

**LOS ANGELES COUNTY  
DEPARTMENT OF PUBLIC SOCIAL SERVICES**



**CIVIL RIGHTS  
HANDBOOK**

**APRIL 2011**

**CIVIL RIGHTS SECTION  
12860 CROSSROADS PARKWAY SOUTH,  
CITY OF INDUSTRY, CA 91746-3411**

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# **I. OVERVIEW**

## **A. INTRODUCTION & BACKGROUND**

The County of Los Angeles is very diverse, covers a geographic area of over 4,000 square miles, and is populated by more than 9.8 million people. The Los Angeles County Department of Public Social Services (**DPSS**) serves approximately 2.3 million people.

Federal and California State law mandate that all individuals are entitled to receive government benefits and services without discrimination, and regardless of their race, color, national origin, political affiliation, religion, marital status, sex, age, physical/mental disability, language preference, ethnic group identification, or sexual orientation. Therefore, it is unlawful to discriminate in the delivery of County services on the basis of race, color, national origin, political affiliation, religion, marital status, sex, age, disability, language preference, ethnic group identification, or sexual orientation. Discrimination based on national origin has been interpreted to include discrimination based on language or an inability to understand and speak English.

While most individuals read, write, speak, and understand English, there are many individuals for whom English is not their primary language. All non-English speaking/limited English proficient (**LEP**) participants are entitled to receive bilingual services as outlined in this Handbook. Individuals whose primary language is one of the nine threshold languages (Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese) are also entitled by State law to receive interpreter services and to receive written notices in their own language.

Additionally, all non-English speaking/LEP participants who do not speak one of the nine threshold languages are entitled to similar oral interpretation services without undue delay when they interact with DPSS and its contracted agencies. This includes the right to interpreter services; to have written notices or forms sent in their own language if the California Department of Social Services (**CDSS**) translated these forms, and to have forms orally translated by an interpreter upon request. These policies and procedures are mandated by law. All DPSS public contact staff and DPSS contracted agencies who provide services for non-English speaking/LEP participants must comply with all policies and procedures outlined in this Handbook. Failure to do so may subject DPSS to severe financial penalties and disciplinary action.

## **B. LOS ANGELES COUNTY MISSION STATEMENT**

It is the mission of all County employees “To Enrich Lives Through Effective and Caring Service.”

## **C. CIVIL RIGHTS SECTION (CRS) – DPSS CENTRAL COORDINATING OFFICE**

The Department's Civil Rights Section (**CRS**) (Appendix A - Civil Rights Section Organizational Chart), which serves as the Central Coordinating Office on civil rights issues, is responsible for ensuring that no practice, policy or procedure shall discriminate against any person because of race, color, national origin, political affiliation, religion, marital status, sex, age, sexual orientation, or disability. The Department's CRS Management Civil Rights Coordinator is located at:

DPSS Administrative Headquarters  
12860 Crossroads Parkway South – Main  
City of Industry, California 91746  
(562) 908-8473.

CRS consists of two Units:

- The Translation Services Unit – This Unit supports the Department by translating forms, notices, and other documents in the required threshold languages, and ensures accuracy in a linguistically sensitive and timely manner. Unit Management may be reached at (562) 908-8355.
- The Civil Rights Unit – This Unit supports the Department by investigating civil rights complaints and monitoring DPSS and its contracted and sub-contracted public contact offices for compliance with CDSS Division 21 Regulations, Title VI of the Civil Rights Act of 1964, and Title II of the Americans with Disabilities Act of 1990. The Civil Rights Unit staff also serves as the DPSS Liaison to community-based organizations and advocates who serve the LEP and disabled population of Los Angeles County. Unit Management may be reached at (562) 908-8358.

## **D. CIVIL RIGHTS LIAISONS (CRL)**

In addition to CRS, DPSS has a network of Civil Rights Liaisons (**CRLs**) and assigned back-ups (Appendix B – Civil Rights Liaison Listing). This network consists of administrative representatives from each DPSS District/Regional office who are responsible for ensuring the implementation of the Civil Rights Program and Policy for their respective offices. CRLs hold managerial positions and work closely with CRS to ensure their offices are aware of, and in compliance with, Civil Rights regulations.

The CRLs are responsible for providing information to those applicants/participants wishing to file a civil rights complaint. In addition, their activities include involvement in community service workshops, meetings and staff training, as well as facilitating Civil Rights site visits, compliances, data collection and effective public notification rights.

The Department's Bureau of Workforce Services is responsible for updating the DPSS Civil Rights Liaison listing on a quarterly basis.

## **E. THE CIVIL RIGHTS & LANGUAGE SERVICES HANDBOOK**

The DPSS Civil Rights & Language Services Handbook was developed by CRS staff to ensure that DPSS staff and contracted agencies are able to readily reference information to comply with Federal and State Civil Rights mandates. Moreover, by referring to this handbook when questions arise concerning the proper treatment of individuals regardless of their *race, color, national origin, political affiliation, religion, marital status, sex, age, physical/mental disability, language preference, ethnic group identification, or sexual orientation* staff will be better equipped to provide the public with equal and meaningful access to DPSS-administered programs and services.

## **F. PURPOSE OF THE CIVIL RIGHTS AND LANGUAGE SERVICES HANDBOOK**

The purpose of this handbook is to provide staff with important information that will further aid in the Department's efforts to comply with State and Federal Civil Rights laws, regulations and rules. Through continuing efforts to highlight existing and recently developed policies and procedures, which are contained or referenced in this handbook, the Department continues its mission to make every effort to properly interpret and adhere to State and Federal Civil Rights mandates.

## **G. CIVIL RIGHTS ANNUAL PLAN GUIDELINES**

In accordance with the CDSS Manual of Policies and Procedures, Division 21, Section 21-201.22, DPSS is required to submit an Annual Civil Rights Plan to the CDSS Civil Rights Bureau providing updates on the DPSS' enforcement of the regulations governing Civil Rights. It includes a Policy Statement that provides an overview of the measures the DPSS Director has taken to improve Civil Rights operations over the past year, as well as, measures to be implemented in the future to improve Civil Rights operations. It also has an Assurance of Compliance Statement signed by the Department Head, binding DPSS that it agrees to abide to all State and Federal Civil Rights laws. (Appendix C - Civil Rights Annual Plan Guidelines).

## **H. CIVIL RIGHTS DESK REFERENCE GUIDE**

Each DPSS District/Regional office is required to have a copy of the DPSS Civil Rights & Language Services Handbook, containing a Civil Rights Desk Reference Guide. In addition, all DPSS public contact staff are required to have a copy of this Reference Guide and make it accessible all time time to reinforce the procedures for providing effective and non-discriminatory services without undue delay to applicants and participants (Appendix D - Civil Rights Desk Reference Guide).

## **II. CIVIL RIGHTS LAWS AND REGULATIONS**

All county welfare departments and all other agencies receiving federal or State financial assistance for the administration of public assistance, CalFresh (formerly Food Stamps), child support enforcement, fraud investigation and social services must comply with the regulations that are mandated by Civil Rights authorities to ensure that the administration of public assistance and social services programs are non-discriminatory (CDSS Division 21 Section 21-103). These laws state that individuals are entitled to receive government benefits and services without discrimination, and regardless of their age, color, disability, language, marital status, national origin, political affiliation, race, religion, or sex.

### **A. Civil Rights Act of 1964, Title VI - Federal Law & Guidance**

The Civil Rights Act of 1964, Title VI states that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The U.S. Department of Health & Human Services (**DHHS**) Office for Civil Rights (**OCR**) has provided in greater detail, the requirements of Title VI of the Civil Rights Act. This information may be downloaded at the following government-sponsored free web addresses or URLs:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/crrequirementsstvi.html>

and

<http://www.hhs.gov/ocr/civilrights/understanding/>

### **B. Rehabilitation Act of 1973 - Federal Law**

The Rehabilitation Act of 1973, Section 504 states that no otherwise qualified individual with a disability in the United States, shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity conducted by an executive agency or by the United States Postal Service.

### **C. Age Discrimination Act of 1975 - Federal Law**

The Age Discrimination Act of 1975 states that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

**D. American with Disabilities Act (ADA) of 1990 - Federal Law**

The ADA of 1990, Title II states that public service agencies cannot deny services to people with disabilities from participation in programs or activities which are available to people without disabilities.

**E. Food Stamp Act of 1977 - Section 272.6 Regulations**

The Food Stamp Act of 1977, Section 272.6 states that state agencies shall not discriminate against any applicant or participant in any aspect of program administration, including, but not limited to, the certification of households, the issuance of Electronic Benefit Transfer cards which replaced the coupons, the conduct of fair hearings, or the conduct of any other program service for reasons of age, color, disability national origin, political beliefs, race, religious creed or sex.

**F. Government Code (GC) Section 11135 and California Code of Regulations (CCR) Title 22 Section 98000-98413**

GC Section 11135 and CCR Title 22 Section 98000-98413 state that no person in the State of California shall, on the basis of ethnic group identification, religion, age, color, or physical or mental disability, be unlawfully denied the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is funded directly from the State or receives any financial assistance from the State **Dymally-Allatorre Bilingual Services Act of 1973.**

**G. Dymally-Allatorre Bilingual Services Act of 1973**

The Dymally-Allatorre Bilingual Services Act mandates that state agencies directly involved in the furnishing of information or the rendering of services to the public must, in specifically prescribed situations, employ a sufficient number of qualified bilingual persons in public contact positions to ensure the provision of information and services to the public in the language of non-English speaking persons. The Act further mandates that every state agency that serves a substantial number of non-English speaking persons and provides materials in English explaining services, shall also provide the same type of materials in any non-English language spoken by a substantial number of the public served by the agency.



## **H. Welfare & Institutions Code 10000**

Welfare & Institutions Code Section 10000 mandates that aid be administered and services provided promptly and humanely, with due regard for the preservation of family life, and without discrimination on account of race, national origin or ancestry, religion, sex, marital status or political affiliation.

## **I. California Department of Social Services (CDSS) Division 21**

The purpose of CDSS Division 21 is to ensure that the administration of public assistance and social services programs are non-discriminatory. The CDSS Division 21 regulations apply to all county welfare departments and all other agencies receiving federal or state financial assistance through CDSS for the administration of public assistance, CalFresh (Food Stamps), child support enforcement, fraud investigation and social services.

### **III. EFFECTIVE COMMUNICATION**

DPSS recognizes its obligation to communicate effectively with all non-English speaking and LEP persons (including those persons who speak non-threshold languages), as well as individuals with disabilities, such as hearing or visual impairments.

The provision of bilingual and interpreter services to the non-English speaking and LEP population by departmental staff must always be prompt and without undue delay. The Department has a duty to communicate effectively with all LEP persons. This includes persons who speak non-threshold languages. In rendering these services, district/regional office public contact staff shall adhere to the proper and required methods of: (1) identifying an applicant's/participant's preferred language; (2) communicating with non-English speaking applicants/participants; (3) properly maintaining cases with a non-English preferred language designation; and (4) monitoring to ensure compliance. This includes the correct procedures for offering interpreter services as well as making bilingual staff and written materials available in the appropriate languages, as mandated by the State's threshold language requirements. For the purpose of compliance, a threshold language constitutes an applicant's and participant's primary language when that language represents 5% or more of the caseload for a given program or location. Currently, the County's required threshold languages are: **Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese.**

#### **A. EFFECTIVE VERBAL COMMUNICATION**

It is DPSS policy that effective and timely interpreter services are provided to non-English speaking and LEP persons. Verbal communication shall be accomplished through utilization of: (1) DPSS bilingual workers within the respective office which can be located using the Office's roster; (2) DPSS bilingual workers within the Department via Bilingual Resource Utilization Database; and (3) Paid interpreters, such as Open Communication International (**OCI**). A telephone conference call can be conducted between the OCI, CRL, worker and participant. Staff must:

- Not request that applicants/participants bring along their own interpreter when visiting an office;
- Offer applicants/participants free interpreter services;
- Inform applicants/participants of potential problems of ineffective communication if they use their own interpreter.

When an applicant/participant refuses to use the free County interpreter services and prefers to use a family member, always document this in the case file using the “*Interpreter Services Statement & Confidentiality Agreement*” (**PA 481-A**) form (Appendix E – Verbal Interpretive Services). The PA 481-A indicates that the applicants/participants were advised of the availability of free interpreters, and of the problems associated with using their own interpreters. However, if they choose to use their own interpreters, this form must be provided to the applicants and participants in their preferred languages. DPSS should have appropriate bilingual staff to monitor the applicants’/participants’ interpreters to ensure that the exchange of information is accurate and complete. If the DPSS bilingual worker determines that the applicants’/participants’ interpreters are inaccurately and ineffectively translating the information, then arrangements for a qualified interpreter should be made. Again, participants may not use children as interpreters except in emergency situations only.

## **1. Language Identification**

All staff shall always be mindful of the need to recognize and assist individuals who are LEP and non-English speaking in order to ensure these persons are afforded equal and meaningful access to all DPSS administered programs and services. When an applicant first goes to the reception desk, the applicant determines his or her own primary language. The applicant may inform the receptionist of his or her preferred language by stating it or by pointing it out on the “*Can We Help You?*” poster or on the “*I Speak*” or “*Yellow*” card.

RESPONSIBILITY	ACTION
<p><b>Receptionist</b></p>	<p>Upon identifying the language of non-English speaking/LEP applicants and participants immediately contacts the appropriate bilingual worker within the office. The DPSS “<i>Can We Help You?</i>” poster or a “<i>Language ID</i>” card may be used in identifying the preferred language of the applicants and participants. If unavailable, contact the office’s CRL to locate the appropriate bilingual worker within the Department or to use OCI for interpretative services.</p>

RESPONSIBILITY	ACTION
<p><b>Receptionist</b> (Continued)</p>	<p>Following the above-mentioned procedures, receptionists must also be able to assist non-English speaking or LEP individuals whose preferred language is not one of the Department's threshold languages.</p> <p>The receptionist must notify the Case Opening Clerk to ensure the case is assigned to the appropriate bilingual worker.</p> <p>The receptionist shall establish the initial language preference of the applicants and participants. This will assist the Case Opening Clerks in assigning non-English cases to the appropriate bilingual workers.</p>
<p><b>Case Opening Clerk</b></p>	<p>Enters the appropriate Language Code of the language designated by applicants/participants into the appropriate program's computer system and assigns the case to the appropriate bilingual worker, if available.</p>
<p><b>Case Worker</b></p>	<p>Upon receipt of non-English cases, the assigned bilingual worker must:</p> <ol style="list-style-type: none"> <li>a. Ensure that the applicants'/participants' designated written and spoken languages are accurately reflected in LEADER (or other appropriate computer systems for the specific program) as indicated on their signed "<i>Language Designation</i>" (<b>PA 481</b>) form (Appendix E).</li> <li>b. Inform participants of their right to change their designated language at any time during the application process or while receiving benefits.</li> </ol>

RESPONSIBILITY	ACTION
<p><b>Case Worker</b> (Continued)</p>	<p>c. Document on the LEADER Case Comment Screen (or appropriate program's established procedure for case documentation) how interpreter services were provided. This documentation should include the language requested, how the language was determined, what services were provided and who provided the services.</p> <p>d. Ensures that a green label is attached in the upper right hand corner of the front of an LEP participant's case jacket with the designated language printed on it.</p>
<p><b>Case Worker Supervisor</b></p>	<p>Ensures that the assigned case worker has properly:</p> <p>a. Completed the PA-481 and initialed it; Documented on the LEADER Case Comments Screen (or other appropriate computer system for the specific program) how interpreter services were provided.</p>

## **2. INTERPRETER SERVICES PROVISIONS**

It is always the County's obligation to affirmatively offer interpretive services. As stated in Civil Rights Memo #06-05, dated 8/2/06, "*Interpreter Services*," (Appendix E), applicants and participants must always be advised of their right to **free** interpreter services at initial intake and at each determination. DPSS requires that oral communication be accomplished through the following hierarchal procedures:

- a. Certified bilingual employees within the district/regional office using the district/regional office's roster.
- b. Certified bilingual employees within the Department using the Bilingual Resource Utilization Database.

- c. Telephone Language Interpretation Services – A conference call between the worker, applicant/participant, Civil Rights Liaison and certified interpreter speaking the applicant's/participant's preferred language.

Staff must document the case record on methods of interpretation during each contact.

### ❖ **Key Points**

- a. The applicant/participant has the right to designate his/her preferred language.
- b. Persons speaking any language other than English must be assisted by appropriate DPSS bilingual certified workers or contracted interpreters, such as OCI. Strangers should never be used to interpret for LEPs. The applicants/participants shall retain the right to use their own interpreters, but shall never be required to do so. When an applicant or participant refuses to use the free County interpreter services and prefers to use a family member, always document this in the case file using the PA 481-A form.
- c. When applicants/participants choose to use their own interpreter, staff must always read the script on the back of the PA 481-A to ensure that the applicants/participants are advised of free interpreters and of potential problems for ineffective communication when using their own interpreter, such as:
  - ◆ No assurance of confidentiality on the part of the interpreter;
  - ◆ Possible misunderstandings and errors due to technical concepts and language;
  - ◆ Failure to fully disclose sensitive information in front of a friend or family member; and
  - ◆ Possible conflicts of interest with the family member (e.g., a wife disclosing abuse in front of the batterer [husband]).

Any forms to be signed by the applicants/participants must be provided to them in their preferred language. This action must be documented in the case file.

- d. When the person insists on using his/her own interpreter, staff should ensure that the interpreter is competent (see Section VIII - Glossary Of Commonly Used Terms). Staff should also have a bilingual DPSS employee sit in to monitor the interview/meeting to ensure adequate interpretation occurs and to ensure accurate information is conveyed and received.

- e. Except in certain circumstances, the use of minors as interpreters is not allowed. Minors may only be used as interpreters in life-threatening or emergency situations wherein there will be no time to find a qualified interpreter. Using a PA 481-A, the worker must document in the case record the justifying circumstances which require temporary use of the minor as an interpreter.
- f. If possible, cases with a non-English preferred language designation shall be assigned to a case worker proficient in the applicant's/participant's preferred language.

### **3. BILINGUAL RESOURCE UTILIZATION DATABASE**

On October 2, 2006, the Bilingual Resource Utilization Database was implemented to allow authorized staff (usually the office CRL or designated "Back-up") quick, electronic access to bilingual employees throughout the department via a Lotus Notes-based application. However, as a result of the DPSS Lotus Notes Migration project, the Bilingual Resource Utilization Database is now available through the ORACLE platform. As stated in Civil Rights Memo #06-06, dated 9/27/09, "*Bilingual Resource Utilization Database*," the Bilingual Resource Utilization Database replaced the former paper-bound Bilingual Resource List and eliminated the process of its quarterly distribution. In addition to paper reduction, other advantages of using the Bilingual Resource Utilization Database include quick response to interpreter services, better tracking of interpreter services requests, and report generation (Appendix E).

When an appropriate bilingual staff is unavailable at the district/regional office, the **CRL** must immediately assist the worker/supervisor in locating and obtaining the appropriate bilingual worker or interpreter to provide effective interpreter services for applicants/participants. The CRL may use the Bilingual Resource Utilization Database to locate and obtain an appropriate bilingual staff within the Department by taking the following steps:

- a. Access the database by logging in to ORACLE and clicking on the *Bilingual Resource Utilization* link in the *Services* section of your ORACLE *Applications Home* tab. If the link is missing under the *Applications Home* tab, a new link may be requested by contacting the DPSS Information and Technology Division, Office of Automation and Support Systems Section, at (562) 623-2277.
- b. From the Bilingual Resource Utilization Database Main Menu, click on the "*Create Service Log*" button located on the top left-hand side of the action bar. This will open the "*Bilingual Resource Request Form*."

- c. Ensure all Requestor information, including Bureau/Division, name, contact phone number, administrative contact information and the language requested is completed. Include any special instructions in the “*Comments*” section of the electronic form (e.g., “PLEASE RUSH: CalWORKs Immediate Need has been requested”).
- d. A list of district/regional offices that have bilingual employees in the requested language will be displayed on the screen below the requestor information. Click on the “*Select Districts*” button to choose nearby district/regional offices to which the interpreter request should be sent. It is best to select more than one district/regional office, since the first choice may not always be available.
- e. Once all fields are completed and all appropriate district/regional offices have been selected, click “*Submit Request*” at the top left-hand corner of the screen.
- f. An email notification will be sent to the CRLs of all the selected district/regional offices, and they are responsible for either “**Accepting**” or “**Denying**” the request. If a CRL denies a request, a justification must always be entered (e.g. “bilingual staff are unavailable”).
- g. Once a request is accepted by one of the district/regional office’s CRL, an email notification will be sent to the requesting CRL. The requesting CRL must then coordinate a phone conference call or face-to-face visit by the bilingual employee with the accepting district/regional office’s CRL.

General questions regarding the Bilingual Resource Utilization Database may be directed to Civil Rights Section at (562) 908-8501 or at the Information Technology Division, Office of Automation and Support Systems Section, at (562) 623-2277.

#### **4. TELEPHONE LANGUAGE INTERPRETATION SERVICES**

As stated in Civil Rights Memo #09-01, dated 06/04/09, “*Telephone Language Interpretation Services*,” effective May 3, 2009, Open Communication International (**OCI**) replaced Language Line Services (**LLS**) as the County’s new over-the-phone language services providers. Similar to LLS, OCI provides interpreter services for non-English speaking/LEP individuals through a contract with Los Angeles County. DPSS and certain agencies contracted by DPSS (e.g. MAXIMUS) use this service to provide non-English speaking or LEP applicants/participants with meaningful access to all of its public assistance programs and activities when a DPSS employee is not available to assist with interpreting (Appendix E).



Access codes for OCI, as well as the following materials were provided to all DPSS and contracted public contact offices:

- a. OCI Language Identification Card – provides a list of all the languages most frequently used. Public contact offices can use this in a face-to-face situation to determine which language a person speaks.
- b. OCI Quick Reference Guide – provides step-by-step instructions on how to access OCI.

The OCI Language ID Card does not have a comprehensive listing of languages; thus, it is recommended that all District/Regional offices continue using the LLS Language ID card which is sometimes referred to as the “*I Speak*” or “*Yellow*” card.

In general, it is recommended that only the CRLs and designated back-ups have the OCI access code since DPSS pays for every usage. However, to ensure that effective language services are provided to our LEP/non-English speaking applicants/participants without undue delay, CRLs and designated back-ups may share the access code with their respective public contact staff as long as they monitor the usage, which will be subject to audit. CRLs and designated back-ups must document on the “*District/Regional Office Language Access Services Phone Log*” each time OCI is accessed (Appendix E).

The Staff who establishes initial contact with the public is required to use the Language ID Card to identify the applicant’s/participant’s preferred language. This includes Receptionists, Information Workers, Lobby Monitors and Customer Service Representatives. Thus, the Language ID Card should be made available to all public contact staff. In addition, these cards must be made available to LEP applicants/participants in a conspicuous location within district/regional office lobby areas.

CRLs may contact the Civil Rights Section at (562) 908–8501 to obtain their respective **ID and Code numbers** needed to access OCI.

RESPONSIBILITY	ACTION
<p><b>Public Contact Staff</b></p>	<p>Upon recognizing that a person is in need of interpreter services, the following procedures shall be followed:</p> <p>Using the Language ID Card (or the DPSS “<i>Can We Help You?</i>” poster), ask the non-English speaking and LEP persons to point out to their spoken languages. This step is to be taken when the applicant/participant cannot self-declare his or her spoken language or when staff is unclear about the language being spoken by the person.</p> <ol style="list-style-type: none"> <li>a. Locate an appropriate bilingual staff within the office using the office’s roster to provide interpreter assistance.</li> <li>b. Locate an appropriate bilingual staff within the office using the office’s roster to provide interpreter assistance.</li> <li>c. If an appropriate bilingual staff is unavailable, notify the CRL/designated Back-up to request an appropriate bilingual staff within the Department via Bilingual Resource Utilization Database or by contacting the OCI for an interpreter.</li> <li>d. Document on the LEADER Case Comments Screen how effective and timely language services were provided to applicants/participants.</li> </ol>
<p><b>CRL or Designated “Back-up”</b></p>	<p>Ensures that each call made to OCI is appropriate by:</p> <ol style="list-style-type: none"> <li>a. Authorizing/initiating each call to OCI (calls to OCI should usually be conducted via conference/3-way call).</li> </ol>

RESPONSIBILITY	ACTION
<p><b>CRL or Designated “Back-up”</b> (Continued)</p>	<p>b. Verifying that information is recorded properly on the Office OCI Phone Log. The phone log is subject to review during In-house Civil Rights audits conducted by the DPSS Civil Rights Investigators. The phone log shall include: employee name and number; name of LEP participant/case number; date of call, language determination; and comments. If comments are deemed unnecessary, an indication of “<i>No Comments</i>” shall be provided.</p> <p>c. Monitoring for Quality Control.</p>

## **5. FACILITATING PRIMARY LANGUAGE CHANGES**

**Verbal** requests made by applicants/participants to change their designation of their preferred spoken/written languages are to be acted upon immediately. As stated in Civil Rights Memo #07-04, dated 2/7/07, “*Language Identification,*” **action should not be delayed for receipt of the PA 481 or any other written request** (Appendix E).

