checkbox"/> American Indian – Crow    | <input type="checkbox"/> Burmese             | <input type="checkbox"/> Dzongkha         | <input type="checkbox"/> Italian         |
| <input type="checkbox"/> American Indian – Dakota  | <input type="checkbox"/> Cambodian           | <input type="checkbox"/> Farsi            | <input type="checkbox"/> Japanese        |
| <input type="checkbox"/> American Indian – Lakota  | <input type="checkbox"/> Chamorro            | <input type="checkbox"/> Finnish          | <input type="checkbox"/> Karen           |
| <input type="checkbox"/> American Indian – Nakota  | <input type="checkbox"/> Chinese – Cantonese | <input type="checkbox"/> French           | <input type="checkbox"/> Khmer           |
| <input type="checkbox"/> American Indian – Navajo  | <input type="checkbox"/> Chinese – Fujian    | <input type="checkbox"/> French – Creole  | <input type="checkbox"/> Kinyarwanda     |
| <input type="checkbox"/> American Indian – Other   | <input type="checkbox"/> Chinese – Mandarin  | <input type="checkbox"/> German           | <input type="checkbox"/> Kirundi (Rundi) |
| <input type="checkbox"/> American Indian – Zuni    | <input type="checkbox"/> Chinese – Other     | <input type="checkbox"/> Greek            | <input type="checkbox"/> Kizigna         |
| <input type="checkbox"/> Amharic                   | <input type="checkbox"/> Chinese – Toisanese | <input type="checkbox"/> Gujarati         |  |
| <input type="checkbox"/> Arabic                    | <input type="checkbox"/> Creole – Criollo    | <input type="checkbox"/> Hebrew           |  |

(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             |   |  |

SAMPLE

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 |                                  |

\_\_\_\_\_  
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 (HRA) puede brindarle servicios de intérprete gratuitos en una de sus oficinas. Este formulario debe llenarse y devolverse con la documentación de solicitud/recertificación.

Nombre en Letra de Molde: \_\_\_\_\_

Nombre \_\_\_\_\_ I. Apellido \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

¿Necesita usted intérprete de lenguaje de señas?  Sí  No

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

inglés

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> alemán                | <input type="checkbox"/> chino – cantonés   | <input type="checkbox"/> español           | <input type="checkbox"/> idiomas de los indios norteamericanos – apache  |
| <input type="checkbox"/> alemán de Pensilvania | <input type="checkbox"/> chino – fujián     | <input type="checkbox"/> finlandés         | <input type="checkbox"/> idiomas de los indios norteamericanos – choctaw |
| <input type="checkbox"/> amhárico              | <input type="checkbox"/> chino – mandarín   | <input type="checkbox"/> francés           | <input type="checkbox"/> idiomas de los indios norteamericanos – crow    |
| <input type="checkbox"/> arábigo               | <input type="checkbox"/> chino – otro       | <input type="checkbox"/> griego            | <input type="checkbox"/> idiomas de los indios norteamericanos – dakota  |
| <input type="checkbox"/> armenio               | <input type="checkbox"/> chino – toisanés   | <input type="checkbox"/> gujarati          | <input type="checkbox"/> idiomas de los indios norteamericanos – lakota  |
| <input type="checkbox"/> asirio                | <input type="checkbox"/> coreano            | <input type="checkbox"/> hebreo            | <input type="checkbox"/> idiomas de los indios norteamericanos – nakota  |
| <input type="checkbox"/> bengalí               | <input type="checkbox"/> criollo            | <input type="checkbox"/> hindi             | <input type="checkbox"/> idiomas de los indios norteamericanos – navajo  |
| <input type="checkbox"/> bosnio                | <input type="checkbox"/> criollo francés    | <input type="checkbox"/> hmong             |  |
| <input type="checkbox"/> búlgaro               | <input type="checkbox"/> criollo – haitiano | <input type="checkbox"/> holandés          |  |
| <input type="checkbox"/> birmano               | <input type="checkbox"/> criollo – otro     | <input type="checkbox"/> húngaro           |  |
| <input type="checkbox"/> camboyano             | <input type="checkbox"/> croata             | <input type="checkbox"/> idiomas africanos |  |
| <input type="checkbox"/> chamorro              | <input type="checkbox"/> dzongkha           | <input type="checkbox"/> idiomas alascanos |  |
| <input type="checkbox"/> checo                 | <input type="checkbox"/> eslovaco           | <input type="checkbox"/> albanés           |  |

(Más idiomas en la próxima página)

- |   |  |                                      |  |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> idiomas de los indios norteamericanos – otro | <input type="checkbox"/> maay                        | <input type="checkbox"/> polaco      | <input type="checkbox"/> swahili       |
| <input type="checkbox"/> idiomas de los indios norteamericanos – zuni | <input type="checkbox"/> macedonio                   | <input type="checkbox"/> portugués   | <input type="checkbox"/> tagalo        |
| <input type="checkbox"/> ilocano                                      | <input type="checkbox"/> malabar                     | <input type="checkbox"/> punjabí     | <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"/> jemer  | <input type="checkbox"/> noruego                     | <input type="checkbox"/> samoano     | <input type="checkbox"/> tuscarora     |
| <input type="checkbox"/> kurdo  | <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"/> serbocroata | <input type="checkbox"/> unquechauga   |
| <input type="checkbox"/> laosiano                                     | <input type="checkbox"/> pashto                      | <input type="checkbox"/> shinnecock  | <input type="checkbox"/> urdu          |
| <input type="checkbox"/> lenguaje de señas                            | <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     |

SAMPLE

¿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 usted prefiere no figura entre los siguientes, por favor marque (E) inglés.

- |                                |   |                                  |                                 |
|--------------------------------|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> árabe | <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    |                                 |

\_\_\_\_\_  
Firma del Solicitante/Participante

\_\_\_\_\_  
Fecha

WORKER'S GUIDE TO CODES

1.2-4

06/18/2017

**SECTION 10: SUFFIX LEVEL CODES (CONT'D)**

**LANGUAGE SPOKEN CODES (LANG) - 255**

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

WORKER'S GUIDE TO CODES

1.2-5

06/18/2017

**SECTION 10: SUFFIX LEVEL CODES (CONT'D)**

**LANGUAGE READ CODES (LANG READ) – 281**

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