RESPONSIBILITY	ACTION
<p><b>Case Worker</b></p>	<p>When participants request to change their preferred language but are unavailable to complete and sign the PA 481 in their new designated language, the case carrying worker should immediately:</p> <p>a. Change the LEADER Code to the appropriate language preference requested by the participant to ensure that all NOAs go out in the new designated language.</p> <p>b. Ensure that a new PA 481 in the new designated language is completed, reflecting the new designated language. <i>However, under <b>no</b> circumstances should a participant be required to come in to an office for the sole purpose of completing a new PA 481.</i></p>

RESPONSIBILITY	ACTION
<p><b>Case Worker</b> (Continued)</p>	<p>c. Provide an interpreter if unable to transfer the case to a bilingual worker who speaks the participant's new designated language.</p> <p>d. <b>DOCUMENT</b> how these changes were handled.</p>
<p><b>Case Worker Supervisor</b></p>	<p>Ensures that the assigned case worker has properly:</p> <p>a. Completed and signed the PA 481;</p> <p>b. Documented on the LEADER Case Comments Screen (or other appropriate computer system for the specific program) how interpreter services were provided.</p> <p>The supervisor must also initial and date the PA 481.</p>
<p><b>Unit Clerk</b></p>	<p>Immediately upon receipt of the request from the case worker to change the participant's preferred language, enter the new Language Code into the appropriate program's computer system as warranted.</p>

## **6. AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS**

DPSS ensures effective communication with persons who are deaf or hearing impaired, or when an applicant/participant indicates a need for a sign language interpreter. The Bilingual Resource Utilization Database may not be used as a resource to obtain ASL interpreters. As stated in Civil Rights Memo #11-02, dated 1/11/11, "*Departmental American Sign Language (ASL) Coordinator's New Telephone Number*," a request for ASL interpreters must be forwarded to (Appendix F – Services to Participants with Disabilities):

**LADPSS American Sign Language (ASL) Coordinator**  
 LADPSS Human Resources Division  
 3435 Wilshire Boulevard Suite #200  
 Los Angeles, CA 90010  
 (213) 639 – 5926

## **B. EFFECTIVE WRITTEN COMMUNICATION**

In an effort to better serve our diverse community in a manner that will foster increasingly effective communications both verbally and through correspondence, DPSS ensures that all forms and documents provided to the public are translated in all DPSS non-English threshold languages (**Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese**). This is being accomplished by DPSS certified translators.

Written translation processing is a centralized responsibility assigned to the Translation Services Unit of the Civil Rights Section. This Unit processes and controls all requests for translation of DPSS written material.

The following services are not provided by the Translations Unit:

- Materials related to individual participants;
- Translation services for individual participant correspondence;
- Narrators for media projects; or
- Any other verbal interpretation.

### **1. TRANSLATION REQUESTS SYSTEM**

#### **Requestor**

Effective May 2010, TRTS migrated from Lotus Notes to the ORACLE platform. Translation requests should include the following: an editable, electronic copy of the English document to be translated such as form, NOA, flyer, stuffer, etc; the desired translation language(s); the total numbers of words to be translated; the special instructions; the requested due date; and a rate category designation. Rate categories are defined as follows:

- a. **Category 1** is for a rush (1) workday turnaround (i.e., the translated material is due within one (1) workday following the vendor's receipt of the translation request.
- b. **Category 2** is for a rush two (2) to three (3) workday turnaround.
- c. **Category 3** is for a four (4) to seven (7) workday turnaround, or longer, as determined by the Requestor.

The translation requests are processed in-house by the Translation Unit. However, in rare exceptions translations may be sent to contracted vendors. In these instances and for in-house rush requests, the requestor must explain the need for Category 1 or 2 requests. For Translation

Requests purposes, a workday is defined as Monday through Friday, excluding any holidays.

When providing special instructions to the contracted vendor, the requestor must include a sample of a previous document which demonstrates the preferred style of writing for the requestor's targeted reading audience. The requestor should also specify the software of preference and submit the electronic file of the English form (if available) with the request for translation.

The completed translation request must be reviewed and approved electronically by the requestor's Office Head via the TRTS in ORACLE. All requests will be processed and assigned priority based on departmental need and the requested due dates.

### **Translations Unit**

- a. The Translations Unit consists of seventeen (17) Translators: two (2) for each of the 8 DPSS threshold languages, and one (1) for the Farsi language. The Translators' primary function is to translate DPSS forms & documents into threshold languages. This includes, but is not limited to, translating forms previously translated by the Federal government and State, but modified by DPSS. For translation requests that include non-threshold languages, the Translations Unit will select a suitable contracted vendor to perform the work and ensure that the needed work can be completed by the requested due dates and in acceptable formats, including electronic transmissions.
- b. All completed written translations by the vendors will be returned to the Translations Unit for review and proofreading. This will ensure that translations are accurate and meet specified standards before they are returned to the requestor for dissemination to the public.
- c. The translations Unit will verify that translations are to be provided at the agreed quoted price per English word translated.

The requestor should call the Translation Services Unit Manager, at (562) 908-8358, when changes need to be made to the original work order (as changes may affect the original work order cost). This includes notifying the Translations Unit if the work order should be cancelled. This is necessary to ensure that Materials Management Section receives accurate information in order to effectively control expenditures for each vendor.

## **2. COMMUNICATING WITH PROPER FORMS/DOCUMENTS**

Administrative Directive No. 4595, dated 11/2/06, "*LEADER Threshold Language Notice of Action (NOA) Project*," (Appendix G – Written Translation Services), released policies and procedures for accessing and printing NOAs in threshold languages from the LEADER Client Correspondence Subsystem.

In addition, Administrative Memorandum No. 07-08, dated 6/13/07, "*Printing Threshold Language Notices of Action (NOA)*," (Appendix G) was released to reiterate policy that all non-English speaking applicants and participants receive written correspondence in their designated preferred language. It also reminds Eligibility Staff of essential steps to be followed when printing threshold language NOAs via the LEADER Threshold Language Correspondence Queue.

Furthermore, Administrative Memorandum No. 10-03, dated 03/02/10, "*Automated Threshold Language Project*," (Appendix G) was released to inform staff that LEADER will automatically transfer case specific information onto the form/NOA, which will save staff the time currently spent in selecting and initiating the appropriate form/NOA in the correct language in the Threshold Language Queue.

Most translated NOAs/forms from LEADER programs are available and generated automatically by the LEADER system. As stated in Civil Rights Memo #10-03, dated 5/13/10, "*Uploading of Non-LEADER Forms in DPSS Forms Library*," NOAs and other forms which are not currently available on LEADER are now accessible on the DPSS Portal in the Department's threshold languages online, via the DPSS Forms Library (Appendix G).

Although DPSS staff have access to the DPSS Portal - Forms Library search page, only the designated DPSS Librarians are permitted to upload or update non-LEADER forms. DPSS Librarians are responsible for maintaining/revising all current non-LEADER forms and documents specific to their program areas in the DPSS Forms Library. NOAs for programs managed by LEADER are not available in the DPSS Forms Library.

### **STEPS TO ACCESS THE DPSS FORMS LIBRARY**

- Log on the DPSS Portal and go to "*My DPSS*" page.
- Click the "*Reports/Applications*" link.
- Select "*Forms Library*."

Once staff locate requested forms or NOAs in the DPSS Forms Library, they can print or download these forms. When a blank NOA/form is printed, staff will manually complete the informational parts of the printed NOA/form in the appropriate language. Staff must also ensure that the back page of the NOA (that includes State Hearing Rights information) is attached when mailing. DPSS staff which do not have an account on the DPSS Portal may sign-up using the self-registration process. The Sign-Up button is available on the Portal Log-In page.

Request for access as a designated Librarian may be forwarded to DPSS Information Technology Division.

RESPONSIBILITY	ACTION
<p><b>Case Worker</b></p>	<ul style="list-style-type: none"> <li>a. Ensures all forms/NOAs given to LEPs are translated in the appropriate threshold languages. Non-English/Non-Spanish forms/NOAs must be manually printed and mailed to participants.</li> <li>b. Must use the <i>“Threshold Language Correspondence Search”</i> screen via LEADER to determine which NOAs are available on LEADER.</li> <li>c. When a required NOA is not found on LEADER or DPSS Forms Library, workers must use the multi-volume Exemplar Handbook to manually prepare and issue the necessary non-English-non-Spanish forms/NOAs.</li> <li>d. If a required non-English non-Spanish form/NOA is not available at all, workers must verbally translate the form/NOA for the participant if they are the bilingual case workers certified in the participant’s designated language. If the worker is not the appropriate bilingual worker in the participant’s designated language, the worker may ask his/her supervisor for assistance in locating an appropriate bilingual employee within the office to translate the NOA or form for the participant.</li> </ul>



RESPONSIBILITY	ACTION
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<b>Case Worker Supervisor</b>	<ul style="list-style-type: none"> <li>a. Receives a request from the case worker for assistance in locating an appropriate bilingual employee within the office to translate the NOA or form for the applicant/participant. If the worker is not the appropriate bilingual worker in the participants designated language.</li> <li>b. Ensures that forms were given in the applicant's/participant's designated language by:               <ul style="list-style-type: none"> <li>• Checking that the assigned worker's cases contain forms in the correct language</li> <li>• Checking the <i>"Threshold Language Correspondence Queue"</i> screen for all workers in the unit, routinely</li> <li>• Reviewing weekly and monthly threshold language NOA reports</li> </ul> </li> <li>c. Coordinates with the worker and/or CRL when an interpreter is needed to verbally translate NOAs/forms by:               <ul style="list-style-type: none"> <li>• Assisting the worker to locate an appropriate bilingual employee using the district/regional office roster. Notifying the CRL when there is a need to request an appropriate bilingual worker within or outside DPSS.</li> </ul> </li> </ul>
<b>CRL</b>	<p>Upon receipt of a request for an interpreter, CRL must immediately locate the appropriate bilingual worker or interpreter by:</p> <ul style="list-style-type: none"> <li>a. Requesting appropriate bilingual staff within the Department via the Bilingual Resource Utilization Database</li> </ul>

RESPONSIBILITY	ACTION
<p><b>CRL</b> (Continued)</p>	<p>b. Contacting OCI when the appropriate bilingual DPSS employee within the Department is unavailable.</p> <p>A telephone conference call can be conducted between OCI, the Civil Rights Liaison, worker and participant. The worker will read the NOA or form to the OCI interpreter so that the information can be translated by OCI interpreter for the participant.</p> <p>c. Immediately contacting the ASL Coordinator at (213) 639 – 5926 for ASL Interpreters.</p>

### 3. PROCESSING THRESHOLD LANGUAGE NOAs

While districts/offices often stock frequently used NOAs, by the end of 2011, the “*Threshold Language Correspondence Queue*” and the “*Threshold Language Correspondence Search*” screens in LEADER will completely eliminate this practice and replace the multi-volume *Exemplar Handbooks* used in the districts/offices. However, since not all NOAs are available on LEADER or DPSS Forms Library at this time, and they may not always be on hand, District Management shall maintain the NOA Exemplar Handbook (by program) until otherwise instructed. These Handbooks contain an original of all NOAs by program in the threshold languages. These originals may be used for photocopying, as needed. As NOAs are added, deleted, updated or revised, districts must update their Exemplar Handbooks, accordingly.

RESPONSIBILITY	ACTION
<p><b>Eligibility Worker (EW)</b></p>	<p>a. Identify the <u>spoken</u> and <u>written</u> language preference of the LEPs by reviewing the <i>Case Summary</i> screen in the <i>Data Collection</i> subsystem in LEADER. EWs must ensure that the information on LEADER correctly reflects the most current language designations on the participants’ signed PA 481 filed in the case.</p>

RESPONSIBILITY	ACTION
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**Eligibility Worker (EW)**  
(Continued)

- b. If the EW is the appropriate bilingual staff, NOAs/forms must be thoroughly explained and translated for LEPs, and not merely summarized.
- c. Whenever a change in language designation is required, enter new information into LEADER, run SFU/EDBC online (the same day) and authorize per existing procedures.
  - When the message box asks if you want to run SFU/EDBC overnight opens, select **“NO.”**
  - If the Authorization requires the approval of the Eligibility Supervisor or Deputy Director, immediately notify them or their back-up that the case is ready for review and authorization.
- d. Access the “Threshold Language Correspondence Queue” screen to view the threshold language NOAs that were generated in the queue and determine if the NOAs listed are appropriate for the case. If the NOAs are appropriate:
  - Highlight the NOAs and Select the *“View NOA/Form”* button to view the threshold language NOAs in PDF format. Click on the printer icon on the menu bar to print the threshold language NOAs and Cover Sheet (with case specific information).
  - Select the *“View English Version”* button to view a PDF version of the highlighted NOAs in English. Click on the printer icon on the menu bar to print the English version of the NOAs.
  - Manually complete the threshold language NOAs (including the case name/address information, new benefit calculation, if any, and all appropriate regulatory section references) using the English version of the NOAs and cover sheet as a guide.

**RESPONSIBILITY**

**ACTION**

**Eligibility Worker (EW)**  
(Continued)

- Highlight the threshold language NOAs, enter “Y” in the “*Printed Y/N*” field and select the “Save” button to record in LEADER that it has been printed.
  - Make one copy of the completed threshold language NOAs with the cover sheet to file on the left side of the “*Issuance*” or “*Financial*” folder according to existing case filing instructions. Discard the English version of the NOAs per established office procedures.
  - Mail to the applicants/participants the original copy of the completed threshold language NOAs. LEADER will automatically generate an entry on the “*Case Comments*” screen indicating that NOAs were generated. From the “*Threshold Language Correspondence Queue*” screen, select the “*Case Comments*” button to review the Case Comments for correctness.
- e. When NOAs are incorrectly generated in the queue (e.g. an erroneous EDBC result or duplicate NOAs), the EW shall take the following steps:
- Highlight the inappropriate NOA and enter “N” in the “*Printed Y/N*” field to enable the good cause reason drop down menu. Select a good cause reason and select the “Save” button.
  - LEADER will automatically generate an entry on the “*Case Comments*” screen indicating that NOAs were not printed. From the “*Threshold Language Correspondence Queue*” screen, select the “*Case Comments*” button to review the Case Comments for correctness.

RESPONSIBILITY	ACTION
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**Eligibility Supervisor (ES)**

Whenever an action requiring the issuance of NOAs is taken on a non-English case, all non-case carrying EWs (i.e., IEVS/IFDS, MRT) MUST ensure that threshold language NOAs are completed (see the steps above).

Threshold language NOAs/forms found on LEADER may also be accessed and printed using LEADER's *Threshold Language Correspondence Search* screen. The English version of the selected NOAs/forms may also be viewed and printed from this screen. EWs shall continue to use the Exemplar Handbook to prepare non-English/non-Spanish NOAs when they are not found in LEADER or the DPSS Forms Library.

Ensures that EWs print and mail the threshold language NOAs in a timely manner. The ES shall:

- a. Check daily the "Threshold Language Correspondence Queue" screen for each EW in the unit to ensure that the NOAs are being completed properly and mailed to applicants/participants in their preferred language.
- b. Review the LEADER weekly and monthly threshold language NOA reports.
- c. Discuss with EWs the reasons why NOAs are not being printed. Annotate the report to indicate why the NOAs were not printed and what action was taken to adhere to instructions for compliance.
- d. Retain the LEADER reports in chronological order for follow-up discussion and future audit purposes.

RESPONSIBILITY	ACTION
<p><b>Deputy District Director</b></p>	<p>Monitors program compliance activity by:</p> <ul style="list-style-type: none"> <li>a. Reviewing the LEADER weekly and monthly threshold language reports that have been reviewed and annotated by the ES and EW.</li> <li>b. Discussing with staff the reason(s) why NOAs were not being printed.</li> <li>c. Ensuring that the reports were annotated and proper actions were taken.</li> </ul> <p>Ensuring that the reports are retained in chronological order.</p>
<p><b>In-Home Supportive Services (IHSS) Social Worker</b></p>	<p>Ensures the manual completion of non-English/non-Spanish NOAs in the appropriate threshold languages by:</p> <ul style="list-style-type: none"> <li>a. Determining that the SOC 293 language code is correct on the “F” line, field 5.</li> <li>b. Initiating a SOC 293 to suppress the mailing of an English NOA; circling “N” in field ZZ (1) on the ZZ line; and indicating the reason code followed by a “?” in field ZZ (2).</li> <li>c. Completing in triplicate, a NOA in the consumer’s designated language and ensuring compliance with the 10-day advance notice requirement.</li> <li>d. Ensuring that manually prepared NOAs accurately reflect all information contained in the English NOA.</li> <li>e. Placing the original and one copy of a manually prepared NOA in an envelope for immediate mailing, filing one copy of the manual NOA in the Active Case Record Financial Folder, and discarding all copies of the Case Management Information &amp; Payrolling System <b>(CMIPS)</b> English-generated NOA.</li> </ul>

RESPONSIBILITY	ACTION
<p><b>IHSS Clerical Staff</b></p>	<p>Facilitates the proper and expeditious processing of NOAs by:</p> <ul style="list-style-type: none"> <li>a. Performing the clerical function of inputting code “C” to CMIPS on the SOC 293 screen.</li> <li>b. Forwarding promptly all copies of the NOA to the Social Worker</li> <li>c. Ensuring manually completed NOAs are mailed the same day they were received.</li> </ul>
<p><b>IHSS Supervisor and/or Deputy Regional Services Administrator</b></p>	<p>Ensures compliance with the manual completion of NOAs by:</p> <ul style="list-style-type: none"> <li>a. Determining that the office stockroom has an adequate supply of NOAs in the appropriate threshold languages.</li> <li>b. Notifying IHSS Social Workers and clerical staff of changes in threshold language requirements.</li> </ul>

#### 4. **OTHER TOOLS AND RESOURCES**

❖ **Exemplar Handbook**

This handbook consists of forms and NOAs translated into languages other than English. It should be used to identify what documents are available in other languages.

❖ **CDSS Translated Documents**

CDSS translated Documents can be accessed online at:

**<http://www.cdss.ca.gov/cdssweb/PG183.htm>**

#### C. **INTERPRETER SERVICES MONITORING**

To ensure compliance with Civil Rights laws and regulations, DPSS developed and enhanced existing policies and procedures to provide effective bilingual and interpretive services to best serve the needs of the non-English speaking and LEP populations. DPSS mandated all public contact staff to adhere to the following procedures in providing language assistance without unreasonable delays:

1. Properly identify non-English cases;
2. Assign non-English cases to appropriate workers;
3. Specially label non-English cases so that they are readily assigned to bilingual staff who will also utilize forms in the appropriate language;
4. Use appropriate State-translated forms;
5. Conduct monitoring to ensure public offices are correctly handling non-English speaking cases.

RESPONSIBILITY	ACTION
<p><b>Reviewer</b></p>	<p>Each office must have a designated reviewer to help ensure that proper monitoring routines and case reviews are conducted according to established procedures. In most offices there is a Program Integrity and Compliance Officer (<b>PICO</b>) and/or Quality Control (<b>QC</b>) Monitor to perform the following activities:</p> <ol style="list-style-type: none"> <li>a. Checking the non-English cases for appropriate labeling.</li> <li>b. Reviewing cases for the proper completion of the PA-481 &amp; PA 481-A.</li> <li>c. Ensuring that NOAs are completed and mailed in the applicant's/participant's designated language.</li> <li>d. Compiling reports for review after the monitoring has been completed.</li> </ol>
<p><b>Office Head</b></p>	<p>Ensures that:</p> <ol style="list-style-type: none"> <li>a. There is a sufficient number of qualified bilingual staff assigned to public contact positions serving a substantial number of non-English speaking persons. These staff shall have the language skills and cultural awareness necessary to communicate fully and effectively and provide the same level of service to the non-English-speaking applicants/participants (CDSS Division 21 Section 21-115.1) as is provided to English speaking applicants and participants.</li> </ol>



RESPONSIBILITY	ACTION
<b>Office Head</b> (Continued)	b. District/Regional office staff attend Civil Rights training conducted by DPSS Academy. A refresher course for staff must be provided by respective Office Administration on a biennial basis.

**D. DISSEMINATION OF INFORMATION**

DPSS continues to be consistent in its commitment to keep applicants/participants informed and aware of their civil rights and of the various social services programs available to them. Some of the methods used include outreach programs, multilingual posters, pamphlets, instructional notices, public meetings, 211 L.A. County (formerly known as Info Line), ASL and TTY/TDD Services, public service radio and television announcements, billboards and the DPSS Internet website.

Civil Rights Program information is to be initially disseminated at the applicant’s first point of contact by public-contact staff and/or Intake Eligibility Workers. In the Greater Avenues for Independence (**GAIN**) and the Refugee Employment Programs (**REP**), which provide employment-related services to CalWORKs participants, participants are informed of their rights to services during the GAIN/REP Orientation/Appraisal component.

**❖ POSTERS**

As stated in Civil Rights Memo #09 – 05, dated 07/06/09, “*Prominently Displaying Of Mandatory Civil Rights Posters In The Waiting Rooms Or Reception Areas At All Times,*” Civil Rights posters are to be prominently displayed in waiting rooms and reception areas at all times. Posters dealing specifically with nondiscrimination in the CalFresh (formerly Food Stamps) Program shall be prominently posted in all certification and issuance offices (Appendix H – Civil Rights Posters).

As reinforced by DPSS, each District/Regional Office Head designates a lobby monitor to ensure the latest version of the above mentioned Civil Rights posters are prominently displayed at all times. Outdated versions of the Civil Rights posters should be discarded immediately.

Requests for mandatory Civil Rights posters may be forwarded to the Materials Management Section using the Supply Requisition **(PA-16)** form, or requestors may call the Civil Rights Section at (562) 908-8501. The Civil Rights posters are as follows:

1. “Everyone Is Different But Equal Under The Law” (PUB 86) Rev. 03/2007 - This CDSS poster (Appendix H) informs applicants and participants in Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese languages of their rights under the law, to receive equal treatment. This poster contains the following contact information:

**Civil Rights Section Head  
LADPSS Civil Rights Coordinator  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
(562) 908-8501**

2. “And Justice For All” Rev. 12/1999 – As stated in Civil Rights Memo #09–04, dated 07/06/09, *Federal “Justice For All,”* Rev. 12/1999 *Poster*, this U.S. Department of Agriculture (**USDA**) poster (Appendix H) advises applicants and participants in English and Spanish that discrimination is prohibited under the law. It must be posted in all reception areas where the CalFresh (formerly Food Stamps) Program is administered. It is also posted in all CalFresh (formerly Food Stamps) outlets. Since USDA only translated this poster in Chinese, Hmong, Korean and Vietnamese, the DPSS Civil Rights Section translated this poster in Armenian, Cambodian, Russian, & Tagalog. The translations of this poster must be pasted at the very bottom of the poster, without covering any of the English or Spanish written information.
3. “If you are... DEAF, HARD OF HEARING, OR HAVE TROUBLE TALKING, here’s how to talk to the Department of Public Social Services” Rev. 07/2008 - DPSS developed this poster to notify individuals who are deaf, hard of hearing, or have a speech disability that they may still contact DPSS via TTY/TDD Services or 211 LA COUNTY. As stated in Civil Rights Memo #09-06, dated 07/06/09, this poster must be displayed in English and in the District/Regional Offices’ threshold languages (Appendix H).

4. “Can We Help You?” Rev. 10/2001 – DPSS developed this poster informing applicants and participants of the availability of free interpreter services. As stated in Administrative Memorandum No. 01-25, dated 10/17/05, this poster is written in Armenian, Cambodian, Chinese, Farsi, Korean, Laotian, Russian, Spanish, Tagalog, and Vietnamese languages (Appendix H).

## ❖ FORMS & PAMPHLETS

As stated in Civil Rights Memo #09–03, dated 07/06/09, *“Availability Of Required Civil Rights Forms In The Waiting Rooms Or Reception Areas At All Times,”* civil rights forms must always be available in waiting rooms and reception areas in all DPSS public contact offices. As reinforced by DPSS, each District/Regional Office Head designated a lobby monitor responsible for maintaining the availability of public notice forms. The latest versions of Civil Rights forms and pamphlets are to be readily available at all times in the waiting rooms or reception areas of public contact offices (Appendix I – Civil Rights Forms).

The Civil Rights forms and pamphlets are as follows:

1. “Your Rights Under California Welfare Programs” (**PUB 13**) Rev. 03/2007 – Since January 1990, DPSS has used this CDSS pamphlet as an informational handout which explains the information provided in the PUB 13 poster (Appendix I). During the application and annual redetermination/recertification period, DPSS public contact staff shall distribute and explain this CDSS pamphlet to applicants and participants. DPSS continuously reinforces to all DPSS District/Regional Offices, as well as contracted and sub-contracted agencies, the requirement to have this CDSS pamphlet available in all languages translated by the State and DPSS. This CDSS pamphlet is available in *Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Laotian, Russian, Spanish, Tagalog and Vietnamese* languages.

DPSS released Civil Rights Memo #07-03, dated 02/26/07, *“Your Rights Under California Welfare Program (PUB 13) Form – Large Print, Braille and Compact Disc Versions For Visually Impaired Applicants and Participants,”* (Appendix I) to inform staff of the availability of the PUB 13 form in large print, Braille and compact disc (CD) versions, and shall be made available in all waiting rooms and reception areas. DPSS Materials Management Section distributed one (1) portable CD player to each District/Regional Office.

<u>Large Print</u>		<u>Large Print</u>	<u>CD</u>
Armenian	Russian	English	Chinese
Cambodian	Spanish		English
Chinese	Tagalog		Russian
English	Vietnamese		Spanish
Korean			Vietnamese

2. Civil Rights Information Notice (PA 2457) Rev. 12/2005 – DPSS requires its public contact staff to explain civil rights complaint and resolution procedures to applicants and participants using this notice. This notice (Appendix I) is included in the intake packet, as well as the redetermination/recertification packets. DPSS translated this notice and it is available in *Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese*.
3. Complaint of Discriminatory Treatment (PA 607) Form Rev. 07/2001 - DPSS created this form (Appendix I) for applicants and participants who believe their civil rights have been violated and wish to file a complaint.
4. Language Identification Card – Public contact staff may use this card to facilitate effective communication to promptly identify applicant’s/participant’s preferred language and for any special translation needs. Since the OCI Language ID Card does not have a comprehensive listing of languages, CRS recommends continued use of the LLS Language ID card which is sometimes referred to as the “I Speak” or “Yellow” card (Appendix I).

Requests for mandatory Civil Rights forms may be directed to the Materials Management Section using the PA-16 form, or via call to the Civil Rights Section at (562) 908-8501.

There will be no additional supply of LLS “I Speak” or “Yellow” card, since we no longer have contract with LLS.

## ❖ OTHER WRITTEN MATERIALS

As a result of the State’s settlement of the Be Vu et al v. Mitchell and Bolton lawsuit, CDSS translated the CalFresh (formerly Food Stamps) Program forms and specified FSP forms used in conjunction with the CalWORKs program into twenty (20) non-English languages: *Arabic, Armenian, Cambodian, Chinese, Cushite, Farsi, Formosan, Hmong, Japanese, Korean, Lao, Mien, Punjabi, Portuguese, Russian, Spanish, Syriac, Tagalog, Ukrainian and Vietnamese*.

DPSS released Civil Rights Memo #07-07, dated 06/14/07, “*Translation of CalFresh Program and California Work Opportunity and Responsibility to Kids (CalWORKS) Joint Forms into Eight Additional Languages,*” and Civil Rights Memo #08-03, dated 05/08/08, “*Be Vu Settlement Agreement and Survey of Languages Requiring Translation of CalFresh Program and California Work Opportunity and Responsibility to Kids (CalWORKS) Joint Forms,*” (Appendix G) to remind Office Heads that translated forms and other written material provided by CDSS should be made available and offered to applicants/participants regardless of the number/percentage of non-English speaking/LEP applicants or participants served by each District/Regional Office.

The district offices must utilize the translated forms immediately. The translated forms must be manually completed if the LEADER system cannot print the translated forms. Any FSP forms, including translated forms that are modified by the Department, may not be used without the prior review and approval of CDSS.

1. Application for Food Stamp Benefits (DFA 285-A1) form and Your Rights and Responsibilities (DFA 285-A3) notice - These State materials inform applicants/participants of their right to file a complaint if they believe their civil rights have been violated (Appendix G).
2. Applying for Food Stamp Benefits (FS 22 QR) – This State form informs applicants/participants that they can advise their EW if they need assistance in order to continue receiving benefits (Appendix G).
3. Informational Notices for Outreach Food Stamps Program – These notices, which are available in all DPSS threshold languages, provide information to individuals about the CalFresh (Food Stamps) Program, including basic eligibility criteria as well as the Health and Nutrition Hotline number.
4. “We’ve Got You Covered” Guide – This booklet, which is available in all DPSS threshold languages, provides information on no-cost or low cost health care services that are available to residents of Los Angeles County.

5. “Notice of Language Services” (GN 1365) Flyer – DPSS CalWORKs Program abolished the *“Important Message About the Enclosed Notice of Action” (PA 15) Flyer* and issued Forms Manual Letter No. 4943, dated 01/28/09, *“Notice of Language Services (GN 1365)”* which advises applicants and participants to call their worker if they are unable to read or understand forms/NOAs given to them and informs them of their right to free-of-cost interpretive services. The GN1365 applies to all aid programs and is to be included with all forms/NOAs mailed to non-English speaking or LEP applicants/participants (Appendix G).
  
6. “Interpreter Services Statement & Interpreter Confidentiality Agreement” (PA 481-A) Form Rev. 10/2004 - DPSS created the PA 481-A form in *Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese* and released Forms Manual Letter No. 4554, dated 10/04/04, Interpreter Services Statement & Interpreter Confidentiality Agreement (PA 481-A). The PA 481-A informs LEP and non-English speaking applicants and participants of their right to receive free interpreter services through DPSS, or their right to use their own interpreter. The form also advises applicants/participants of the potential for communication errors when the interpretation process is performed by someone who is not familiar with the terms used in the different aid programs administered by DPSS. It also informs applicants/participants and the interpreter that the information obtained through the interpretation process must be kept confidential.
  
7. Language Designation” (PA 481) Form Rev. 12/2009– DPSS revised the PA 481 form in *Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese languages*. DPSS released Forms Manual Letter No. 4803, dated 12/03/09, *“Language Designation Form (PA 481) With English Translation For Each Non-English Language Selection,”* to facilitate the identification of the non-English language selected by DPSS applicants/participants as their preferred verbal and written form of communication. The English translation for each non-English language selection was added to ensure the provision of effective bilingual services. Existing policies and procedures for the use and availability of the PA 481 have not changed, which include, but are not limited to, inclusion of this form in the intake and redetermination/recertification packets for **all** programs.

## ❖ **INSTRUCTIONAL/DIRECTIONAL SIGNS**

CDSS Division 21 Section 21-107.212 states that *“All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English speaking applicants/participants shall be translated into appropriate languages. Such signs, or additional signs, shall state that applicants/participants may request aid or services in their primary language.”* The Property and Emergency Management Section shall replace instructional/directional signs with International Graphic Symbol signs, wherever appropriate, upon request from District/Regional Offices to the Materials Management Section via established procedures. CRS shall maintain overall departmental responsibility for monitoring to ensure compliance and assist with the translation of signs, as requested by District/Regional Office administrative staff.

## IV. CIVIL RIGHTS INVESTIGATIONS

DPSS must accept all complaints of discriminatory treatment, written and verbal. All complaints of discriminatory treatment must be forwarded to CRS. If a verbal allegation of discrimination is made, either in person or by telephone, and the complainant refuses or is incapable of putting the allegation in writing, the District/Regional Office's CRL, or CRS staff shall put the elements of the complaint in writing. A complaint may also be filed by a complainant who wishes to be anonymous.

### ❖ Policy and Procedures

It is the responsibility of CRS to ensure that all complaints of discriminatory treatment filed by applicants/participants are handled in a timely manner, professionally and with respect to the following:

#### A. Right To File A Complaint

Any applicant/participant alleging discrimination based on *race, color, national origin, political affiliation, religion, marital status, sex, age, physical/mental disability, language preference, ethnic group identification, or sexual orientation* has the right to file a complaint of discrimination. The applicant/participant, or his/her authorized representative, may file the complaint with any one or all of the agencies listed below:

1. DPSS office in which the alleged discriminatory treatment occurred;
2. DPSS Civil Rights Section;
3. CDSS Civil Rights Bureau;
4. U.S. Department of Health and Human Services, Office for Civil Rights;
5. U.S. Department of Agriculture, Food and Nutrition Services (if the issue involves CalFresh).

#### B. Facilitating the Discrimination Complaint Process

In order to facilitate the complaint process, DPSS created the Complaint of Discriminatory Treatment (**PA 607**) form for applicants/participants who may feel their civil rights have been violated and wish to file a complaint. In an effort to avoid any feelings of embarrassment or intimidation on the complainant's part, DPSS enforces having these forms readily available in all DPSS public contact offices' waiting rooms or lobby areas. This form is available in DPSS threshold languages: *Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese* (Appendix J - Civil Rights Investigation).



In addition, District/Regional Offices should always have stock of the PA 607 form in all DPSS threshold languages. When necessary, the Civil Rights Liaison shall assist applicants and participants in completing this form.

Applicants/participants may choose to submit their complaints in any of the following ways:

1. Calling the Civil Rights Complaint Hotline at (562) 908-8501 and filing the complaint directly with CRS.
2. Completing a PA 607 form and mailing it to the DPSS Civil Rights Coordinator:

**DPSS Civil Rights Coordinator  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, CA 91746**

3. Completing a PA 607 and submitting it directly to any DPSS or contracted agency employee. Any employee must accept a PA 607, even if he/she is not involved with the applicant's/participant's case directly.

Once a PA 607 form is received, it must be submitted to the Office's CRL immediately. The CRL must forward the complaint to CRS within one (1) working day from the date the complainant submitted his/her signed PA 607. The CRL will log the complaint, but he/she must **NEVER** conduct a Civil Rights investigation. CRS will process and initiate a full investigation into the complaint, as appropriate.

### **C. Investigation of Complaints**

CRS processes complaints of discrimination according to the procedures in CDSS Division 21 Section 21-203. Office managers and supervisors of the employees being investigated for alleged Civil Rights violations should **NEVER** conduct investigations. This policy will avoid a possible conflict of interest. Civil Rights investigations are conducted by the Civil Rights Unit in CRS (Appendix J).

## 1. Civil Rights Unit

*The Civil Rights Unit handles the complaints by taking the following steps:*

- a. Screens all telephone complaints received.
- b. Determines whether the complaints are related to Civil Rights; asks for additional clarification from any complainant who does not clearly state the Civil Rights nature of the problem.
- c. Refers each complaint that is not related to Civil Rights to other sections within the Department, such as the DPSS Central Help Line and Customer Relations Section, individual offices, or to appropriate County departments or agencies.
- d. Assigns each complaint that appears to be related to Civil Rights to a Civil Rights Investigator after entering it in the Civil Rights Investigations Database.

## 2. Civil Rights Investigator

*The Civil Rights Investigator processes all complaints by taking the following actions:*

- a. Prepares an investigative Civil Rights case folder.
- b. Acknowledges receipt of the complaint in a written notice to the complainant within twenty (20) calendar days; informs the complainant of the right to have his or her representative at the interview; informs complainant, via a consent form, that investigative information may be shared with other appropriate agencies; informs the deaf or hearing-impaired applicant or participant of the availability of an ASL translator.
- c. Informs the complainant within forty (40) calendar days from receipt of the complaint that the investigation will not be conducted due to reason(s) such as *No Jurisdiction, Withdrawal of Complaint, or Loss of Contact*, if appropriate.
- d. Develops an investigative plan including scheduling all interviews and researching departmental policies and practices along with previous complaints and reports.
- e. Interviews the complainant; notifies the complainant of his/her right to have representation/counsel at the interview; informs the complainant that the policy of confidentiality will be observed and that the complainant's statements will be made available to the departmental personnel concerned as part of the Department's efforts to resolve the

issue or a part of the investigation; obtains the pertinent information and facts that led to the filing of the complaint, including:

- Name of departmental employee(s) who allegedly discriminated;
- Nature of action or condition that prompted the complaint;
- Date and place of alleged act;
- Basis of discrimination;
- Relief sought by complainant;
- Witnesses the complainant may wish to have interviewed;
- Any indications of reprisal, intimidation, or harassment of the complainant as a result of the complaint; and
- Other information pertinent to the complaint.
  - a. Contacts the district, GAIN/REP or Adult Services Civil Rights Liaison and arranges to interview the employee who is alleged to have acted in a discriminatory manner. The employee is informed of his/her right to have representation at the interview.
  - b. Interviews the staff and witnesses named by complainant, obtains the facts of the issue as the employee knows them, plus any other information relevant to the issues in the complaint. If appropriate, documents the fact that there are no witnesses in the Civil Rights case record.
  - c. Reviews the case file, compiles and photocopies documents concerning the issues in the complaint. Reviews district Civil Rights and complaint logs.
  - d. Reviews appropriate State and Federal regulations and County instructional material.
  - e. Reviews CDSS regulations Division 21, Title VI of the Civil Rights Act and the ADA as appropriate.
  - f. Prepares a written report, within sixty (60) calendar days of receipt of the complaint, which includes the complainant's allegation(s), rebuttal, summary, findings and conclusions, and forwards the report to the CDSS Civil Rights Bureau for approval to close the investigation and request assignment of the CDSS/CRB case number.

*Within twenty (20) calendar days after completion of the investigation and receipt of CDSS approval to close the investigation, the Civil Rights Investigator will:*

- a. Send a letter to the complainant informing him/her of the investigative findings as approved by CDSS and of his/her appeal rights.
- b. Follow up any corrective action required/suggested, as a result of the investigation. This action may include discussions with the DPSS Personnel Officer and other appropriate departmental staff.

**D. Appeals Rights**

Letters sent to complainants notifying them of the investigative findings include information about their appeal rights. Complainants are informed that if they disagree with the investigative findings, in accordance with CDSS Division 21 Section 203-23, they may appeal, within 30 days from the date of the letter, to the following agencies (Appendix K – Important Contact Information):

**U. S. Department of Health & Human Services**  
 Office for Civil Rights  
 907<sup>th</sup> Street, Suite 4-100  
 San Francisco, California 94102  
 Telephone No: (800) 368-1019

**California Department of Social Services**  
 Civil Rights Bureau  
 744 “P” Street, M. S. 8-16-70  
 Sacramento, California 95814  
 Telephone No: (866) 741-6241

**U. S. Department of Agriculture Food & Nutrition Services**  
 Office of Civil Rights – Western Region,  
 907<sup>th</sup> Street, Suite 10-100  
 San Francisco, California 94102  
 Telephone No: (888) 271-5983  
 Telephone No: (415) 705-1322 ext. 519

**Appeals and State Hearings**  
 P.O. Box 18890  
 Los Angeles, CA 90018  
 Telephone No: (800) 952-5253

**E. Retention**

As stated in CDSS Division 21 Section 21-203.7, CRS retains all documents related to the civil rights complaint and/or the investigation for three (3) years from final disposition.

**F. Civil Rights Discrimination Complaint Log**

The Civil Rights Discrimination Complaint Log (Appendix J) must be on-hand in every public contact facility of DPSS and its contractors. It is subject to review and inspection by Civil Rights auditors and must always be maintained for the purpose of recording, tracking and reviewing Civil Rights

complaints. In regards to properly documenting the log and processing Civil Rights complaints, staff shall take note of the following:

1. All complaints of discriminatory treatment should be handled in the same manner in district offices and are always required to be entered in the Civil Rights Complaint Log.
2. District/Regional Offices shall ensure that all complaints filed by applicants/participants alleging discrimination at the district level are filed separately and logged on the district office's Civil Rights Complaint Log, not in its general complaint files.
3. The minimum information to be maintained on each district's Civil Rights Discrimination Complaint Log shall include the following:
  - Date complaint was received.
  - Complainant's name.
  - Name of alleged staff involved.
  - Case number and CDSS/CRB case number, if known.
  - Program(s) involved, such as CalWORKs, CalFresh (formerly Food Stamps), Medi-Cal, IHSS, GAIN/REP.
  - Basis of alleged discrimination:
    - Race
    - Sex
    - Religion
    - Color
    - Age
    - Marital Status
    - Physical/mental disability
    - Language Preference
    - Political Affiliation
    - Ethnic group identification
    - National origin
    - Sexual Orientation
  - Nature of complaint, which should be a brief description of the Department's alleged action or inaction, such as delaying/withholding of benefits, repeated request for duplicated documentation, discourtesy, etc.
  - Resolution of complaint, such as benefits issued, investigation completed, withdrawal, failure to pursue, etc.
  - Whether discrimination was found.
  - Date complaint was resolved or investigation completed.

4. The District/Regional Office's CRL is responsible for documenting all Civil Rights complaints. The log should be kept in a secure location and be easily retrievable for inspection by the DPSS Civil Rights Unit, CDSS, and federal agencies.
5. Early Civil Rights complaint resolution at the District/Region level should not be attempted unless the complainant specifically requests the CRL to address their concerns immediately. **All complaints of discriminatory treatment must be forwarded to the Civil Rights Section for proper processing.**

## V. CIVIL RIGHTS MONITORING

In-house Civil Rights monitoring of each District/Regional office is conducted every other year to ensure compliance with State and Federal Civil Rights laws.

### A. Areas to be monitored for compliance:

1. Facility Review – To ensure compliance with ADA requirements.
2. Case Review – To ensure effective and timely language services were provided to non-English speaking/LEP applicants and participants in their designated/preferred languages, a review of 16 randomly selected non-English cases per office will be conducted. These cases will be reviewed for Civil Rights requirements including, but not limited to, the usage of proper color for labeling of non-English cases; proper completion of the PA 481; appropriate language code reflects on LEADER; language services were provided in accordance with the language designation stated on the PA 481; etc.
3. LEADER Case Comment Screens Review - To obtain a brief description of how services are documented and ensure effective and timely provision of language services to non-English speaking/LEP applicants/participants.
4. Review of Forms, Mandated Signs, Posters and Information Material – To ensure that information was disseminated to non-English-speaking/LEP applicants and participants in their preferred/designated languages as stated in their PA 481. Also, the reception areas will be monitored for mandatory Civil Rights posters, instructional and directional signs in the appropriate languages, and for the required display/availability of handouts such as PA 2457 and PUB 13. This also includes monitoring the stockroom to ascertain the availability of forms in different languages. Respective CRLs must conduct a weekly and monthly review of “*Threshold Language Correspondence Queue*” reports to ensure proper issuance of threshold language NOAs.
5. Interview of Public Contact Staff - To assess staff knowledge of established departmental civil rights policies and procedures. Entrance and exit interviews will be required with District/Regional Office Civil Rights Liaisons or designates. The interviews will be conducted on the day of the review.
6. Review of Civil Rights Logs - Discrimination Complaint Log and District/Regional Office Language Access Services Phone Log.

Reports of findings are forwarded to DPSS Division Chiefs responsible for the sections that were monitored, with a copy to respective Office Heads/Contract Managers. Civil Rights monitors follow-up for any necessary corrective actions.

CRS regularly monitors over forty-eight (48) DPSS District/Regional Offices and direct-contracted agencies on a biennial basis.

To facilitate the review process, investigators provide District Directors with an advance copy of the review forms used for monitoring. The provided forms are as follows (Appendix L – Civil Rights Monitoring):

- Facility Accessibility Checklist
- Civil Rights Office/Lobby Review
- Civil Rights Case Review
- Civil Rights Section Public Contact Questionnaire
- Civil Rights Contracted Agency Survey (*DPSS Contracted Agencies only*)

As stated in CDSS Division 21 Section 21-201.31, CDSS conducts routine onsite reviews of county welfare departments which include DPSS. The DPSS In-house Civil Rights monitoring procedures being conducted by the CRS Civil Rights Unit follows the CDSS monitoring procedures.

## **B. ADA Monitoring of Public Contact Offices**

As part of the in-house Civil Rights audit, ADA monitoring is conducted biennially at each DPSS public facility for the purpose of examining accessibility to individuals with disabilities. This includes an inspection of locations that require the placement of instructional/directional signs as well as international or graphic symbols such as the International Symbol of Accessibility (ISA) sign (Appendix M – Samples of International Graphic Symbols).

Public contact offices shall ensure that their facilities are accessible to individuals with disabilities by complying with the standards contained in the State Building Code, Title 24, Parts 2, 3, and 5, of the California Administrative Code. The ADA Facility Checklist should be used as a guide by CRLs to ensure that all of the areas of facility accessibility are met. Additionally, to ensure DPSS compliance with the ADA of 1990, Civil Rights Memo #08-01, dated 2/14/08, Multi-Purpose Door Pressure/Belt Tension Checkers for Each District/Regional Office (Appendix H – Civil Rights Monitoring) was released, distributing the “*multipurpose door pressure/belt tension checkers*” to each District/Regional Office. This is to assist public contact offices in maintaining an opening force pressure of not more than five (5) pounds at all times, as required by ADA, for all doors accessible to the public. Designated lobby monitors are required to routinely check the door pressures for their respective offices.



## **VI. COMPLIANCE ACTIVITIES**

### **A. Federal, State and Resolution Agreement Requirements**

DPSS must ensure compliance with all provisions of Title VI of the Civil Rights Act of 1964, CDSS Division 21 and the Resolution Agreement between DPSS and the DHHS-OCR. (Appendix N – Compliance Activity). DPSS must assure that it will continue to comply in the future. As part of the DPSS' initiative to enhance its services, DPSS continues to:

1. Maintain and utilize a wide range of resources in the design and implementation of programs it administers.
2. Introduce new technology and strategies to improve services to individuals, children and families in Los Angeles County.
3. Provide the best possible assistance to persons with disabilities in accessing DPSS programs and facilities.
4. Provide Civil Rights, as well as Customer Service & Diversity, trainings to all of its approximately 13,000 employees. The Department has also provided Civil Rights training to staff from other agencies and departments contracted by DPSS to provide services to CalWORKs participants.
5. Foster a comprehensive Welfare-to-Work (**WtW**) strategy aimed at ensuring that the LEP, non-English speaking and persons with disabilities participate meaningfully in the CalWORKs program and achieve self-sufficiency.

### **B. Annual Civil Rights Plan**

In accordance with the CDSS Division 21 Section 21-201.22, DPSS is required to submit an Annual Civil Rights Plan update to the CDSS Civil Rights Bureau. The Annual Plan provides Civil Rights information regarding the Department's enforcement of the regulations governing Civil Rights.

The Annual Civil Rights Plan must cover the following guidelines (Appendix D):

1. The County's plan to maintain compliance with MPP Division 21 in County programs, including CalWORKs, Overpayment and Tax Intercepts or Collections, Children's Services, Foster Care and Adoptions Placement, Adult Programs, Fraud Investigations, CalFresh (formerly Food Stamps), Non-Assistance CalFresh (formerly Food Stamps), Cash Assistance Program for Immigrants, and all other social service programs administered by the County and funded through CDSS;

2. Identification of the portions of the Plan which have remained the same; and
3. Identification of changes necessary for continued compliance in the coming year.
4. Include an *Assurance of Compliance Statement* which essentially indicates that the Department agrees to abide by all Civil Rights laws to obtain federal and state assistance. The assurance is binding on the Department and must be signed by its Director.
5. A *Policy Statement* that provides an overview of the measures the Department Director has taken to improve Civil Rights operations over the past year as well as measures planned to be implemented in the future to improve Civil Rights operations.

Samples of these items are provided under Annual Civil Rights Plan.

### **C. Staff Development and Training**

Since DPSS is very aware of its responsibilities to observe and protect the civil rights of the public, especially DPSS applicants and participants who come from very ethnically diverse backgrounds, Civil Rights regulations and provisions are incorporated into various DPSS program training courses. The half-day Personal Service Delivery training module discusses the following issues (which are included in all DPSS training program):

- Providing Excellent Customer Service Public Contact Techniques
- Listening Carefully and Patiently to Customers
- Being Responsive to Cultural and Linguistic Needs
- Explaining Procedures Clearly
- Building on the Strength of Families and Communities.

#### **1. General Orientation**

This thirteen-day program is for all newly hired/promoted clerks, EWs, GAIN Service Workers (**GSW**), IHSS SW Trainees and REP contracted staff. An overview of cultural awareness, Civil Rights laws, employee responsibilities, and applicants'/participants' rights are incorporated in this training to ensure the prevention of Civil Rights violations and the assurance of equal access for all. Procedures on handling Civil Rights complaints, identifying non-English speaking applicants/participants, preferred language coding, and use of resources such as bilingual staff, ASL translators, and/or the OCI are discussed in this training. A Civil Rights videotape is shown to staff and the pamphlet, "How to Communicate Better with Clients, Customers, and Workers whose English is Limited," is distributed during this training.

## **2. Mental Disability Awareness Training**

This training is for all General Relief (**GR**) administrative, eligibility and clerical staff who have contact with GR applicants/participants. It is also presented to Los Angeles County Safety Police, Security Officers; Welfare Fraud Investigators housed in GR districts and Social Security Income (**SSI**) Appeals Project staff. This training incorporates Civil Rights information to ensure non-discrimination in providing services to DPSS applicants and participants who may have mental disabilities. This training continues to be conducted at district office locations by a licensed Department of Mental Health professional.

## **3. GAIN/REP Induction Program**

The GAIN/REP/GROW/GEARS and IHSS training programs include a training module regarding Civil Rights information. The main purpose of this three and a half (3-1/2) hour session is to educate those who work in the GAIN/REP/GROW or IHSS program in the practice of protecting the GAIN/REP/GROW participants' civil rights, and to guard against discriminatory practices by DPSS contractors and direct service providers.

## **4. Cultural Awareness Workshop**

This full-day workshop session is available to offices upon request, as part of the Department's continuing training efforts. It is designed to explore values, customs and lifestyles of the multi-cultural population that DPSS serves. This program addresses expectations regarding equitable treatment for all DPSS participants. Employees gain greater insight and effectiveness in providing services to participants.

## **5. Dealing with Disturbances Caused by Mentally Ill Persons**

This training module is part of the thirteen-day General Orientation course. It is delivered by DPSS Academy instructors and provides eligibility, clerical and social work staff with techniques in dealing with disturbances caused by mentally ill persons. It also provides training on recognizing signs of mental illness for all new staff. The informational guidelines on this subject were provided by the Los Angeles County Chief Executive Office (CEO).

## **6. Civil Rights Training**

This mandatory one day training, which focuses on Civil Rights laws and regulations, is administered by DPSS Academy instructors. DPSS staff, as well as contracted service providers, are required to attend a refresher course of this training on a biennial basis. The purpose of this training is to provide trainees with information on how to:

- a. Comply with State and Federal Civil Rights laws, regulations and policies;
- b. Access available resources to effectively communicate with LEP individuals; and
- c. Follow the DPSS bilingual and interpretive services procedures to ensure that effective bilingual services are provided without undue delays.

This training is designed to increase the awareness of the DPSS staff and its contracted CalWORKs service providers with the terms agreed upon in the Resolution Agreement. Attendees are provided with Civil Rights training manuals, as well as a Civil Rights Desk Reference Guide.

Office Heads shall ensure that their staff attend Civil Rights training conducted by the DPSS Academy. After completion of the Civil Rights training, the DPSS Academy must confirm in writing that all employees, including contractor public contact staff, have attended the training. In addition, a DPSS Academy Attendance Report shall be used for this assignment. Additionally, Office Heads must ensure that the Civil Rights refresher course is provided to their staff on a biennial basis.

## **7. Limited English Proficiency (LEP) Training**

LEP Training is implemented for CalWORKs applicants/participants to increase their job skills by providing educational and vocational training to assist them in gaining living-wage employment. The focus of the training is to teach English in the context of acquiring job skills for LEP. Its purpose is to help applicants/participants attain self-sufficiency and eliminate barriers to employment.

## **8. Customer Service and Cultural Diversity Sensitivity Training**

DPSS provides this training to enable staff to see a direct correlation between their responsibility to each other and to DPSS applicants and participants. Civil Rights, cultural awareness, and non-discrimination concepts are reinforced in this training.

## 9. Civil Rights Video

This video entitled, **Civil Rights: “Lost In Translations”** enhances, but does not replace, the DPSS Civil Rights Training currently being conducted by the DPSS Academy. It highlights critical Civil Rights policy areas which have been identified jointly by DPSS and client advocates. (Appendix N).

### D. Servicing Persons With Learning Disabilities

Learning Disabilities have been included under Title II of the ADA of 1990, Section 504 of the Rehabilitation Act of 1973, and Division 21 Section 109, as a basis of discrimination. When DHHS-OCR released policy guidance entitled “Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF,” dated 01/19/01, learning disability was emphasized as a barrier for TANF recipients to obtain employment. As a result, CDSS issued All County Letter (**ACL**) No. 01-07, dated 01/09/07, which states that *“a learning disability interferes with the participant’s ability to obtain or retain employment or enter and participate in the CalWORKs program.”* Therefore, public contact staff shall ensure that equal access and reasonable accommodation is always afforded with respect to the information noted below:

1. Applicants/participants who have learning disabilities shall be afforded the same opportunity to access CalWORKs or Welfare-to-Work (**WtW**) services as those who do not have disabilities.
2. Reasonable accommodation shall be made for individuals with learning disabilities unless such changes affect the nature of the program and/or are not economically feasible.
3. English-speaking CalWORKs participants with a possible learning disability condition must be screened.
4. Applicants/participants have the right to waive the learning disability screening. This action shall not result in sanctioning or reduction of benefits.
5. Applicants/participants have the right to voluntarily self disclose information.
6. Once the participant completes the learning disability evaluation, this should be made part of the participant’s WtW activities plan.

### E. Accessibility for the Disabled Applicants and Participants

All disabled applicants/participants are to be given priority service when they visit the District Offices. When disabled applicants/participants register at the Receptionist windows, documents are to be stamped with an alert, and the

Receptionist shall alert the appropriate Eligibility Supervisor of the applicant's/participant's disability and need to expedite services.

DPSS remains committed to evaluating and improving its policies and procedures for serving persons with disabilities. All appropriate assistance and Adult Services programs that are available to other applicants and participants are available to disabled persons.

1. Building Modifications

Physical modification of buildings to make them accessible to the disabled remains a major departmental objective. Modifications include provision of parking spaces for the disabled, or special "blue zone" curbside parking, where city regulations permit, in accordance with the Los Angeles County Board of Supervisors' policy on participants' parking. Building alterations follow specifications as defined in the ADA and the California Office of the State Architect. DPSS will continue to monitor for compliance with Section 504 requirements on program accessibility for people with disabilities. When current leases on these buildings expire and the County CEO's leasing office negotiates new leases with landlords, the CEO requires landlords to make modifications as part of the terms of the new leases. Also, DPSS makes home calls to disabled applicants and participants who are mobility-impaired. This ensures program accessibility to disabled applicants and participants in all districts. DPSS notified all public contact workers of this home call policy in an Administrative Memorandum dated January 18, 1990, (BWS 90-07/ BSO 90-01). This home call policy remains in effect until all DPSS offices are modified to accommodate persons with disabilities. Appendix E details a list of the DPSS public contact offices and indicates whether they are fully accessible, partially accessible, or not accessible to disabled applicants/participants.

2. Welfare-to-Work Activities (**WtW**) and Disabled Applicants or Participants

Disabled CalWORKs/RCA applicants/participants are coded in the LEADER and GAIN Employment Activity and Reporting System (**GEARS**) systems as exempt (**exemption code 05**). These CalWORKs/RCA applicants/participants are not typically registered for GAIN/REP if their disability precludes employment or participation in WtW activities. Disabilities that are identified during the GAIN/REP Appraisal (fact gathering interview) must be documented in the case record and the GSW/Refugee Case Manager (**RCM**) must work with the applicant/participant to obtain documentation as to whether the disability meets the exemption criteria.

As part of the General Relief (**GR**) application process, all applicants are screened to determine their employability status, and only those considered employable are referred to the GR Opportunities for Work (**GROW**) Program. GROW applicants/participants are screened for physical/mental capabilities during the intake interview, and also are provided Job Skills Assessment by the GROW case manager and

Vocational Assessment by the contracted provider. However, at anytime applicants/participants declare they have mental or physical problems, they can be referred for an evaluation to determine whether or not they need mental health services. Applicants/participants stating they have physical impairments are referred to employability screening contractors, QTC Medical Group and the South Atlantic Medical Group, where trained medical professionals determine the extent of their physical impairment. Applicants/participants who either declare or are observed to have mental health issues are either referred for a Needs Special Assistance (**NSA**) evaluation, or referred to a GROW Clinical Assessor, depending on the severity of their problems.

All GAIN/REP and GROW applicants/participants are assessed for literacy during the Orientation process. ASL assistance can be arranged through the ADA Coordinator.

Applicants/participants with disabilities are either not required to participate in GROW, or only required to participate on a limited basis, depending on the results of their physical or mental health evaluation. GAIN/REP applicants/participants with disabilities that meet the exemption criteria are not required to participate, but may do so on a voluntary basis.

GROW participants who declare themselves to be unemployable or are observed to have a physical and/or mental disability that may prohibit them from GROW participation are referred for the appropriate evaluation. Time limits are stopped during this evaluation process. GAIN/REP participants with disabilities are exempt. However, if they choose to volunteer, they are flagged and registered as exempt volunteers.

GAIN/REP participants whose disabilities meet the exemption criteria are tracked through the GEARS system and reports are available through the DPSS Information and Statistical Services (**ISS**) Section. Disabled participants and participants who are determined to be unemployable due to physical or mental health problems are not required to participate in GROW. Monthly statistics are available regarding the number of both employable and unemployable GR participants. Participants with slight mental health issues who are considered employable and who are receiving GROW mental health services are counted in the DPSS monthly GROW Participant Report obtained from the DPSS Information Technology Division (ITD).

## VII. FREQUENTLY ASKED QUESTIONS

The questions (“Q”) below are examples of questions frequently asked by public contact staff. They have been addressed with corresponding answers (“A”).

**Q:** What should I do if a non-English speaking/limited-English proficient person comes into the office speaking a language not spoken by our lobby staff?

**A:** *First, try to identify the language by using the “Can We Help You?” poster, and/or the “I Speak” card. If successful in identifying the language, find the appropriate bilingual speaking worker within the office to interpret for the non-English speaking/limited-English proficient person without undue delay. If the appropriate bilingual worker is unavailable in your office, contact your District/Regional Office’s Civil Rights Liaison. The Civil Rights Liaison will locate the appropriate bilingual employee within the department using the Bilingual Resource Utilization Database.*

If the non-English speaking/limited-English proficient person’s language cannot be identified or if a DPSS appropriate bilingual worker is unavailable, the office’s Civil Rights Liaison should contact Open Communication International, Inc. at telephone number 1-866-4LANGUAGE, for immediate assistance.

**Q:** What do I have to do if the language spoken is not a threshold language (**Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese**) such as Hmong? Is it okay to have the person bring in an interpreter?

**A:** Follow the same procedures outlined above. Participants are not required to provide their own interpreter, even if they speak a non-threshold language. In fact, DPSS strongly discourages the use of family or friends as interpreters due to the increased likelihood of communication errors.

**Q:** How do I deal with monolingual speakers when they call me and I don’t know the language they speak?

**A:** Ask your Civil Rights Liaison to call OCI to obtain help in identifying the language and providing interpreter assistance to the monolingual speaker without undue delay (Chapter III Effective Communication: Verbal Communication - pages 8 to 11).

**Q:** How can I find out what Notices of Action have been translated to ensure the proper NOA is sent to someone who doesn’t speak English or Spanish?



- A:** If the appropriate Notice of Action is in “queue” via the LEADER Threshold Language Correspondence Queue, it should be printed, manually completed and then mailed to the applicant/participant. You may also search for any appropriate Notices of Actions via the “Threshold Language Correspondence Search” screen in LEADER. If you are unable to find the proper Threshold language Notice of Action in LEADER, refer to your office’s multi-volume Exemplar Handbook for a listing of available translated materials.
- Q:** How do I ensure that the right Notice of Action goes out from LEADER to a Limited-English Proficient individual?
- A:** Check that the LEADER Case Profile or Case Summary screens properly reflect the applicant/participant’s spoken and written language preferences selected on their signed (PA 481) form.
- Q:** How do I assist a deaf or hard of hearing person?
- A:** By ensuring the deaf or hard of hearing person is provided an American Sign Language interpreter without undue delay. Requests for interpreters are made by contacting the Human Resources Division.
- Q:** If a participant complains to me about discriminatory or differential treatment, what should I do?
- A:** Provide the participant with Form PA 607, Complaint of Discriminatory Treatment, in the participant’s primary language. Also provide the names and contact information of the DPSS Departmental Civil Rights Coordinator and office’s Civil Rights Liaison. **NOTE:** A narrative of any applicant/participant interaction should always be documented in LEADER case comments (or the appropriate program’s established procedure for case documentation).

## **VIII. GLOSSARY OF COMMONLY USED TERMS**

**Accommodation** – A term used for a job or facility modification for a disabled person. The process of removing barriers (structural and non-structural) that deny any person, including individuals with disabilities, equal access to public facilities, services and communications. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of a non-structural barrier is a lack of translated informational materials in an office reception area.

**Americans with Disabilities Act (ADA) of 1990** - Prohibits discrimination based on disability. Expands on Section 504 of the Rehabilitation Act of 1973 and requires private organizations to comply.

**Affidavit** - A sworn legal document used by applicants/participants to make statements that may affect their eligibility for benefits.

**American Sign Language (ASL)** - The method of communication used by some deaf and hearing-impaired applicants/participants.

**Appeals** - The right of applicants/participants to contest any decision made by DPSS that impact their eligibility for benefits. DPSS staff must assist individuals to file an appeal. Appellants are entitled to a Fair Hearing in front of an impartial decision maker. Appeals are heard by independent Administrative Law Judges employed by the State (or General Relief Program staff at the level of supervisor or higher).

**Applicant** - An individual applying for various DPSS services.

**Approval** - A confirmation of the eligibility of applicants for DPSS services.

**Appeals and State Hearings (ASH) Specialist** - A DPSS staff member who receives appeals from applicants/participants and prepare the cases for hearings.

**Authorized Representative** - An individual named by an applicant/participant to act and speak on their behalf.

**Barriers (Structural/Non-Structural)** - Barriers refer to the obstacles faced by disabled persons who experience mobility issues. This includes obstructions that prevent applicants/participants from achieving self-sufficiency and which deny persons, including individuals with disabilities, equal access to public facilities, services and communications. Examples of these barriers include illiteracy, Limited English Proficiency, domestic abuse, substance abuse,

mental health issues, etc. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of a non-structural barrier is a lack of translated informational materials in an office reception area. An applicant/participant who is a victim of domestic abuse is an example of someone who is prevented from achieving self-sufficiency.

**Benefits** - Any DPSS cash aid or supportive service (CalWORKs, CalFresh, GR, Medi-Cal, IHSS, etc.) applied for or received by an applicant/participant.

**Bilingual** - An individual fluent/proficient in speaking, writing and reading both the English language and a foreign language.

**Bilingual Resource Utilization Database** - Previously, a Lotus Notes based system which is now available on the ORACLE platform. It was implemented to allow authorized staff electronic access to bilingual employees throughout the department. The Bilingual Resource Utilization Database replaced the former paper-bound Bilingual Resource List (BRL) and eliminated its quarterly distribution process.

**Braille** - A system of writing and printing for visually impaired or sightless people; characterized by raised dots on paper.

**CalFresh** - Formerly known as Food Stamps, is a government program assisting low-income households by providing extra money in the form of CalFresh benefits.

**California Department of Social Services (CDSS)** – A State Department responsible for the oversight and administration of programs serving California's most vulnerable residents.

**California Relay Services** – A system for communication with deaf or hard of hearing persons via an 800 number.

**California Work Opportunity and Responsibility to Kids (CalWORKs)** - A program that provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size.

**“Can We Help You?” Poster** – A DPSS poster that informs applicants/participants of the availability of free interpreter services in their language. It also serves as a tool in identifying the preferred language spoken of the non-English and Limited English Proficient individuals.

**Cash Aid** - Any monetary benefit offered as part of a program administered by DPSS.

**Cash Assistance Program for Immigrants (CAPI)** - Provides cash assistance to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (**SSI/SSP**) due to their immigration status.

**Certified Bilingual Staff** - DPSS and contract staff that meet and/or exceed the competency standards required to effectively render interpreter services to Limited English Proficient (**LEP**) and non-English speaking individuals. This includes the provision of these services in a linguistically fluent and culturally sensitive manner. The certification of bilingual staff is achieved through State approved testing methods (see definition for Qualified Bilingual Employee).

**Civil Rights** - The rights and privileges afforded to all applicants/participants under State and Federal law. This includes the rights and privileges afforded to LEP/non-English speaking applicants/participants.

**Civil Rights Bureau** - The entity under the California Department of Social Services that handles investigation of civil rights complaints, and monitors civil rights compliance of County Welfare Departments.

**Civil Rights Complaint** - A formal complaint made by an applicant/participant alleging that his/her civil rights were violated.

**Civil Rights Complaint Log** - Also referred to as the "Discrimination Complaint Log" is a log kept in each public contact office to list and track down every complaint of discrimination filed in that office.

**Civil Rights Desk Reference Guide** - A tool that contains essential aspects of Civil Rights compliance and must be used by all DPSS public contact staff to ensure that information regarding Civil Rights is readily available.

**Civil Rights Liaison (CRL)** - A DPSS manager at DPSS public contact offices or an administrator at a contracted site that handles Civil Rights related issues, including civil rights complaints.

**Civil Rights Section (CRS)** - Established as the DPSS' Central Coordinating Office which, ensures nondiscrimination in the delivery of services as mandated by State and Federal laws.

**Code of Ethics** - A list of behaviors for interpreters. DPSS expects its interpreters to abide by a code of ethics. The code is a means of ensuring that interpretation and translation services are performed competently.

**Community Advisory Board (CAB)** - An advisory group with members from agencies with substantial experience working with immigrants and Limited English Proficient individuals. The CAB and Civil Rights Unit work together to ensure the Civil Rights obligations of DPSS are properly met.

**Community Service** - A component of the GAIN/REP Program that allows applicants/participants to work without pay on various community projects.

**Compliance** – An applicant/participant that willingly meets all program requirements.

**Competent Interpretation/Translation** - Is achieved through certified bilingual staff who are able to effectively communicate both orally and in written form the information needed to assist individuals who are LEP and non-English speaking in obtaining equal and meaningful access to vital programs and services. DPSS has a duty to ensure that it provides competent staff for both.

**Complaint of Discriminatory Treatment (PA 607) Form** – A DPSS form created for applicants/participants who feel their civil rights have been violated and wish to file a complaint.

**Component** - Any activity of the GAIN/REP program.

**Contractor** – Any entity that performs work or provides services on behalf of DPSS under a contractual agreement, whose payment includes monies allocated to DPSS as federal financial assistance from Department of Health and Human Services.

**Deaf and Hard of Hearing** - Deaf refers to persons who are unable to hear well enough to rely on their hearing and use it as a means of processing information. “Hard of hearing” refers to persons with a mild-to-moderate hearing loss.

**Denial** - A refusal of benefits for applicants due to ineligibility.

**Department of Public Social Services (DPSS)** – A Los Angeles County Department that serves an ethnically and culturally diverse community through programs designed to both alleviate hardship and promote health, personal responsibility, and economic independence.

**Disabled** - Any applicant/participant who has a mental or physical impairment which substantially limits one or more major life activities and has a record of such impairment.

**Discrimination** - Any policy or procedure that denies an applicant/participant equal access to social services programs offered through DPSS. The twelve bases of discrimination are race, color, national origin, political affiliation, religion, marital status, sex, age, physical/mental disability, language preference, ethnic group identification, or sexual orientation.

**District/Regional Offices** - Those DPSS offices that provide public assistance or services to applicants/participants, such as CalWORKs, CalFresh, General Relief, In-Home Supportive Services, Greater Avenues for Independence, and Medi-Cal.

**Domestic Violence Services** - Services available to CalWORKs participants, who are past/present victims of abuse by an intimate partner, in order to assist them to overcome barriers to self-sufficiency.

**Dymally-Alatorre Bilingual Services Act** – A State law that requires DPSS to provide bilingual public contact staff and materials in threshold languages.

**Eligibility** - The process of qualifying for benefits through DPSS.

**English as Second Language (ESL)** – Individuals whose primary/native language is other than English.

**Ethnic Origin** - The heritage, nationality group, lineage, cultural and/or racial background of an applicant/participant identifies themselves as belonging to or being a part of.

**Exemplar Handbook** – A book used by DPSS staff that has notices of action and other written DPSS materials translated in DPSS threshold languages.

**Exempt** - Defined as any item or person not included when determining eligibility or participation in any program administered by DPSS.

**Food Stamps Program** – Now CalFresh, a former government program assisting low-income households by providing extra money in the form of CalFresh benefits.

**Greater Avenues for Independence (GAIN) Program** - A program that helps CalWORKs participants prepare for and find employment. Services include job finding workshops, supervised job search, vocational assessment, remedial education, vocational skills training and work experience. Post-employment services are also available to help employed participants retain their jobs, work toward a better one and ultimately move to financial independence. GAIN also offers help with transportation, child care, special job-related expenses such as uniforms and tools, as well as domestic violence, substance abuse and mental health counseling.

**GAIN Employment Activity and Reporting System (GEARS)** - The computer system for the GAIN/REP Program.

**General Relief (GR) Program** - A County-funded program that provides temporary cash aid to indigent adults and certain sponsored legal immigrant families who are ineligible for Federal or State programs.

**General Relief Opportunities for Work (GROW) Program** - Provides job and training services to help employable GR participants obtain jobs and achieve self-sufficiency. Participants are assigned to a GROW Case Manager who will work with them to achieve their employment goals.

**Immigrant** - A person who comes into a country to settle permanently.

**211 LA County** - Formerly known as INFO LINE of Los Angeles, a non-profit organization that assists applicants/participants in accessing essential community health and human services.

**In-Home Supportive Services (IHSS) Program** - Enables low-income elderly, disabled, or blind individuals to remain safely at home by providing funds for in-home personal care and domestic services. IHSS participants are automatically eligible for no-cost Medi-Cal.

**Intake** - The process by which an application for social services programs is evaluated and eligibility is determined.

**Interpreter** - A person who is authorized, certified, or licensed to translate orally for applicants/participants. (See also "Qualified Interpreter")

**Interpreter Services** - Free interpreter services to LEP/non-English speaking individuals provided by DPSS and Open Communication (OCI) Inc.

**Interpreter Services Statement & Confidentiality Agreement (PA 481-A) form** – A DPSS form used to ensure LEP and non-English speaking applicants/participants receive effective and meaningful interpreter services without undue delay.

**Language Assistance** - Services provided to all LEP and non-English speaking applicants/participants to help them be able to communicate effectively with DPSS staff or staff from its contracted agencies and access various public assistance administered by DPSS. This includes verbal language assistance (interpretation) and written language assistance (translation).

**Language Designation (PA 481) form** – Previously called “Primary Language Designation” form; a DPSS form used to provide applicants/participants with a clear choice for their spoken and written language designation.

**Language Identification “Language ID” Cards** – Formerly known as “I Speak” or “Yellow” cards, issued by Language Line Services, and used by public contact staff as a tool for identifying a participant’s preferred/primary language. This card facilitates in assisting staff secure interpreter services for the public without delay.

**LEADER** - Los Angeles Eligibility Automation Determination Evaluation & Reporting, the DPSS computer system used to determine, evaluate and report eligibility information on applicants and participants of DPSS administered programs.

**Learning Disabled** - A person with diminished cognitive abilities.

**Legal Aid/Legal Services** - Community-based organizations providing legal advice and referrals to low-income applicants/participants.

**Limited English Proficient (LEP)** - Individuals whose primary/preferred languages are other than English and have limited ability to read, speak and write English. Language assistance must be provided to them effectively and without undue delay.

**Medi-Cal** - Provides comprehensive medical benefits to low-income families with children, pregnant women, and adults who are over 65, blind or disabled. Depending on their income and resource levels, individuals/families may be eligible for a no-cost or a share-of-cost Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

**Mental Health Services** - Services available to CalWORKs and GR participants with mental health issues in order to assist them to overcome barriers to self-sufficiency.

**National Origin** – The cultural and racial background of a person, which includes a person’s birthplace, ancestry, culture or language.



**Notice of Action (NOA)** - A letter provided to an applicant/participant informing him/her of a change in status in his/her eligibility for benefits.

**Needs Special Assistance (NSA)** - An applicant/participant who has a mental impairment and warrants special attention.

**Non-Compliance** - A failure on the part of an applicant/participant to cooperate fully with program requirements.

**Non-English-Speaking** - Individuals whose primary/preferred language is not English and who is unable to speak, write, or understand the English language. Effective language services must be provided without undue delay to these individuals for them to access and fully participate in various DPSS programs and services.

**Office of Civil Rights (OCR)** – The Section under United States Department of Health and Human Services Agency which monitors DPSS and provides technical assistance to DPSS on services to limited English proficient persons and other groups.

**Open Communication International, Inc. (OCI)** - An interpreter services contractor that provides over-the-phone access to interpreters, who speak over 140 languages.

**Participant** - An individual taking part in any public services/programs administered by DPSS.

**Primary Languages** - The native dialects and languages spoken by applicants and participants.

**Provider** - An individual/agency that provides child care or adult in-home services for an applicant/participant.

**Public Contact Staff** - Defined as County employees assigned to the front desk or registration counter, telephone operators, eligibility workers/supervisors, social services workers/supervisors, welfare service aids, vocational counselors, homemakers, fraud investigators and any employee providing services to applicants/participants on a continuing or as needed basis. Any DPSS or contracted employee who has direct contact with an applicant/participant.

**Qualified Bilingual Employee** - An employee who is certified, through a process approved by CDSS, to be proficient in oral and/or written communication in the non-English language of the persons to be served.

**Qualified Interpreter** - An interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

**Recertification/Redetermination** - The annual process in which a participant's eligibility is reassessed for the purpose of determining continued eligibility.

**Refugee** - An applicant/participant that has fled his or her country of origin due to political, religious or racial persecution.

**Refugee Cash Assistance (RCA)** - Cash assistance program for single adult refugee/asylee/Special Immigrant Visa Holders and Trafficking Victims.

**Refugee Employment Program (REP)** - REP providers provide GAIN-like services to recently arrived refugees/asylees receiving CalWORKs or cash benefits.

**REP Case Manager (RCM)** - Contracted Case Manager for the REP program.

**Sanction** - A reduction or termination of a participant's benefits due to non-compliance with program requirements.

**Speech Impaired** - A term used to describe a person who is unable to use their voice normally.

**State Hearing** - A legal proceeding before a State Administrative Law Judge in which an applicant/participant challenges a decision made by DPSS that impact their eligibility for benefits.

**Telecommunication Device for the Deaf (TDD)** - A machine that allows deaf or hearing-impaired persons to communicate with DPSS via other TDD machines.

**Teletype/Telephone Device for the Deaf (TTY/TDD)** - A telephone system used to communicate with deaf and hearing-impaired applicants/participants.

**Threshold Language** - Those languages which have been identified as constituting 5% or more of the caseload of any program or district office. Presently, DPSS threshold languages include Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese. These languages are subject to change based on demographic changes in caseload and district office.

**TITLE VI of the Civil Rights Act of 1964** - States that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

**Violence Against Women Act (VAWA)** - Use to describe immigrant persons who may obtain “legal status” by applying with the United States Citizenship & Immigration Service (**USCIS**), formerly Immigration & Naturalization Service (**INS**), for status under the VAWA. Such persons include battered immigrants who are married to Legal Permanent Residents or United States citizens and their children, who also can get a Green Card by being approved under VAWA.

**Vocational English as a Second Language (VESL)** - Programs that help applicants and participants with limited English language abilities develop vocational skills and acquire English while learning on the job.

**Welfare-to-Work (WtW) Policy** - State policy incorporating the GAIN/REP and GROW programs aimed at helping participants find employment and move towards self-sufficiency.

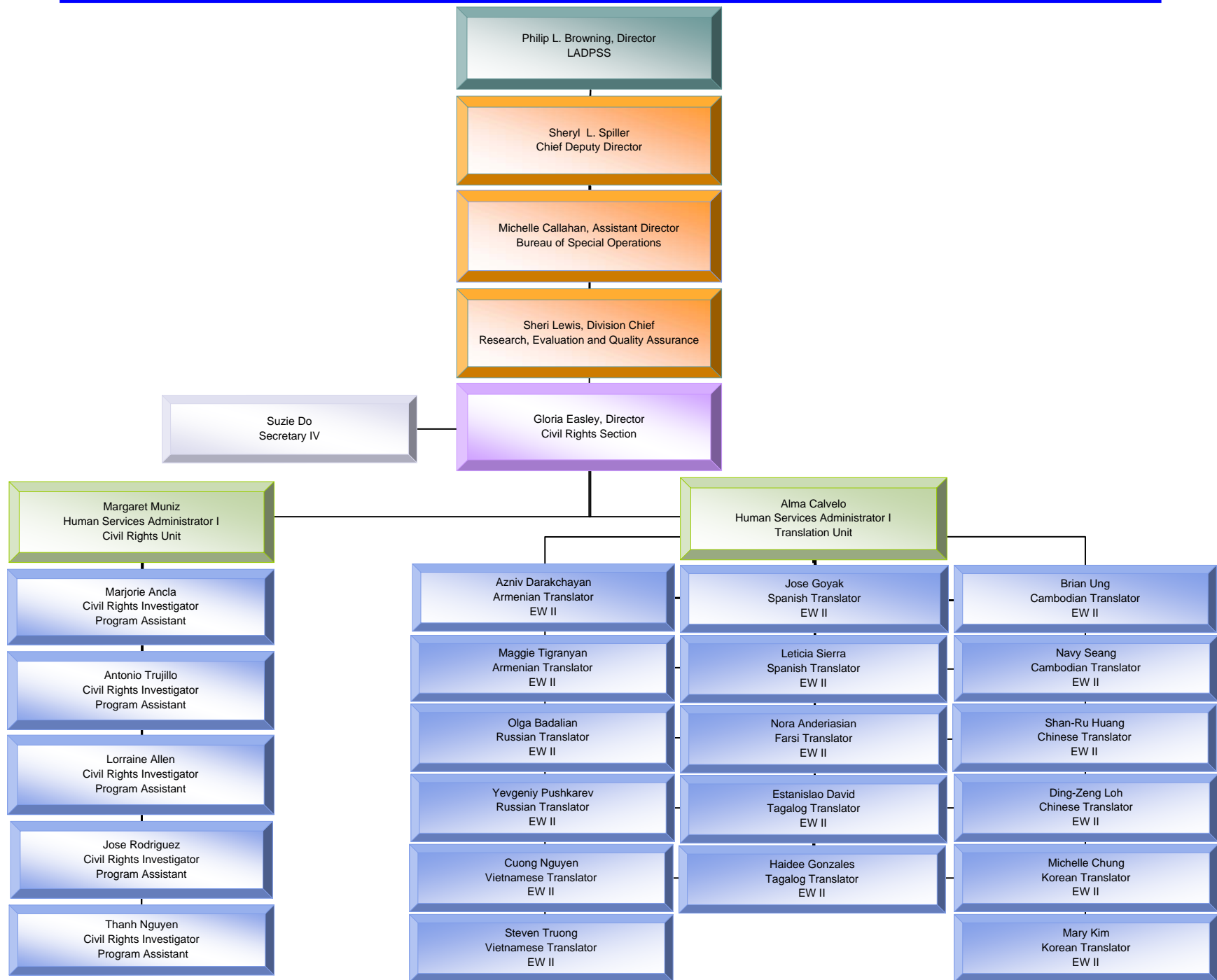
**“Your Rights Under California Welfare Programs” (PUB 13) Brochure** - A State pamphlet used to inform participants of their appeal rights and Civil Rights in general. The PUB 13 must be conspicuously displayed and made available to applicants and participants in DPSS public offices and contracted agencies.

**FOR ANY QUESTIONS REGARDING THIS HANDBOOK,  
PLEASE CONTACT THE CIVIL RIGHTS SECTION AT  
(562) 908-8501.**

# **APPENDIX A**

## **Civil Rights Section Organizational Chart**

# Los Angeles County Department of Public Social Services CIVIL RIGHTS SECTION



# **APPENDIX B**

## **Civil Rights Liaison Listing**

## DEPARTMENTAL CIVIL RIGHTS LIAISON (CRL) LISTING

<u>District/Regional Office</u>	<u>CRL &amp; CRL Back-up</u>	<u>Phone #</u>
Appeals and State Hearings (ASH)	Junius Perkins, HSA I <i>Dietrich Tucker, HSA I</i>	323 730-6548 323 730-6554
Belvedere District #05	Francy Merritt, ADDD <i>Laura Razo, DDD</i>	323 727-4316 323 727-4310
Central Help Line	Mario Gonzalez, HSA I <i>Armando Estrada, PA</i>	626 569-6047 562 908-6050
Civic Center District #14	Barbara Houston-Warmsley, ADDD <i>Rhea Kamzik, ES</i>	213 974-0203 213 974-9151
Compton District #26	Darnell King, ADDD <i>Dorothy Pegues, DDD</i>	310 603-8405 310 603-8403
Cudahy District #06	Freddy Mozo, ADDD <i>Carmen Lopez, DDD</i>	323 560-5005 323 560-5007
Customer Service Center	Brenda McIntyre, HSA I <i>Gloria O'Sullivan, HSA I</i>	310 258-7473 310 258-7472
East Valley District #11	Norma Ramos, ADDD <i>Lucy Cerda, DDD</i>	818 901-4107 818 901-4371
El Monte District #04	Andy Chan, DDD <i>Maria Rivas, DDD</i>	626 569-3680 626 569-3691
Exposition Park District #12	Wanda James, ADDD <i>Vicki Short, DDD</i>	323 730-6104 323 730-6105
Florence District #17	Angie Chea, ADDD <i>Barbara Henderson, DDD</i>	323 586-7003 323 586-7007
GAIN Region I: West County	Cathy Logan, DRD <i>Pamela Fontenot, DRD</i>	310 665-7509 310 665-7746
GAIN Region III: Pomona Sub-Office	Vicente Velazquez, GSS <i>Eddie Smith, GSW</i>	909 392-3062 909 392-3069
GAIN Region III: San Gabriel Valley	Tom Lu, GSS <i>Mayindi Mkwala, DRD</i>	626 927-2760 626 927-2700
GAIN Region IV: Beverly Sub-Office	Kevin Nguyen, DRD <i>Tisha Boyd-Faulkner, DRD</i>	213 738-3154 213 738-6137
GAIN Region IV: Central County	Judy Hollie, DRD <i>Ana Pineda, GSS</i>	323 730-6309 323 730-6431
GAIN Region V: South County	Frank Mora, DRD <i>Charlotte Smith, CC</i>	310 603-8300 310 603-8364
GAIN Region VI: Southeast County	Cristina Felix, DRD <i>Carmen Alvarez, DRD</i>	323 881-3050 323 260-5430

## DEPARTMENTAL CIVIL RIGHTS LIAISON (CRL) LISTING

<u>District/Regional Office</u>	<u>CRL &amp; CRL Back-up</u>	<u>Phone #</u>
Glendale District #02	Haregnesh Lemma, ADDD <i>Mary Esther Garcia, DDD</i>	818 546-6462 818 546-6459
Hawthorne Medical Regional #92	Arlance Sims, DDD <i>Joela Jimenez, ADDD</i>	310 349-4978 310 349-4962
Hawthorne Medical Regional #93	Leo Barber, DDD <i>Joela Jimenez, DDD</i>	310 665-3401 310 349-4962
IHSS East Region II – El Monte	Norma Muñoz, HSA I <i>Peter Castro, HSA I</i>	626 569-4559 626 569-4560
IHSS East Region II – Pomona	Raya Rama, HSA I <i>Ruth Wright, SSS</i>	909 802-2474 909 802-2447
IHSS North Region I – Burbank	Tamar Amirian, HSA I <i>Yvette Rubio, SSS</i>	818 557-4103 818 729-8871
IHSS North Region I – Chatsworth	Andrea Barkley, HSA I <i>Silva Torossian, SSS</i>	818 718-4353 818 718-4444
IHSS North Region I – Lancaster	Mabel Smith, HSA I <i>Gerardo Gomez, SSS</i>	661 723-4428 661 723-4291
IHSS South Region IV – Hawthorne	Elizabeth Mendez, HSA I <i>Mike Tutunjian, HSA I</i>	310 349-5604 310 349-5605
IHSS West Region III – CATT	Linda Brown, CC <i>Ronnie Ramos, SC</i>	213 744-4458 213 744-4305
IHSS West Region III – La Cienega	Pamela Elliott, SSS <i>Cheri Arnold, SSS</i> <i>Rebecca Brooks, HSA I</i>	310 216-3957 310 216-2265 310 216-2292
IHSS West Region III – Metro	Aida Karapetyan, HSA I Thuy Duong, HSA I <i>Jirair Issaghoolian, SSS</i> <i>Elisa Dee, SSS</i>	213 744-3561 213 744-3016 213 744-3771 213 744-5064
Lancaster District #34	Joyce Ward, DD <i>Sally Peak, ADDD</i>	661 723-4001 661 723-4003
Lancaster General #67	Joyce Ward, DD <i>Cheryl Ward, DDD</i>	661 723-4001 661 974-8989
Lincoln Heights District #66	Elaine Suzuki-Sequeira, ADDD <i>Angel Ductoc, DDD</i>	323 342-8143 323 342-8147
Medi-Cal LTC District #80	Carmen Padilla, DD <i>Benny Liang, ADDD</i>	626 854-4700 626 854-4704
Medi-Cal Mail-In Appl. Dist. #89	Khanh Vu, ADDD <i>Marina Vieyra, DD</i>	213 741-8147 213 741-8100



## DEPARTMENTAL CIVIL RIGHTS LIAISON (CRL) LISTING

<u>District/Regional Office</u>	<u>CRL &amp; CRL Back-up</u>	<u>Phone #</u>
Medi-Cal Outreach District #16	Joe Delgado Jr., ADDD <i>Faye Haywood, DDD</i>	626 569-2908 626 569-2907
Medi-Cal Outreach District #42	Elaine Marshall, ADDD <i>Laura Razo, HSA I</i>	213 351-5343 626 569-2905
Metro East District #15	Arnolda Lewis, ADDD <i>Blanca Fiero-Duarte, DDD</i>	323 260-3503 323 260-3511
Metro Family District #13	Luz Huerta, ADDD <i>Nora Garcia-Rosales, DDD</i>	213 744-6605 213 744-6604
Metro North District #38	Beth Sexton, DDD <i>Maricela Soto, DDD</i>	213 639-5404 213 639-5407
Metro Special District #70	Lilia Sarno, ADDD <i>Cynthia Lopez, DD</i>	213 744-5604 213 744-5601
Northridge Medi-Cal #90	Manuel Salas, ADDD <i>Vicki J. Smith, DDD</i>	818 717-1503 818 717-1504
Norwalk District #40	Gerardo Murrieta, ADDD <i>Jerry Hobbs, DDD</i>	562 807-7822 562 807-7814
Paramount District #62	Delly Zwiebel, DDD <i>Renee Jennings, DDD</i>	310 603-5008 310 603-5016
Pasadena District #03	Sondra Whitfield, ADDD <i>Harry Vacaflor, DDD</i>	626 791-6308 626 791-6304
Pomona District #36	Beverly Stevens, ADDD <i>Althea Shirley, DD</i>	909 397-7908 909 397-7901
Rancho Park District #60	Americo Garza, ADDD <i>Cheryl Broyard, DDD</i>	310 481-5403 310 481-5310
San Fernando Branch #32	Patricia Guevara, DDD <i>Sondra Whitfield, DDD</i>	818 394-3803 626 791-6308
San Gabriel Valley District #20	Joyce Harris, ADDD <i>Jean Hernandez, DD</i>	626 569-3608 626 569-3611
Santa Clarita Branch #51	Lucy Cerda, DDD <i>Edith Figueroa, ES</i>	661 298-3387 661 298-3382
South Central District #27	Earl Myles, ADDD <i>Brenda Brewer, CC</i>	323 563-4162 323 563-4165
South Family District #31	Linda Cooper, DDD <i>Jewel Amos, DDD</i>	310 761-2001 310 761-2002
South Special District #07	Carol Maston, DD <i>Angelica Snow, ADDD</i>	310 761-2030 310 761-2031

## DEPARTMENTAL CIVIL RIGHTS LIAISON (CRL) LISTING

<u>District/Regional Office</u>	<u>CRL &amp; CRL Back-up</u>	<u>Phone #</u>
Southwest Family #83	Lynda Shealy, ADDD <i>Elvira Navarro, DDD</i>	323 549-5671 323 549-5673
Southwest Special District #08	Pat Wright, ADDD <i>Bari Banks, DD</i>	323 420-2916 323 420-2918
Welfare Fraud (WFP & I)	Noreen Ward, HSA I <i>Charlesetta Lampkins, HSA I</i>	310 349-4514 310 349-4515
West Valley District #82	Cory Bisente, ADDD <i>Juan Lozano, DDD</i>	818 718-5203 818 718-5206
Wilshire Special District #10	Natasha Williams, ADDD <i>Michelle Sepulveda, DD</i>	213 738-4305 213 738-4301

# **APPENDIX C**

## **Civil Rights Annual Plan Guidelines**

California Department of Social Services  
Office of Human Rights  
Civil Rights Bureau

# **CIVIL RIGHTS ANNUAL PLAN GUIDELINES**

**July 2001**

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## **CIVIL RIGHTS ANNUAL PLAN GUIDELINES**

In accordance with the California Department of Social Services' (CDSS) Manual of Policies and Procedures (MPP), Division 21, Section 21-201.22, each County Welfare Department is required to submit an annual Civil Rights Plan update to the CDSS Civil Rights Bureau (CRB). The Annual Plan update is to provide current civil rights information regarding counties' enforcement of Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (i), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations Section 98000–98413; the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations.

The document submitted in response to these guidelines must cover the following:

1. The county's plan to maintain compliance with MPP Division 21 in county programs, including CalWORKs, Overpayment and Tax Intercepts or Collections, Children's Services, Foster Care and Adoptions Placement, Adult Programs, Fraud Investigations, Food Stamps, Non-Assistance Food Stamps, Cash Assistance Program for Immigrants, and all other social service programs administered by the county and funded through CDSS;
2. Identification of the portions that have remained the same;
3. Identification of changes necessary for continued compliance in the coming year.

The following guidelines and formats are to be followed in the preparation and submission of the information submitted in your Annual Plan update. Changes from the previous Plan should be indicated and described in detail. Portions that have not been changed can be repeated from the previous Plan. Counties may submit the plan in a different format, such as including many attachments that cover requests for narrative information, as long as the plan contains all the elements requested herein. Any examples used in the guidelines are only illustrations and do not necessarily encompass all information required to be submitted. Attach any written policies or memoranda that are cross-referenced to the Annual Plan section number.

### **Section I. Assurance of Compliance Statement**

- A. Federal and state regulations (Section 21-103) require each county to submit a written Assurance of Compliance Agreement. This written assurance is to be incorporated into the county's Annual Plan update as part of the State/county agreement to maintain compliance with all civil rights laws, rules and regulations. Use the attached copy of the Assurance of Compliance Agreement, which contains current revisions. The Agreement is a legal document; therefore, it must have the Director's original signature.
- B. If services to applicants/recipients are provided by county contractors or subcontractors, such providers of service must also certify compliance with all civil rights laws, rules and regulations using an Assurance of Compliance Agreement from each such provider of service with the contractor's administrator's original signature. Such agreements shall be made available to CDSS for review upon request.

**Section II. Assignment of Resources**

Section 21-201.1 requires the county to designate an employee as the Civil Rights Coordinator (CRC) and to provide adequate personnel and resources to ensure nondiscrimination in the delivery of services.

- A. Provide the name, address, phone, e-mail and fax numbers of the CRC and the number of personnel allocated to the implementation of the Civil Rights Program.

Example

Position	Name and identification
Civil Rights Coordinator	Jane Smith, CRC 111 Main Street Canton, CA 33333 222-222-2222 <a href="mailto:jsmith@xxxxxxx.co">jsmith@xxxxxxx.co</a> 222-333-3333
Complaint Investigator	John Smith 111 Main Street Canton, CA 33333 222-222-2223 <a href="mailto:josmith@xxxxxxx.co">josmith@xxxxxxx.co</a> 222-333-3334

State whether the number of allocated personnel has increased, decreased, or remains at the same level as in the previous year.

- B. If personnel allocated to the Civil Rights Program have responsibilities in areas other than civil rights, please list those responsibilities and provide the percentage of time allocated to civil rights by each individual.

Example

Position	Percent of time to Civil Rights	Other Responsibility
Civil Rights Coordinator	50	Staff Development
Civil Rights Investigator	20	Social Worker Supervisor

- C. Pursuant to Section 21-203.3, state whether any of their other responsibilities represent a conflict of interest with the Civil Rights Program, and if so, how such conflicts are addressed and resolved.
- D. Submit a departmental organizational chart, identifying the reporting level of the Civil Rights Unit.
- E. Provide conflict of interest policy regarding employees conducting investigations as specified in Section 21-203.3.

### **Section III. Community Profile**

Provide information on community characteristics that may affect the delivery of services. Please include the source of any countywide statistical information provided in this section.

- A. Provide a brief narrative describing the county, such as size, geographic location, major ethnic groups, major non-English-language groups, employment levels, average incomes, etc.
- B. Provide client information describing the caseload population by ethnic origin and race as shown in the example:

Example

Race of Welfare Population by Program Countywide						
Race	CalWORKS		N.A. Food Stamps		Children's	
	Number	Percent	Number	Percent	Number	Percent
White	10	16	20	26	10	23
Black/African Amer.	10	16	13	17	8	19
Amer. Indian	2	3	0	0	2	5
Chinese	2	3	10	13	6	14
Cambodian	5	8	8	11	4	9
Vietnamese	4	6	7	9	4	9
Laotian	2	3	0	0	2	5
Japanese	0	0	2	3	0	0
Korean	2	3	2	3	2	5
Other Asian	0	0	4	5	1	2
Samoan	0	0	2	3	0	0
Asian Indian	0	0	2	3	0	0
Hawaiian	5	8	0	0	2	5
Guamanian	0	0	2	3	0	0
Filipino	0	0	0	0	0	0
Other Pacific Island	20	32	4	5	2	5
Alaska Native	0	0	0	0	0	0
TOTAL	62	100	95	100	83	100

Example

Ethnicity of Welfare Population by Program Countywide						
Ethnicity	CalWORKs		N.A. Food Stamps		Children's	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	10	25	13	52	15	43
Not Hispanic or Latino	30	75	12	48	20	57

Provide a brief narrative describing any unusual or significant county or community circumstances that adversely affect, or may affect, the effective delivery of services, and policies and procedures to remedy this. Such circumstances might include recent or projected low-income population shifts to areas further removed from county facilities; significant increases in low-income or ethnic population; seasonal influx for agricultural or other employment purposes; discontinuance, reduction, or lack of public transportation making it difficult for



applicants/recipients to travel to a county facility; climate conditions that make travel difficult.

#### **Section IV. Dissemination of Information**

Section 21-107 requires the county to do the following:

- A. Provide Civil Rights Program information to all applicants and recipients, including non-English-speaking and limited-English-proficient applicants/recipients, disabled applicants/recipients, community organizations and other interested persons. Some examples include information about prohibited acts of discrimination (such as denial, delay or different treatment) and the county's policy of nondiscrimination; procedures for filing discrimination complaints; rights and responsibilities of applicants/recipients.
- B. Through outreach provide program information to potential and actual applicants and recipients of services. Some examples of outreach information to be disseminated are programs provided, program changes, office locations and hours; services accessible to individuals with limited-English proficiency, non-English-speaking individuals and to individuals with disabilities; basic eligibility requirements for public assistance.

Include information in response to the following:

1. Describe how applicants and recipients are informed of their right to aid or services in their primary language and the availability of auxiliary aids for applicants and recipients who are hearing or visually impaired and at what points in the service delivery this is done. This may include the use of "I speak" cards, posters, videos, etc. (Refer to Paragraph IV.A. above and Section 21-107 for additional guidance.)
2. Describe how, when, and in what languages the CDSS pamphlet, "Your Rights Under California Welfare Programs" (Pub 13) is distributed and explained to applicants/recipients. (Section 21-107.22)
3. Describe how this outreach information is disseminated, e.g., bilingual posters and pamphlets, newspaper articles, public service radio and television announcements. Describe how this information is made available to all county residents, including individuals who are located in remote areas or who cannot access information during regular business hours, e.g., expanded office hours, mobile offices, etc. Provide dates, location, methods and languages in which outreach has been provided. (Refer to paragraph IV.B. above and Section 21-107.24 for additional guidance.)

#### **Section V. Services to Non-English-Speaking, Limited-English-Proficient Applicants/Recipients and Applicants/Recipients with Disabilities**

Section 21-115 requires that counties ensure that effective bilingual/interpreter services are provided to non-English-speaking and limited-English-proficient applicants/recipients and individuals with disabilities. Section 21-109 provides that county welfare departments may not, on the basis of race, color, national origin, religion, political affiliation, material status, sex, age or disability, directly or through other arrangements (including by use of contractors), provide aid, benefits, or services to an individual or group different from that provided to others unless those benefits and assistance provided are as effective as those provided to others.

- A. Summarize your procedures to provide services to non-English-speaking, limited-English-proficient and disabled applicants/recipients, taking into consideration such components as methods of providing notices, use of translated forms and materials, and identification of primary language. Summarize the following:
1. Procedures to allow an applicant/recipient to self-identify primary language, e.g., providing a list of languages to choose from, using an "I speak" card, posting an easily visible sign at the reception window listing several languages, etc.
  2. Procedures for offering a language identification form to a client and timing of the offering of such a form. Provide a copy of the form.
  3. When an applicant/recipient fails to self-identify primary language, procedures for actions to be taken by a worker and procedures for disclosing such action to the applicant/recipient.
  4. Procedures to identify an applicant's/recipient's disability (physical or mental impairment, which could limit access or participation).
  5. Procedures for offering free interpreter services and auxiliary aids, addressing all languages spoken by applicants/recipients, including American Sign Language.
  6. Procedures to identify an applicant's/recipient's need for services due to his or her disability, limited-English proficiency or inability to read or write and provide the opportunity for him or her to request auxiliary aids, services, translated forms, or assignment to a bilingual worker or other interpreters. Describe services and accommodations provided, e.g., interpretation by paid interpreters or other county employees, Braille materials, etc.
  7. Procedures to ensure that services or benefits are not unduly delayed due to an applicant's disability, limited English proficiency, or inability to read or write.
  8. Procedures to certify staff as qualified bilingual, including American Sign Language bilingual staff.
  9. Procedures to ensure that interpreters are able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.
  10. Procedures to track the use of interpreters (not including the assigned caseworker), such as the use of a log or other methods.
  11. Policies and procedures regarding when it is inappropriate to allow clients to use their own interpreters, as well as the policies and procedures for when clients may be allowed to use their own interpreters, including the limited circumstances under which a client is allowed to exclusively use his or her own interpreter, when the county provides its own interpreter in addition to the client's interpreter, under what extenuating conditions clients would be allowed to temporarily use minors as interpreters, how interpreter competency is verified, and how confidentiality of the interpreter is ensured.
  12. Procedures for assigning non-English-speaking and limited-English-speaking clients to bilingual staff and documenting such assignments.
  13. Procedures for ensuring that non-English-speaking and limited-English-speaking clients are served when their bilingual workers are not available.
  14. Procedures to ensure that case files identify non-English-speaking and limited-English-speaking or disabled applicants/recipients so that when transferred from one case worker to another within the program or one program to another program, services can be provided appropriately.
  15. Procedures for ensuring that when cases are transferred from one worker to another or one program to another that the transfer occurs without undue delay.
  16. Procedures to provide for translation services if qualified interpreters are not available in

the office, ensuring that services are provided without undue delay.

17. Procedures, if any, for capturing and reporting statistics regarding the number of cases, by program, of individuals who are identified (self-identified or otherwise identified) as having a disability.

B. Describe or provide the following:

1. Availability and use of translated forms and materials in the dissemination of information;
2. How translated paragraph insertions are included in Notices of Action and other forms;
3. How information is provided to applicants/recipients when forms and materials in their primary languages are not available;
4. How frequently and in what way staff are informed about available translated forms and materials;
5. Any forms and materials translated by your county (list forms) and the languages into which they are translated;
6. The name, e-mail address and phone number of your Forms Coordinator.

C. Provide information on services and auxiliary aids available, e.g., TDDs, California telephone relay services, brailled material, taped text, large print materials, and/or other accommodations that are available to individuals with disabilities.

D. Provide a list of community organizations, such as civil rights groups, legal aid societies or other community organizations, available to provide services to applicants/recipients, types of services provided, and relationship with the county (contractual, mutual agreement, memorandum of understanding).

E. Describe procedures used to ensure meaningful and effective access to services by informing non-English-speaking and limited-English-proficient and disabled applicants/recipients of services and aids available at each stage of their receipt of services, e.g., from intake through assessment to employment services or from emergency response through placement to family reunification.

## **Section VI. Documentation of Applicants'/Recipients' Case Records**

Section 21-116 requires the county to document in applicants'/recipients' case files certain information or actions taken. Provide a brief narrative of your policy/procedure about documenting this information in case files, highlighting any distinctions made between paper and electronic case records. Include at a minimum how you document:

1. Applicants'/recipients' ethnic origin, race and primary language;
2. Information that identifies the applicant/recipient as disabled;
3. Applicants'/recipients' requests for auxiliary aids, services or interpreter services and how those services were provided;
4. Applicants/recipients providing their own interpreters, including temporary emergency use of minors to translate;
5. Extenuating circumstances requiring temporary use of minors as interpreters;
6. Competency of interpreters;
7. Client's consent for release of information to interpreters;
8. Evidence of intent to maintain confidentiality by interpreters;
9. Evidence of informing applicants/recipients of the potential problems for ineffective

- communication when providing their own interpreters;
10. Applicants'/recipients' requests for forms and materials in other than their documented primary languages;
  11. That applicants/recipients were offered, accepted, or refused forms and materials in their documented primary languages.

## **Section VII. County Services Provided by Contractors, Subcontractors, Vendors**

Division 21 requires that private businesses that contract to administer welfare programs comply with nondiscrimination statutes because they act as agents of the county in carrying out the programs or activities. Counties are responsible for ensuring that their contractors (hereafter in this document used to mean contractors, subcontractors and vendors) administer their programs in a nondiscriminatory manner and in compliance with civil rights obligations to accommodate non-English-speaking or limited-English-proficient individuals and individuals with disabilities or impairments. Such contractors include, among others, employment assessment contractors; employment, vocational, and educational training contractors; family service contractors; and domestic violence assistance contractors. Include the following information in your plan:

1. A complete list of contractors who provide services to applicants/recipients, including address, program, and a brief description of the types of services provided;
2. A description of monitoring procedures used in the county to ensure nondiscrimination in services and accessibility of facilities used in providing these services, including language services. At a minimum, address the following issues:
  - a. Policies and procedures for addressing complaints filed with or against a contractor;
  - b. Policies and procedures for ensuring that contractors accommodate individuals with hearing impairments, visual impairments and other disabilities (see Section V.C.);
  - c. Policies and procedures for ensuring that contractors provide appropriate language services, including a breakdown of the number of bilingual staff or interpreters available to provide services and how written information is effectively communicated to non-English-speaking and limited-English-proficient individuals (see Section V.A., 1-16);
  - d. Policies and procedures for ensuring that contractor staff are adequately trained in the requirements of Division 21;
  - e. Procedures for informing participants of their civil rights.
3. Information on where contracts are located, e.g., administrative office, district office.
4. The results of your prior year's monitoring of contractors. At a minimum, address the following:
  - a. Civil rights complaints filed and how the complaints were addressed;
  - b. How participants are informed of their civil rights;
  - c. Any barriers to civil rights compliance that were encountered in the past year;
  - d. Any problems encountered in the last year with a description of how they were resolved;
  - e. Any policies and procedures that are going to be or have been implemented to ensure that problems do not recur; and
  - f. Any promising practices or special successes your county has experienced during the year related to civil rights compliance in the area of contracted services.

**Section VIII. Primary Language Data Statistics, Staffing and Hiring Goals**

Use this section to provide primary language data and statistics of public social service program caseloads, the number of bilingual staff serving applicants/recipients in applicants'/recipients' primary languages, and hiring goals if staffing is not sufficient, using the formats provided. Describe your efforts to meet these hiring goals. This information is required on a countywide basis, as well as for all offices and public social services programs within the county offering public social services programs and services. Identify each set of data as either countywide or by office name, program and location. Counties should specify the source of this data, e.g., a county database, and the period of time covered by the data.

- A. Provide primary language data statistics of welfare program caseloads following the example below (the examples do not include all languages to be reported):

Example\*

PRIMARY LANGUAGE OF WELFARE CASELOAD BY PROGRAM COUNTYWIDE

Language	CalWORKS		N.A. Food Stamps		IHSS	
	Number	Percent	Number	Percent	Number	Percent
English	583	61	239	59	132	60
Spanish	287	30	140	34	74	34
Vietnamese	79	8	27	7	14	6
TOTALS	949	100	406	100	220	100

Example\*

PRIMARY LANGUAGE OF WELFARE CASELOAD BY EACH DISTRICT OFFICE

4321 East Main Street

Language	CalWORKS		N.A. Food Stamps		IHSS	
	Number	Percent	Number	Percent	Number	Percent
English	235	47	39	59	27	61
Spanish	256	50	24	36	15	34
Cambodian	12	2	3	4	2	5
TOTALS	503	99	66	99	44	100

Languages (and codes relating to each language) used in reporting statistics on State form ABCD 350 are listed below. The languages in use in your county should be reflected in your statistics. For applicant/recipient groups whose primary language is not on the list, specify the language by name.

Languages

- |                                  |              |
|----------------------------------|--------------|
| 0 – American Sign Language (ASL) | 1 – Spanish  |
| 2 – Cantonese                    | 3 – Japanese |
| 4 – Korean                       | 5 – Tagalog  |
| 6 – Other non-English            | 7 – English  |

\* Repeat these statistics for each office where programs or services are provided as requested.  
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A – Other Sign Language  
 C – Other Chinese Languages  
 E – Armenian  
 G – Mien  
 I – Lao  
 K – Hebrew  
 M – Polish  
 P – Portuguese  
 R – Arabic  
 T – Thai  
 V – Vietnamese

B – Mandarin  
 D – Cambodian  
 F – Ilocano  
 H – Hmong  
 J – Turkish  
 L – French  
 N – Russian  
 Q – Italian  
 S – Samoan  
 U – Farsi

B. Provide statistics on the number of public contact staff who are assigned to a non-English-speaking or limited-English-proficient caseload by program and office, using the format provided. Public contact staff is defined as any employee who comes in contact with the public. In programs and offices where a substantial number (as defined in Section 21-104.s) of cases are non-English-speaking and limited-English-proficient applicants/recipients, show the program by title, list the language and percentage, and the number of staff in each occupational category. Using the formula specified in Section 21-115.14, calculate the number of certified bilingual staff required. Enter the number of public contact staff who are assigned to a non-English-speaking or limited-English-speaking caseload and are certified as bilingual in this language and/or indicate a hiring goal.

Example\*

Children's Program: Main Office Social Workers Spanish Language	
20	Total number of social workers
9	Percent of cases
2 (rounded)	Number of required certified bilingual social workers

Example\*

CalWORKs Program: Main Office (address) Spanish-Speaking Clients: 9 percent				
	Total Staff	Certified Bilingual staff required	Number of certified bilingual staff	Hiring goal
Eligibility Supervisor	7	1	0	1
Eligibility Workers	28	3	0	3
Receptionists	2	1	1	0

For programs that do not serve a substantial number of non-English-speaking applicants/recipients, show programs by title and enter the number of bilingual staff in

\* See footnote on previous page.

each occupational category or job classification. Provide a brief narrative describing your procedure for providing bilingual services to these persons.

Use the following format to report statistics on staffing requirements:

Example\*

CalWORKs Program: Main Office (address)			
	Total Staff	Number of certified bilingual staff	Hiring goal
Eligibility Supervisor	7	0	0
Eligibility Workers	47	2	4
Receptionists	2	1	1

- C. A listing of languages spoken by certified bilingual public contact employees in each office, listing office, program, occupational group or job classification and number of employees must be maintained on a current basis in each office and attached to this Annual Plan update. Report only staff who are actually available to provide interpreter or bilingual services (e.g., do not list staff whose job description, union contract, workload, etc., prevent them from interpreting).

Format for this listing:

Example\*

Main Office			
Language	Occupational Group or Service Classification	Number	Total
Tagalog	Social Worker	1	
	Clerk	2	3
German	Eligibility Worker	3	
	Assessment Worker	1	
French	Eligibility Worker	1	
	Clerk Receptionist	1	2

(List any other language skills not shown above for each office)

### **Section IX. Significant or Proposed Program and Facility Changes**

Summarize any significant program, policy and/or facility changes that your agency is planning to implement in the upcoming year or has implemented in the previous year that could or did have a major impact on the civil rights of clients to receive meaningful and effective access to programs and services and for which you will be or were required to perform an impact analysis as required by Division 21 in the Section entitled County Civil Rights Impact Studies. Include the following information about prior and proposed changes:

1. Name of program, activity, and/or location impacted.
2. Description of changes, addressing the major impacts of the changes in service delivery,

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\* See footnote on page 10.

- such as office closures, office relocations, newly-leased offices, new automation systems, pilot programs, newly-constructed facilities.
3. Policy and procedures to identify major impacts of these changes and provide a plan of action to correct any identified consequences which would negatively or disproportionately affect clients in your delivery of services.
  4. Copy of any consent decrees, complaint resolutions, or federal, state or county agreements that address actions to be taken by the county in response to a civil rights complaint. Any required reports submitted in the reporting year may be reviewed during a compliance review.

### **Section X. Accessibility of Offices**

Section 21-111 requires that individuals with disabilities may not be excluded from programs and activities because buildings in which the programs or services are provided to applicants/recipients are inaccessible. However, providers need not alter inaccessible buildings if they provide alternative methods that would be equally effective in making programs and activities accessible to individuals with disabilities, such as using other locations or home visits, with prior written approval from CDSS. This requirement includes accessibility to facilities or services operated and delivered by contractors.

However, counties must ensure that newly-constructed or newly-leased buildings and facilities used by applicants/recipients are free of architectural and communication barriers that restrict access or use by individuals with disabilities.

- A. Submit the following information on all facilities used by applicants/recipients:
  1. List all offices, including district, satellite, one-stop and shared offices, showing addresses and programs provided. Indicate if these facilities are county owned or leased. In leased offices, indicate whether you have executed an Assurance of Compliance Agreement, a contract with equivalent language, or a Memorandum of Understanding with the building owner which includes contractual provisions for compliance with all civil rights laws and regulations.
  2. Describe building accessibility by means of public transportation to county buildings and other offices applicants/recipients must visit.
  3. List any offices that are inaccessible, including street addresses and programs provided. Describe the problem that prohibits accessibility for each location and the plans for correction or alternative methods for providing the program, service or activity, including signage or other effective notification to indicate accessibility by alternative method.
- B. Provide a list of all facilities, including address and programs provides, which are or were accessed by applicants/recipients that:
  1. Were closed during the previous plan year;
  2. Are expected to be closed during the current plan year;
  3. Are expected to be relocated or opened during the current plan year.
- C. Section 21-109.2 requires that in determining the location of a facility, counties shall not make selections which have the effect of excluding individuals from services or programs. For any new or relocated offices, list policy and procedure for ensuring the following:



1. Services are provided in a manner equally as effective as were provided in the central facility;
2. A determination is made regarding other alternative services that will remain in the area and the effect of the proposed relocation on the community;
3. The availability of transportation (public and private) used by the recipient population; and
4. A building is selected that is accessible to individuals with disabilities and persons who are elderly.

## **Section XI. Staff Development and Training**

Section 21-117 requires staff development and civil rights training. All public contact employees, as well as contractors, subcontractors or vendors, must be provided cultural awareness and Division 21 training. Provide the following information on civil rights and cultural awareness training conducted during the period of your prior year's Civil Rights Plan update. This should include orientation for new employees, ongoing training by the county, University of California at Davis, CDSS, etc.

- A. List each civil rights and cultural awareness training module, providing the following information:
  1. Type of training and whether training was mandatory or optional;
  2. Contents of training, either an outline or list of subjects covered or a copy of the training module;
  3. Description of how training on civil rights requirements addresses specific programs, such as application of the Multi-Ethnic Placement Act in foster care and permanent placement, interpreter services in the Cash Assistance Program for Immigrants, and auxiliary aids and services for participants in employment training programs in CalWORKs;
  4. Date(s) of training;
  5. Who provided training (e.g., University of California at Davis, county, CDSS);
  6. Number and classifications of public contact staff attending, including subcontractor staff;
  7. Hours of training;
  8. How often training is provided;
  9. How effectiveness of the training has been tested; and
  10. If training was not provided, the reasons why not.
- B. Describe plan for training proposed during the effective dates covered by this Civil Rights Plan update.
- C. Describe plan for providing "make-up" training to those staff members who did not attend the previous session.

## **Section XII. Discrimination Complaint Procedure**

Section 21-203 outlines in detail the requirements for processing discrimination complaints. Describe your policy and procedure for training staff in these procedures, and where the policies and procedures are maintained for staff reference. Describe your policy and procedures for ensuring that all applicants/recipients, including non-English-speaking and limited-English-proficient applicants/recipients as well as individuals having disabilities and individuals who cannot read or write, receive information about how to file a discrimination complaint and that they are provided with complaint forms in their primary language or alternative methods as required by Division 21. Complaint procedures for contractors should have been addressed in Section VII.

If your discrimination complaint procedure was filed in your original Annual Plan, you do not need to resubmit it each year unless there has been a change from the original.

## **Section XIII. Discrimination Complaint Log**

Section 21-203.21 requires counties to maintain a control log in which all complaints of discrimination are entered by year and date the complaint was received. Provide a listing based on the control log, including the date complaint was received, CDSS/CRB case number, basis of complaint, nature of complaint, programs involved, whether the complaint was resolved prior to entering the investigation process, the date the investigation was completed or date the complaint was resolved, and the resolution and disposition status. The period of time covered should be the Annual Plan year.

## **Section XIV. Self Monitoring**

Describe how the county is monitoring itself for compliance with civil rights laws and regulations, addressing the following:

1. Identify any barriers to civil rights compliance that were encountered in the past year.
2. Identify any problems encountered in the last year and describe how they were resolved.
3. Describe any policies and procedures that are going to be or have been implemented to ensure that problems do not recur.

## **Section XV. Non-Mandated Civil Rights Programs and Activities**

Include in this section information on any non-mandated civil rights-related programs, outreach programs, or activities, etc., your county has developed, whether ongoing or provided during the Annual Plan update year. Advise if additional programs are needed or would be provided if funding were available.

Describe any promising practices or special successes your county has experienced during the year related to civil rights compliance.

## **Section XVI. Technical Assistance**

Describe any technical assistance needed by the county to help ensure compliance with civil rights requirements. Such assistance could include helping to develop a monitoring plan for vendors and subcontractors, assisting with the development of or reviewing any training modules, assistance with adjustments to or development of a training program.

## POLICY STATEMENT

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As Director of the Los Angeles County Department of Public Social Services (LADPSS), I pledge to continue our Department's commitment to comply with all provisions of Title VI of the Civil Rights Act of 1964; the California Department of Social Services (CDSS) Division 21; and the Resolution Agreement between LADPSS and the Department of Health and Human Services, Office for Civil Rights. I assure that our Department will continue to comply in the future.

As part of the Department's initiative to enhance our services, LADPSS continues to maintain and utilize a wide range of resources in the design and implementation of programs we administer. This enables LADPSS to plan more realistically for integrating services and responding more effectively to specific needs identified by the communities we serve. LADPSS continues to introduce new technology and strategies to improve our services to individuals, children and families in Los Angeles County.

The Department's Civil Rights Section (CRS), which serves as the Central Coordinating Office, is responsible for ensuring that no practice, policy or procedure shall discriminate against any person because of race, color, national origin, political affiliation, religion, marital status, sex, age, sexual orientation, or disability. CRS is under the direction of Gloria Easley, Human Services Administrator III, and located at LADPSS Headquarters. The CRS has two Units:

- ◆ The Translation Services Unit – Assists the Department in translating forms, notices, and other documents in all LADPSS threshold languages, and ensures accuracy in a linguistically sensitive and timely manner.

The Civil Rights Unit – Monitors compliance with Title VI of the Civil Rights Act of 1964; CDSS Division 21; and terms of the Resolution Agreement. This Unit also serves as the LADPSS' Civil Rights Liaison.

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Additionally, each LADPSS district/regional office has a designated Civil Rights Liaison. The Civil Rights Liaisons work closely with CRS staff in ensuring that their respective staff attend Civil Rights training conducted by the LADPSS Academy. The Civil Rights Liaisons are also responsible for ensuring the provision of effective bilingual services without undue delays; assisting applicants and participants in filing civil rights complaints; and coordinating with CRS staff in conducting civil rights investigations and monitoring.

CRS continues to work closely with the LADPSS' Americans with Disabilities Act Coordinator to provide the best possible assistance to persons with disabilities in accessing our programs and facilities. LADPSS is committed to continuing efforts to improve accessibility, especially in our older or relocated facilities.

Our Fiscal Year (FY) 2011-12 Civil Rights Plan details LADPSS' current Civil Rights related activities and focuses on planned activities for FY 2011-12. LADPSS continues to provide Civil Rights training to all of its employees. The Department has also provided Civil Rights training to staff from other departments and agencies contracted by LADPSS to provide services to LADPSS participants. The Department also continues to utilize the Civil Rights Training Video which was released in July 2009. This video focuses on effective provisions of language services without undue delay to Limited English Proficient (LEP) and non-English speaking applicants and participants. This video was distributed to all LADPSS public contact offices for use as a training resource and is included in our Civil Rights induction/transitional/refresher training program provided to all LADPSS and contracted agency public contact staff.

CRS continues to participate in the departmental Threshold Language Project. The purpose of this project is to translate all LADPSS forms into the departmental threshold languages and make these forms accessible electronically through our Los Angeles Eligibility, Automation Determination, Evaluation and Reporting (LEADER) System. On July 1, 2009, CRS expanded its Translation Unit to help complete Phase I of the Threshold Language Project by December 31, 2009. Currently LADPSS is in Phase II of the Threshold Language Project. As of February 2011, CRS staff has translated 2,324 forms, tables and notices of action in ten threshold languages.

Customer Service and Diversity Training initiated in FY 2000-01 continues to be presented to all LADPSS managers, supervisors and line staff. This training emphasizes departmental policy that all employees and participants are to be treated with respect and appreciation for their unique and diverse human characteristics. Training sessions will continue to be provided to all supervisors, line staff, and newly hired employees.

LADPSS continues to foster a comprehensive Welfare-to-Work strategy aimed at ensuring the LEP, non-English speaking, and persons with disabilities participate meaningfully in the CalWORKs program and achieve self-sufficiency. LADPSS remains committed to implementing appropriate remedies to assist LEP, non-English speaking, and persons with disabilities who have not been afforded appropriate assistance.

I will continue to enhance the credibility and integrity of our Department in providing nondiscriminatory services to the public. I will take necessary measures to ensure that we continue to maintain the Department's long-standing record of compliance with Civil Rights mandates.



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Philip L. Browning, Director  
Department of Public Social Services

## ASSURANCE OF COMPLIANCE STATEMENT

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ASSURANCE OF COMPLIANCE  
WITH THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES  
Name of County Welfare Department  
(Hereinafter called the "Agency")

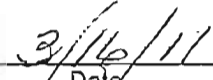
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Food Stamp Act of 1977 - Section 272.6, the Americans with Disabilities Act (ADA) of 1990, Government Code (GC) Section 11135 and California Code of Regulations (CCR) Title 22 Section 98000 - 98413, Title 24 of the California Code of Regulations, Section 3105A(e), the Dymally-Alatorre Bilingual Services Act, Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and State laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR), Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall, because of race, color, national origin, political affiliation, religion, marital status, sex, age or disability, be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination, under any program or activity receiving federal or State assistance; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and State assistance; and THE AGENCY HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the agency agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or this issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the agency directly or through contract, license, or other provider services, as long as it receives federal or State assistance, and shall be submitted annually with the required Civil Rights Plan Update.

  
Philip L. Browning, Director

  
Date

Los Angeles County  
Department of Public Social Services  
12860 Crossroads Parkway South  
City of Industry, CA 91746-3411



# **APPENDIX D**

## **Civil Rights Reference Guide**

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

**CIVIL RIGHTS DESK REFERENCE GUIDE**



CIVIL RIGHTS SECTION

**CIVIL RIGHTS DESK REFERENCE GUIDE**  
**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**CIVIL RIGHTS SECTION**

**(REVISION – JULY 2010)**

**NOTICE TO STAFF:**

**THIS IS A DESK REFERENCE GUIDE**  
**IT IS NOT FOR DISTRIBUTION TO**  
**APPLICANTS/PARTICIPANTS**

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## **WHAT YOU MUST KNOW**

- 1) Discrimination is against the law. Participants cannot be discriminated against due to their race, age sex, national origin, language, disability or any other reason.
- 2) Department of Public Social Services (*DPSS*) programs and services are available to all persons regardless of age, color, disability, marital status, national origin [this includes persons who do not speak English or are Limited English Proficient (*LEP*)], political affiliation, race religion or sex. Applicants/participants are protected under many Federal and State laws against discrimination in the delivery of program benefits.
- 3) National origin discrimination includes discrimination against individuals who are non-English speaking or LEP by not affording them equal access and a meaningful opportunity to participate in all DPSS Programs and services. Workers must be able to effectively communicate with non-English speaking or LEP individuals.
- 4) DPSS must effectively communicate with LEP participants through the use of bilingual staff, qualified interpreters or DPSS' contracted telephone interpreter service provider. Effective May 3, 2009, Open Communications International (*OCI*) is the new Los Angeles County over-the-phone language services provider.
- 5) Non-English speaking and LEP applicants/participants are entitled to free interpreter services and not required to provide their own interpreter at anytime (i.e., in applying for public assistance, or during future contact with the department). DPSS public contact staff may use certified bilingual staff, or contracted over-the-phone interpreter service providers, such as OCI to meet the needs of its applicant/participants.
- 6) A family member or friend may be used as an interpreter only after an applicant/participant has been informed of his/her right to free interpreter services and the person declines such services and requests to use a family member or friend. Use of a family member or friend to interpret must be documented in the applicant's/participant's case record. The use of minors as interpreters is strongly discouraged, except in emergency situations, at the applicant's/participant's request and without undue delay to the participant. When a person uses his/her own interpreter a DPSS bilingual employee must ensure the interpreter is competent and that all information is accurately conveyed.

## **WHAT YOU MUST KNOW – (Continued)**

- 7) DPSS has a Telecommunication Device for the Deaf (*TDD*). The TDD allows deaf or hearing-impaired persons to communicate with the Department via other TDD machines. The TDD toll-free numbers are (800) 735-2929 and (800) 735-2922. See page 16 of this Civil Rights Reference Guide for additional information regarding TDD and the California Relay Service for the deaf or hearing-impaired.
- 8) DPSS can arrange for certified American Sign Language (*ASL*) interpreters.
- 9) Writing notes to a deaf or hard of hearing person must be limited once you have established what form of communication he/she prefers. Unless there is no other alternative, writing notes to a deaf or hearing-impaired person is not considered an effective method of communication.
- 10) Reception staff, including Information Workers and Safety Police Officers/Security Guards, is responsible for identifying individuals with noticeable disabilities, such as individuals using wheelchairs, walking canes, crutches, leg/arm braces or other assistive devices, upon entry to the facility. Refer these applicants/participants immediately to the appropriate personnel who will help them through the application process, when necessary.
- 11) Alcoholics, drug addicts, mentally and physically-impaired persons are considered by law to be disabled and entitled to the same benefits and services that are available to all other applicants/participants.
- 12) Politeness, respect and sensitivity may help reduce the number of complaints of discrimination from applicants/participants who feel they were not treated with proper respect.
- 13) Individuals who feel they have not been treated fairly should be assisted in filing discrimination complaints. No individual who wishes to file a complaint should be discouraged from doing so. Rather, staff must provide the person with the appropriate complaint form and assist him/her in completing it, if necessary, and forwarding it to the appropriate DPSS staff.
- 14) Food Stamp applicants/participants may file complaints of discriminatory treatment directly with the U.S. Department of Agriculture, Food and Nutrition Service, Office of Civil Rights-Western Region, 907<sup>th</sup> Street, Suite 10-100 San Francisco, CA 94102.

## **WHAT YOU MUST KNOW – (Continued)**

- 15) Civil Rights information is available in large print, audio, Braille, and electronic formats. These materials should be readily available in all public-contact areas to applicants/participants who request it.
  
- 16) The name and role of the Department's Civil Rights Coordinator (*CRO*). Currently, the Department's CRO is Robert Miletich, ASM III. As mandated by Federal authorities, the CRO is responsible for overseeing and supervising all aspects of Civil Rights compliance to ensure that the non-English speaking and LEP population have meaningful and equal access to all programs and services. This includes coordinating the translation of forms from English into the threshold languages; assisting with language appropriate outreach efforts; serving as liaison in meeting with high-level State and federal Civil Rights staff to ensure all existing and new applicable rules and regulations are implemented and compiled within a timely manner; and serving as liaison in meeting with community agencies, legal advocates and immigrant groups.

## WHAT YOU MUST DO

- 1) Protect all persons' Civil Rights by treating them with courtesy and fairness and providing them a meaningful opportunity to participate in all of the DPSS services and programs.
- 2) Include the PA 2457, "*Civil Rights Information Notice*," and the PUB 13, "*Your Rights Under California Welfare Programs*," in the appropriate language in each intake and redetermination/recertification packet. Public contact staff should give and explain the forms to applicants/participants at face-to-face intake and redetermination meetings.

For programs not requiring face-to-face contact at recertification, the forms shall be included in the packet that is mailed to the participants.

- 3) Provide Civil Rights information to all interested persons, including persons with impaired vision or hearing, or other disabling conditions.
- 4) Make provisions for the special needs of the disabled. If a face-to-face contact is needed with a mobility-impaired disabled applicant/participant, a home call will be necessary if the County Office/building does not have adequate access for the disabled. If a disabled applicant/participant is homebound and cannot come into the office, arrangements for a home call shall be made. When disabled individuals come into the office, their services must be expedited.
- 5) Immediately request a certified sign language interpreter for a deaf or hard of hearing person, when needed.
- 6) Inform all deaf or hard of hearing participants in your building of the availability of the TDD machine and the California Relay Service.
- 7) Recognize the need for interpreter services or bilingual workers and immediately request bilingual assistance for LEP individuals. Participants must not experience delays or be asked to provide their own interpreters. Document the use of friends and family members as interpreters in the case record.
- 8) Document the preferred language of all applicants/participants as specified in the Civil Rights and Language Services (CRLS) Handbook Chapter III, *Effective Communication*. Determination of the applicant's/participant's preferred language shall be made by the applicant/participant.



### **WHAT YOU MUST DO – (Continued)**

- 9) Use applicable foreign language forms for non-English speaking applicants/participants when requested, as available. If translated materials are not available, then you must arrange to provide oral translation of all applicable forms.
- 10) Document any case action on the LEADER Case Comments Screen, the GEARS “Maintain GAIN Participant Activity Comment” (*MGPA*) screen or on the IHSS “Record of Service Activity” (*PA 1955*) form, as appropriate.
- 11) Provide interpreter services for non-English speaking and/or LEP individuals without undue delay. The DPSS hierarchy of oral interpretation (methods of communication) is as follows: 1) Bilingual Workers within the office, which can be located using the office roster; 2) Bilingual Workers within DPSS, which can be located using the Bilingual Resource Utilization Database System; and 3) Paid Interpreters from the County’s over-the-phone language services provider, such as OCl.
- 12) Staff should assist any person who feels he/she has been discriminated against to file a complaint if he/she wishes to (even if you think it is silly). Public contact staff, Appeals and State Hearings (*ASH*) workers and supervisors must provide applicants/participants with the PA 607, “*Complaint of Discriminatory Treatment*,” form prior to making a referral to the office Civil Rights Liaison. This will allow the applicant/participant to decide whether to file his/her complaint in the office or directly with the Civil Rights Section. An applicant/participant should not have to wait to see a Civil Rights Liaison in order to file a complaint.

## HANDLING COMPLAINTS

What you should do if an applicant/participant complains that he/she has been discriminated against:

Give all persons who want to file a Civil Rights complaint a *Complaint of Discriminatory Treatment* (PA 607) form. Applicants/participants are not required to disclose the nature of their Civil Rights complaint in order to obtain a PA 607.

### Public Contact Non-supervisory Staff

Should provide a PA 607 to the complainant. Refer the complainant to the respective supervisor or directly to the office's Civil Rights Liaison. **Complainant may also be referred directly to the Civil Rights Section at (562) 908-8501.** The PA 90, "Important Notice," procedures do not apply to discrimination complaints.

### Appeals and State Hearings Section

Should provide a PA 607 to the complainant and assist him/her in completing this form, if requested. Forward the PA 607 to the Civil Rights Section for investigation. **Complainant may also be referred directly to the Civil Rights Section at (562) 908-8501.** The filing of a discrimination complaint does not affect the right of the applicant/participant of a federal or State-funded program to request a State hearing.

### Public Contact Supervisory Staff

Should provide a PA 607 to the complainant. Assist the complainant in completing this form, if requested. Refer the complainant to the office's Civil Rights Liaison. **Complainant may also be referred directly to the Civil Rights Section at (562) 908-8501.** The PA 90, "Important Notice," procedures do not apply to discrimination complaints.

### Civil Rights Liaison

Should provide a PA 607 to the complainant. Verbal complaints must also be accepted. Applicants/participants are not required to disclose the nature of their complaint in order to obtain a PA 607. Assist the complainant in completing this form, if requested. Record the complaint on the "Discrimination Complaint" log.

## **HANDLING COMPLAINTS – (Continued)**

Attempt an early resolution of issues other than discrimination (example: eligibility or courtesy issues). **DO NOT** attempt to conduct civil rights investigation. Forward all completed PA 607s for investigation to:

Civil Rights Section  
12860 Crossroads Parkway South,  
City of Industry, California 91746.

**Complainant may also be referred directly to the Civil Rights Section at (562) 908-8501.**

### **Civil Rights Section**

Should conduct a thorough investigation of the allegation of civil rights discrimination within 60 calendar days from the receipt of the complaint. Send the results of investigation to California Department of Social Services (CDSS) or other appropriate State/Federal Agencies for evaluation and approval. Once approved, notify the appropriate Office Heads and the respective complainant of the findings.

Applicants/participants may file their civil rights complaints directly to the following agencies:

#### **U.S. Department of Health & Human Services**

Office of Civil Rights  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, California 94102  
Telephone No.: (800) 368-1019

#### **California Department of Social Services**

Civil Rights Bureau  
744 P Street, M.S. 8-16-70  
Sacramento, California 95814  
Telephone No.: (866) 741-6241

#### **U.S. Department of Agriculture**

##### **Food & Nutrition Services**

Office of Civil Rights – Western Region  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, California 94102  
Telephone No: (888) 271-5983

## **ASSISTING LIMITED ENGLISH PROFICIENT INDIVIDUALS**

In accordance with CDSS Division 21 Regulations, DPSS must take reasonable steps to ensure that services are provided to applicants/participants effectively in their preferred language for verbal and written communications, without undue delay. *“It is always the county’s obligation to affirmatively offer interpretive services.”* DPSS must:

- 1) Accurately identify the preferred language of the non-English speaking and LEP applicants/participants and offer free interpreter services at initial intake, each contact, and at redetermination. An applicant/participant has the right to designate his/her preferred language.
- 2) Assist the individual in identifying his/her preferred language and the following material may be utilized in doing so:
  - “Can We Help You?” poster - This poster must be prominently displayed in all public contact offices’ reception areas at all times. It informs the public that free interpreter services are available and directs them to the information window for interpreter assistance.
  - Language Identification Card - The Language Line Services (LLS) Language identification Card (commonly referred to as the “I Speak” or “Yellow” card) contains an extensive list of languages with translation in respective non-English languages directing the applicant/participant to point to his/her preferred language.
- 3) Follow the hierarchy of oral interpretation (methods of communication):
  - Bilingual Workers within the office who can be located using the office roster;
  - Bilingual Workers within DPSS who can be located using the Bilingual Resource Utilization Database System; and
  - Paid Interpreters from the County’s over-the-phone language services provider, such as OCI.
- 4) Assist all applicants/participants in completing the PA-481, “Language Designation,” form and explain the purpose of the form.
- 5) Ensure all bilingual/interpretive services are provided entirely in the participant’s preferred language. English words or phrases must not be inserted unless there is no corresponding word or phrase in the participant’s preferred language.
- 6) Assign non-English speaking/LEP cases to the appropriate bilingual worker when available. Bilingual workers for a specific language must be available if that specific language is 5% or higher of the total caseloads in that particular district office or program.

**ASSISTING LIMITED ENGLISH PROFICIENT INDIVIDUALS –**  
**(Continued)**

- 7) If the appropriate bilingual worker is not available, the assigned worker must ensure that effective language services in the participant's designated language is provided without undue delay. This can be accomplished by using appropriate bilingual workers from another DPSS offices or contacting the DPSS contracted over-the-phone interpreter. This shall be done whenever the applicant/participant needs to communicate with the DPSS office and vice-versa.
- 8) Utilize the contracted over-the-phone interpreters, if qualified bilingual DPSS employees are not available. Effective May 3, 2009, OCI is the Los Angeles County's new over-the-phone language services provider.
- 9) NOT ask strangers to act as interpreters NOR ask non-English speaking/LEP individuals to use family members or friends to interpret for them.
- 10) NOT use minors (someone under age 18) as interpreters except under extenuating circumstances. The usage of the minor as interpreter and the nature of the extenuating circumstances must be documented.

**PARTICIPANT-PROVIDED INTERPRETERS**

If participants choose to provide their own interpreter during application and recertification, staff must inform and document in the case record that they informed the participants of the following in their preferred language:

1. Participant's right to interpretive services without undue delay.
2. Potential problems of using the participant's own interpreter, including the possibility of ineffective communication, conflict of interest, and inaccurate interpretation.
3. The need to disclose private/confidential information to the participant-provided interpreter.
4. The availability of County-provided interpretive services when the participant-provided interpreter is not available.
5. Participant's right to switch from a participant-provided interpreter to a County-provided interpreter at anytime.

**Once the participant has been informed of the above and the case record is documented, staff do not have to inform the participant again until recertification.**

## **ASSISTING LIMITED ENGLISH PROFICIENT INDIVIDUALS –** **(Continued)**

If the participants elect to use their own interpreter or when interpreters other than DPSS employees are used, a PA 481-A, “*Interpreter Services Statement & Confidentiality Agreement*,” must be completed and signed by participants to obtain their consent for release of information (see Chapter III of the Civil Rights Handbook). The non-DPSS employee interpreters must also sign this PA 481-A as a confidentiality agreement stating that as interpreters, they agree to keep information confidential. The completed and signed PA 481-A form must be maintained in the case file.

**There is no need to complete and sign a new PA 481-A, if the participants use the same participant-provided interpreter during subsequent contacts. If it is a new participant-provided interpreter, a new PA 481-A must be completed and signed.**

As recommended by the Federal Health and Human Services non-English speaking (NE)/LEP guidelines, when participant-provided interpreters are used, staff must:

1. Take reasonable steps to ensure that participant-provided interpreters are competent and appropriate in light of the circumstances and subject matter.
2. Ensure non-departmental interpreters are capable of interpreting the information.
3. Arrange for a Departmental qualified interpreter to assist, if the worker is uncertain that the participant-provided interpreter is accurately and effectively translating the conversation.

### **CHANGE IN LANGUAGE DESIGNATION**

**Verbal** requests made by applicants/participants to change their designation of their preferred spoken/written languages are to be acted upon immediately. Action should not be delayed for receipt of the PA 481 or any other written request. When a participant requests to change his/her primary language preference but is unavailable to complete and sign the PA 481 for the new designated language, the case-carrying worker should **immediately:**

1. Change the LEADER code into the appropriate language preference requested by the participant to ensure that all NOAs go out in the new designated language.
2. Ensure that a new PA 481 is completed reflecting the new designated language. However, under no circumstances should a participant be required to come in for the sole purpose of completing a new PA 481.
3. Provide an interpreter if unable to transfer the case to a bilingual worker who speaks the participant’s new designated language.
4. **DOCUMENT** how the changes were handled to provide effective bilingual services.

## **ASSISTING LIMITED ENGLISH PROFICIENT INDIVIDUALS –** **(Continued)**

### **REQUIRED DOCUMENTATION**

Staff must document the following when case files are initially started (initial contact, when application received or at intake); yearly redetermination/recertification; and at any time the participants request a change in either their verbal or written language preference.

1. The NE/LEP participants were offered free language services, in their preferred language for oral and written communications.
2. The NE/LEP participants' acceptance or denial of the Department's offer for free language services.
3. The NE/LEP participants' self-selected preferred language for both verbal and written communications (these will not necessarily be the same).
4. The verbal interpretation method used for NE/LEP participants with those written materials that were not available in their preferred language.
5. The language that was used in providing services and who provided the interpretive services (bilingual worker, contracted interpreter, participant-provided interpreter, etc.).
6. If a participant is assigned to a worker that provided the services, the name of the worker should be documented as well.

The documentation entry does not require a lengthy detailed narrative. The concurrent usage of the PA 481 and PA 481-A forms can serve the purpose of documenting the above information (see Civil Rights Memo #09-03, dated 7/2/09, "*Documentation of Interpretive Services*" at Appendix E of the Civil Rights Handbook). A notation in the LEADER case comments referencing these two forms is recommended.

### **CONTRACTED LANGUAGE SERVICES PROVIDERS**

Completion of the PA 481-A is not required if County contracted language services providers such as Open Communication International, Inc. are utilized.

### **DOCUMENTATION AT REDETERMINATION/RECERTIFICATION**

Language information documented during intake, which includes signed PA 481 and PA 481-A forms, must be updated during subsequent redetermination/recertification. For programs that do not require redetermination/recertification, language information must be updated at the first contact with participants following the one-year anniversary of the last update. This must be documented in the participant's case record.

### **ACCEPTANCE OR REFUSAL OF FORMS/OTHER WRITTEN MATERIAL**

As mentioned earlier, staff must document the participants' acceptance or denial of the Department's offer of free language services. This includes documenting the participants' reason for refusal of written translations in their preferred language.

**ASSISTING LIMITED ENGLISH PROFICIENT INDIVIDUALS –**  
**(Continued)**

**DOCUMENTING SUBSEQUENT PARTICIPANT CONTACTS WITHOUT ASSIGNED BILINGUAL WORKER**

If a participant previously requested an interpreter, but the case was assigned to a worker who does not speak the participant's preferred language, no program-related conversation with the client should be conducted until qualified interpretive services are available. This would include any public contact staff, whether in person or on the phone, who has a substantive contact with the client. Substantive contacts are defined as contacts in which benefits, services, setting of appointments, rights or responsibilities are discussed.

Documentation must include:

1. The name of the worker providing the services;
2. The language in which the services were provided; and
3. The nature of the information provided.

**The PA 481-A can be used as documentation. A narrative of the nature of information can be documented in the case comments.**



## **SERVICES FOR THE DEAF & HEARING IMPAIRED**

### **Telecommunication Device for the Deaf (TDD):**

- The TDD is an electronic teletypewriter which enables deaf or hard of hearing persons to communicate via the telephone with other agencies or persons who have TDD machines.
- The TDD may be used as a tool to assist applicants/participants in scheduling eligibility appointments and to assist in handling other eligibility matters.
- Easy to use instructions on how to operate the TDD are located near the machine.
- The TDD toll-free numbers are (800) 735-2929 and (800) 735-2922.

### **CALIFORNIA RELAY SERVICE:**

- Free intrastate relay service for deaf and hearing impaired individuals that permits voice callers to communicate with people who may or may not have a TDD. The relay service also permits people using computers instead of TDDs to communicate with callers.
- Voice callers may use (800) 735-2922 and computer callers may use (800) 735-0091.

### **AMERICAN SIGN LANGUAGE (ASL):**

- The Americans with Disabilities Act (*ADA*) and the CDSS Division 21 Regulations require DPSS to ensure effective communication with participants.
- Effective communication with individuals who are deaf or hearing impaired is usually achieved through the use of a qualified sign language interpreter.
- When an applicant/participant indicates a need for a sign language interpreter, find out if he/she can communicate in ASL. Not all deaf or hard of hearing person's are skilled in ASL, for example, some may finger-spell and have a limited ability to write words in English.
- If a participant or a person who is deaf or hard of hearing requires a qualified interpreter, the Office Head or Administrative Staff must contact the Human Resources Division, DPSS ADA Coordinator at (213) 639-5936 or (213) 639-5916.

## **SERVICING PERSONS WITH LEARNING DISABILITIES**

Learning Disabilities have been included under Title II of the ADA of 1990, Section 504 of the Rehabilitation Act of 1973, and Division 21 Section 109, as a basis of discrimination. However, not until the Office for Civil Rights (OCR) released policy guidance entitled "Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF," dated January 19, 2001, was learning disability emphasized as a barrier for TANF recipients to obtain employment. As a result, CDSS issued All County Letter (ACL) No. 01-07, dated 01/03/07. According to this ACL, a learning disability "interferes with the participant's ability to obtain or retain employment or enter and participate in the CalWORKS program." Therefore, public contact staff shall ensure that participants with learning disabilities are always afforded equal access and reasonable accommodations with respect to the information noted below:

- Applicants/participants who have learning disabilities shall be afforded the same opportunity to access CalWORKS or Welfare-to-Work (WtW) services as those who do not have disabilities.
- Reasonable accommodations shall be made for individuals with learning disabilities unless such changes affect the nature of the program and/or are not economically feasible.
- CalWORKS participants with possible learning disability conditions must be screened.
- Currently the screening tool used to assess individuals with learning disabilities is only available for English-speaking participants, pending the translation of this tool to other languages; therefore, all other participants whose primary language is not English are not mandated to take the learning disability screening.
- Applicants/participants have the right to waive the learning disability screening. This action shall not result in sanction or reduction of benefits.
- Applicants/participants have the right to voluntarily self disclose information.
- Once the participant completes the learning disability evaluation, it should be made part of the participant's WtW activity plan.

## **IMMIGRANT ISSUES**

Immigrant concerns are very important to the Department in achieving its overall mission to effectively serve everyone in need. By staying abreast of current immigrant issues as well as departmental policies, public contact staff will be able to render quality customer service.

In a continuing effort to effectively respond to immigrant issues, DPSS is committed to having its staff involved in activities such as:

- Public Charge Campaign
- Immigrant Sensitivity Training
- Designated Office Immigrant Liaisons
- Victims of Trafficking and Violence Protection Act of 2000, which includes the Violence Against Women Act (VAWA)
- Participants must not be discouraged from applying for benefits due to their immigration status or immigrant issues.

You may contact your Civil Rights Liaison, Immigrant Liaison or the Civil Rights Section with questions regarding immigrant issues in the performance of your job.

## **FREQUENTLY ASKED QUESTIONS**

The questions (“Q”) below are examples which are frequently asked by public contact staff. They have been addressed with corresponding answers (“A”).

Q: What should I do if a non-English speaking/LEP person comes into the office speaking a language not spoken by our lobby staff?

A: First, try to identify the language by using the “Can We Help You” poster, and/or the “I Speak” card. If successful in identifying the language, find the appropriate bilingual speaking worker within the office to interpret for the non-English speaking/LEP person without undue delay. If the appropriate bilingual worker is unavailable in your office, contact your Office’s Civil Rights Liaison, who will locate the appropriate bilingual employee within the department using the Bilingual Resource Utilization Database.

If the non-English speaking/LEP person’s language could not be identified or if a DPSS appropriate bilingual worker is unavailable, the office’s Civil Rights Liaison should contact OCI at 866-4LANGUAGE, for immediate assistance.

Q: What do I have to do if the language spoken is not a threshold language (*Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese*) such as Farsi? Is it okay to have the person bring in an interpreter?

A: Follow the same procedures outlined above. Participants are not required to provide their own interpreter, even if they speak a non-threshold language. In fact, DPSS strongly discourages the use of family or friends as interpreters due to the increased likelihood of communication errors.

Q: How do I deal with monolingual speakers when they call me and I don’t know the language they speak?

A: Ask your Civil Rights Liaison to call OCI to obtain help in identifying the language and providing interpreter assistance to the monolingual speaker without undue delay.

Q: How can I find out what Notices of Action (NOA) have been translated to ensure the proper NOA is sent to someone who doesn’t speak English or Spanish?

## FREQUENTLY ASKED QUESTIONS (Continued)

- A: If the appropriate NOA is in “queue” via the LEADER Threshold Language Correspondence Queue, it should be printed, manually completed and then mailed to the applicant/participant. You may also search for any appropriate NOAs via the “Threshold Language Correspondence Search” screen in LEADER. If you are unable to find the proper Threshold language NOA in LEADER, refer to your office’s multi-volume Exemplar Handbook for a listing of available translated materials.
- Q: How do I ensure that the right NOA goes out from LEADER to a LEP applicants/participants?
- A: Check that the LEADER Case Profile or Case Summary screens properly reflect the applicant/participant’s spoken and written language preferences selected on their signed (PA 481) form.
- Q: How do I assist a deaf or hard of hearing person?
- A: By ensuring the deaf or hard of hearing person is provided an ASL interpreter without undue delay. Requests for interpreters are made by contacting the Human Resources Division.
- Q: If a participant complains to me about discriminatory or differential treatment, what should I do?
- A: Provide the participant with PA 607 form in the participant’s preferred language. Also provide the names and contact information of the DPSS Departmental Civil Rights Coordinator and office’s Civil Rights Liaison. **NOTE:** A narrative of any applicant/participant interaction should always be documented in LEADER case comments (or the appropriate program’s established procedure for case documentation).

## **GLOSSARY OF COMMONLY USED TERMS**

**Access for Infants and Mothers (AIM)** - A program that offers pregnant women free prenatal visits, hospital delivery and full health care services for mother and child during pregnancy and up to sixty days after.

**Accommodation** – A term used for a job or facility modification for a disabled person. The process of removing barriers (structural and non-structural) that deny any person, including individuals with disabilities, equal access to public facilities, services and communications. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of a non-structural barrier is a lack of translated informational materials in an office reception area.

**Activity Assignment** - Describes the process through which applicants and participants are scheduled to take part in a component of the Greater Avenues for Independence (**GAIN**) program.

**Americans with Disabilities Act (ADA) of 1990** - Prohibits discrimination based on disability. Expands on Section 504 of the Rehabilitation Act of 1973 and requires private organizations to comply.

**Adjust** - To increase or decrease benefits (grant, Food Stamps, Medi-Cal) due to a change in circumstances.

**Affidavit** - A sworn legal document used by applicants/participants to make statements that may affect their eligibility for benefits.

**Aid** - Cash assistance or other benefits provided to a participant.

**American Sign Language (ASL)** - The method of communication used by some deaf and hearing-impaired applicants/participants.

**Appeals** - The right of applicants/participants to contest any decision made by DPSS that impact their eligibility for benefits. DPSS staff must assist individuals to file an appeal. Appellants are entitled to a Fair Hearing in front of an impartial decision maker. Appeals are heard by independent Administrative Law Judges employed by the State (or General Relief Program staff at the level of supervisor or higher).

**Applicant** - An individual applying for various DPSS services.

**Approval** - A confirmation of the eligibility of applicants for DPSS services.

**Appeals and State Hearings (ASH) Specialist** - A DPSS staff member who receives appeals from applicants/participants and prepare the cases for hearings.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Asylum** - Status granted to a foreign national by the U.S. Attorney General, which allows a person to stay indefinitely in the U.S.

**Authorized Representative** - An individual named by an applicant/participant to act and speak on their behalf.

**Barriers (Structural/Non-Structural)** - Barriers refer to the obstacles faced by disabled persons who experience mobility issues. This includes obstructions that prevent applicants/participants from achieving self-sufficiency and which deny persons, including individuals with disabilities, equal access to public facilities, services and communications. Examples of these barriers include illiteracy, Limited English Proficiency, domestic abuse, substance abuse, mental health issues, etc. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of a non-structural barrier is a lack of translated informational materials in an office reception area. An applicant/participant who is a victim of domestic abuse is an example of someone who is prevented from achieving self-sufficiency.

**Beneficiary** - An applicant/participant receiving any type of Medi-Cal Coverage.

**Benefits** - Any DPSS cash aid or supportive service (CalWORKs, Food Stamps, GR, Medi-Cal, IHSS, etc.) applied for or received by an applicant/participant.

**Bilingual** - An individual fluent/proficient in speaking, writing and reading both the English language and a foreign language.

**Bilingual Resource Utilization Database** - Previously, a Lotus Notes-based system which is now available on the ORACLE platform. It was implemented to allow authorized staff electronic access to bilingual employees throughout the department. The Bilingual Resource Utilization Database replaced the former paper-bound Bilingual Resource List (BRL) and eliminated its quarterly distribution process.

**Braille** - A system of writing and printing for visually impaired or sightless people; characterized by raised dots on paper.

**Cal-Learn** - A component of the GAIN program that offers pregnant and/or teen parents under the age of 19 incentives to finish their high school education as well as providing various supportive services.

**California Department of Social Services (CDSS)** - A State Department responsible for the oversight and administration of programs serving California's most vulnerable residents.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**California Relay Services** – A system for communication with deaf or hard of hearing persons via an 800 number.

**California Work Opportunity and Responsibility to Kids (CalWORKs)** - A program that provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size.

**“Can We Help You?” Poster** – A DPSS poster that informs applicants/participants of the availability of free interpreter services in their language. It also serves as a tool in identifying the preferred language spoken of the non-English and Limited English Proficient individuals.

**Caretaker** - An adult who takes care of someone in the household (i.e., a child, someone elderly or disabled).

**Cash Aid** - Any monetary benefit offered as part of a program administered by DPSS.

**Cash Assistance Program for Immigrant (CAPI)** - Provides cash assistance to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (**SSI/SSP**) due to their immigration status.

**Certified Bilingual Staff** - DPSS and contract staff that meet and/or exceed the competency standards required to effectively render interpreter services to Limited English Proficient (**LEP**) and non-English speaking individuals. This includes the provision of these services in a linguistically fluent and culturally sensitive manner. The certification of bilingual staff is achieved through State approved testing methods (see definition for Qualified Bilingual Employee).

**Child Care Provider** - A licensed or unlicensed individual providing child care services for the minor children of employed and/or student applicants/participants.

**Civil Rights** - The rights and privileges afforded to all applicants/participants under State and federal law. This includes the rights and privileges afforded to LEP/non-English speaking applicants/participants.

**Civil Rights Bureau** - The entity under the California Department of Social Services that handles investigation of civil rights complaints, and monitors civil rights compliance of County Welfare Departments.



## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Civil Rights Complaint** - A formal complaint made by an applicant/participant alleging that his/her civil rights were violated.

**Civil Rights Complaint Log** - Also referred as “Discrimination Complaint Log” is a log kept in each public contact office to list and track down every complaint of discrimination filed in that office.

**Civil Rights Desk Reference Guide (PA 2456)** - A tool that contains essential aspects of Civil Rights compliance and must be used by all DPSS public contact staff to ensure that information regarding Civil Rights is readily available.

**Civil Rights Liaison (CRL)** - A DPSS manager at DPSS public contact offices or an administrator at a contracted site that handles Civil Rights related issues, including civil rights complaints.

**Civil Rights Section (CRS)** - Established as the DPSS’ Central Coordinating Office which, ensures nondiscrimination in the delivery of services as mandated by State and federal laws.

**Clinical Assessments** - Are used in the GAIN program as tools to determine an applicant’s/participant’s needs for mental health and/or substance abuse services.

**Code of Ethics** – A list of behaviors for interpreters. DPSS expects its interpreters to abide by a code of ethics. The code is a means of ensuring that interpretation and translation services are performed competently.

**Community Advisory Board (CAB)** - An advisory group of members of the public drawn from agencies with substantial experience working with immigrants and Limited English Proficient individuals. The CAB and Civil Rights Unit work together to ensure the Civil Rights obligations of DPSS are properly met.

**Community Service** - a component of the GAIN Program which allows applicants and participants to work unpaid on various community projects.

**Compliance** - an applicant/participant that willingly meets all program requirements.

**Competent Interpretation/Translation** - is achieved through certified bilingual staff who are able to effectively communicate both orally and in written form the information needed to assist individuals who are LEP and non-English speaking in obtaining equal and meaningful access to vital programs and services. DPSS has a duty to ensure that it provides competent staff for both.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Complaint of Discriminatory Treatment (PA 607) Form** – a DPSS form created for applicants/participants who feel their civil rights have been violated and wish to file a complaint.

**Component** - any activity of the GAIN program.

**Conciliation Appointment** - the third and final interview made for an applicant/participant who has failed to cooperate with GAIN program requirements.

**Contractor** – Any entity that performs work or provides services on behalf of DPSS under a contractual agreement, whose payment includes monies allocated to DPSS as federal financial assistance from Department of Health and Human Services.

**Deaf and Hard of Hearing** - Deaf refers to persons who are unable to hear well enough to rely on their hearing and use it as a means of processing information. “Hard of hearing” refers to persons with a mild-to-moderate hearing loss.

**Denial** - A refusal of benefits for applicants due to ineligibility.

**Department of Public Social Services (DPSS)** – A Los Angeles County Department that serves an ethnically and culturally diverse community through programs designed to both alleviate hardship and promote health, personal responsibility, and economic independence.

**Disabled** - Any applicant/participant who has a mental or physical impairment which substantially limits one or more major life activities and has a record of such impairment.

**Discrimination** - Any policy or procedure that denies an applicant/participant equal access to social services programs offered through DPSS. The twelve bases of discrimination are race, color, national origin, political affiliation, religion, marital status, sex, age, physical/mental disability, language preference, ethnic group identification, or sexual orientation.

**District/Regional Offices** - Those DPSS offices that provide public assistance or services to applicants/participants, such as CalWORKs, Food Stamps, General Relief, In-Home Supportive Services, Greater Avenues for Independence, and Medi-Cal.

**Diversions Payment** - Payments made to applicants/participants to prevent ongoing dependence on public assistance. Examples of this type of payment include funds for car repairs and tools for work.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Domestic Violence Services** - Services available to CalWORKs participants, who are past/present victims of abuse by an intimate partner, in order to assist them to overcome barriers to self-sufficiency.

**Dymally-Alatorre Bilingual Services Act** – A State law that requires DPSS to provide bilingual public contact staff and materials in threshold languages.

**Electronic Benefit Transfer (EBT) System** - An electronic payment delivery system used to deliver benefits to cash and Food Stamp participants and designated alternate card holders.

**Eligibility** - The process of qualifying for benefits through DPSS.

**English as Second Language (ESL)** – Whose native language is other than English.

**Ethnic Origin** - The heritage, nationality group, lineage, cultural and/or racial background of a person identifies themselves as belonging to or being a part of.

**Exemplar Handbook** – A book used by DPSS staff that has notices of action and other written DPSS materials translated in DPSS threshold languages.

**Exempt** - Defined as any item or person not included when determining eligibility or participation in any program administered by DPSS.

**Five-Year Lifetime Benefit** - As of January 1, 1998, most adults can only receive 60 months (5 years) of cash aid from CalWORKs for their lifetime. The 60 months need not be consecutive and minors will continue to be aided.

**Flex Job Club** - A GAIN program component used to allow applicants/participants employed part-time to attend job club in order to acquire full-time employment.

**Food Stamps Program** - A government program assisting low-income households by providing extra money in the form of Food Stamp benefits.

**Greater Avenues for Independence (GAIN) Program** - A program that helps CalWORKs participants prepare for and find employment. Services include job finding workshops, supervised job search, vocational assessment, remedial education, vocational skills training and work experience. Post-employment services are also available to help employed participants retain their jobs, work toward a better one and ultimately move to financial independence. GAIN also offers help with transportation, child care, special job-related expenses such as uniforms and tools, as well as domestic violence, substance abuse and mental health counseling.

## **GLOSSARY OF COMMONLY USED TERMS** (Continued)

**GAIN Employment Activity and Reporting System (GEARS)** - The computer system for the GAIN Program.

**General Relief (GR) Program** - A County-funded program that provides temporary cash aid to indigent adults and certain sponsored legal immigrant families who are ineligible for Federal or State programs.

**General Relief Opportunities for Work (GROW) Program** - Provides employment and training services to help employable GR participants obtain jobs and achieve self-sufficiency. Participants are assigned to a GROW Case Manager who will work with them to achieve their employment goals.

**Grant** – A monetary amount received on a monthly basis by a beneficiary of a cash-aid program.

**Immigrant** - A person who comes into a country to settle permanently.

**211 LA County** - Formerly known as INFO LINE of Los Angeles, a non-profit organization that assists applicants/participants in accessing essential community health and human services.

**In-Home Supportive Services (IHSS) Program** - Enables low-income elderly, disabled, or blind individuals to remain safely at home by providing funds for in-home personal care and domestic services. IHSS participants are automatically eligible for no-cost Medi-Cal.

**Intake** - The process by which an application for social services programs is evaluated and eligibility is determined.

**Interpreter** - A person who is authorized, certified, or licensed to translate orally for applicants/participants. (See also “Qualified Interpreter”)

**Interpreter Services** - Free interpreter services to LEP/non-English speaking individuals provided by DPSS and contracted language services providers.

**Interpreter Services Statement & Confidentiality Agreement (PA 481-A) form** – A DPSS form used to ensure LEP and non-English speaking applicants/participants receive effective and meaningful interpreter services without undue delay.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Language Assistance** - Services provided to all LEP and non-English speaking applicants/participants to help them be able to communicate effectively with DPSS staff or staff from its contracted agencies and access various public assistance administered by DPSS. This includes verbal language assistance (interpretation) and written language assistance (translation).

**Language Designation (PA 481) form** – Previously called “Primary Language Designation” form; a DPSS form used to provide applicants/participants with a clear choice for their spoken and written language designation.

**Language Identification “Language ID” Cards** – Formerly known as “I Speak” or “Yellow” cards, issued by Language Line Services, and used by public contact staff as a tool for identifying a participant’s preferred/primary language. This card facilitates in assisting staff secure interpreter services for the public without delay.

**LEADER** - Los Angeles Eligibility Automation Determination Evaluation & Reporting, the DPSS computer system used to determine, evaluate and report eligibility information on applicants and participants of DPSS administered programs.

**Learning Disabled** - A person with diminished cognitive abilities.

**Legal Aid/Legal Services** - Community-based organizations providing legal advice and referrals to low-income applicants/participants.

**Limited English Proficient (LEP)** - Individuals whose primary/preferred languages are other than English and have limited ability to read, speak and write English. Language assistance must be provided to them effectively and without undue delay.

**Medi-Cal** - Provides comprehensive medical benefits to low-income families with children, pregnant women, and adults who are over 65, blind or disabled. Depending on their income and resource levels, individuals/families may be eligible for a no-cost or a share-of-cost Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

**Medi-Cal Eligibility Data System (MEDS)** – The computer system used by the State in the Medi-Cal Program.

**Mental Health Services** - Services available to CalWORKs and GR participants with mental health issues in order to assist them overcome barriers to self-sufficiency.

**National Origin** – The cultural and racial background of a person, which includes a person’s birthplace, ancestry, culture or language.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Notice of Action (NOA)** - A letter provided to an applicant/participant informing him/her of a change in status in his/her eligibility for benefits.

**Needs Special Assistance (NSA)** - An applicant/participant who has a mental impairment and warrants special attention.

**Non-Compliance** - A failure on the part of an applicant/participant to cooperate fully with program requirements.

**Non-English-Speaking** - Individuals whose primary/preferred language is not English and who is unable to speak, write, or understand the English language. Effective language services must be provided without undue delay to these individuals for them to access and fully participate in various DPSS programs and services.

**Office of Civil Rights (OCR)** – The Section under United States Department of Health and Human Services Agency which monitors DPSS and provides technical assistance to DPSS on services to limited English proficient persons and other groups.

**Open Communication International, Inc. (OCI)** - An interpreter services contractor that provides over-the-phone access to interpreters, who speak over 140 languages.

**Participant** - An individual taking part in any public services/programs administered by DPSS.

**Primary Languages** - The native dialects and languages spoken by applicants and participants.

**Provider** - An individual/agency that provides child care or adult in-home services for an applicant/participant.

**Post-Employment Services** - Helps CalWORKs and GR participants retain their jobs, work toward a better one, and ultimately move to financial independence.

**Public Contact Staff** - Defined as County employees assigned to the front desk or registration counter, telephone operators, eligibility workers/supervisors, social services workers/supervisors, welfare service aids, vocational counselors, homemakers, fraud investigators and any employee providing services to applicants/participants on a continuing or as needed basis. Any DPSS or contracted employee who has direct contact with an applicant/participant.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Qualified Bilingual Employee** - An employee who is certified, through a process approved by CDSS, to be proficient in oral and/or written communication in the non-English language of the persons to be served.

**Qualified Interpreter** - An interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

**Quarterly Report (QR 7) Form** - A report form that participants are required to submit quarterly.

**Quarterly Reporting System** - A system which requires participants to submit a QR 7 for the evaluation of their program eligibility. This required reporting applies to GR, CalWORKs and Food Stamp participants, with the exception of non-monthly reporting Food Stamp households.

**Recertification/Redetermination** - The annual process in which a participant's eligibility is reassessed for the purpose of determining continued eligibility.

**Refugee** - An applicant/participant that has fled his or her country of origin due to political, religious or racial persecution.

**Refugee Cash Assistance (RCA)** - Cash assistance program for single adult refugee/asylee/Special Immigrant Visa Holders and Trafficking Victims.

**Refugee Employment Program (REP)** - REP providers provide GAIN-like services to recently arrived refugees/asylees receiving CalWORKs or cash benefits.

**REP Case Manager (RCM)** - Contracted Case Manager for the REP program.

**Sanction** - A reduction or termination of a participant's benefits due to non-compliance with program requirements.

**Self-Initiated Program (SIP)** - An approved educational plan initiated by GAIN/RITE applicants/participants on their own by enrolling themselves in a vocational training program, community college, or university prior to being enrolled into GAIN/RITE. The chosen major or educational goal must be on the approved list of careers and programs that would lead to rewarding employment approved by the Los Angeles County Board of Supervisors.

**Speech Impaired** - A term used to describe a person who is unable to use their voice normally.

## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**State Fingerprint Imaging System (SFIS)** - Formerly known as AFFIRM, this system is used to fingerprint applicants of DPSS administered program during the intake process.

**State Hearing** - A legal proceeding before a State Administrative Law Judge in which an applicant/participant challenges a decision made by DPSS that impact their eligibility for benefits.

**State Supplemental Payment (SSP)** - A State program which augments Supplemental Security Income (SSI). Both SSI and SSP benefits are administered by the Social Security Administration. The SSP program provides cash assistance to meet basic needs such as food, clothing, and shelter. Any participant that is eligible for SSP is automatically eligible for SSI. The eligibility criteria are the same for SSP and SSI.

**Supplemental Security Income (SSI)** - A federal income supplement program administered by the Social Security Administration. It is designed to help low-income aged, blind, and disabled people. The program provides cash assistance to meet basic needs for food, clothing and shelter.

**Supplemental Security Income Assistance Program (SSIAP)** - Assists physically and mentally disabled GR, CAPI and CalWORKs participants with the initial SSI application process. SSIAP focuses on obtaining an early SSI approval for participants who appear to meet SSI eligibility criteria.

**Substance Abuse Services** – Services available to CalWORKs and GR participants, who have substance abuse-related issues, in order to assist them to overcome barriers to self-sufficiency.

**Telecommunication Device for the Deaf (TDD)** - A machine that allows deaf or hearing-impaired persons to communicate with DPSS via other TDD machines.

**Teletype/Telephone Device for the Deaf (TTY/TDD)** - A telephone system used to communicate with deaf and hearing-impaired applicants/participants.

**Temporary Aid for Needy Families (TANF)** - A federal program that provides cash assistance for families with minor children for a limited amount of time. In California the program is referred to as CalWORKs.



## **GLOSSARY OF COMMONLY USED TERMS** **(Continued)**

**Threshold Language** - Those languages which have been identified as constituting 5% or more of the caseload of any program or district office. Presently, DPSS threshold languages include Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese. These languages are subject to change based on demographic changes in caseload and district office.

**TITLE VI of the Civil Rights Act of 1964** - States that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

**Violence Against Women Act (VAWA)** - Use to describe immigrant persons who may obtain "legal status" by applying with the United States Citizenship & Immigration Service (**USCIS**), formerly Immigration & Naturalization Service (**INS**), for status under the VAWA. Such persons include battered immigrants who are married to Legal Permanent Residents or United States citizens and their children, who also can get a Green Card by being approved under VAWA.

**Vocational English as a Second Language (VESL)** - Programs that help applicants and participants with limited English language abilities develop vocational skills and acquire English while learning on the job.

**Vocational Training** – Any activity involving applicants/participants that includes instruction in subjects that develop work skills leading to employment and eventual economic self-sufficiency.

**Welfare Fraud Prevention and Investigation (WFP&I) Section** – The DPSS Section that handles investigations of welfare fraud allegations, determines the amount of and seeks restitution for fraudulent cash overpayments and Food Stamp over issuances. The Department has three 24-Hour Fraud Hotlines available to the residents of Los Angeles County to make immediate and anonymous reports of any kind of fraud, including welfare fraud.

**Welfare-to-Work (WtW) Policy** - State policy incorporating the GAIN and GROW programs aimed at helping participants find employment and move towards self-sufficiency.

**Women, Infants and Children (WIC) Program** - A program that provides vouchers for healthy food and helps mothers find health care and other community services.

## **GLOSSARY OF COMMONLY USED TERMS**

**(Continued)**

**“Your Rights Under California Welfare Programs” (PUB 13) brochure** - A State pamphlet used to inform participants of their appeal rights and Civil Rights in general. The PUB 13 must be conspicuously displayed and made available to applicants and participants in DPSS public offices and contracted agencies.

**FOR ANY QUESTIONS REGARDING THIS HANDBOOK, PLEASE CONTACT THE CIVIL RIGHTS SECTION AT (562) 908-8501.**



## CIVIL RIGHTS INFORMATION NOTICE

### YOUR CIVIL RIGHTS

#### WHAT ARE CIVIL RIGHTS?

Civil Rights are laws that protect individuals from being discriminated against. The Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other federal and State regulations say that discrimination is against the law in programs receiving federal and state financial aid.

#### WHO DO THEY PROTECT?

If you are applying for or receiving cash assistance, Medi-Cal, Food Stamps, or Social Services in Los Angeles County, you are protected under the law against discrimination regarding these benefits and you have specific rights:

You have the right to receive the same services, consideration, and equal treatment given to all other applicants or participants regardless of race, color, religion, sex, national origin (this covers speaking a different language other than English), political affiliation, disability, marital status, ethnic group identification, sexual orientation or any other factor. You have the right:

- to receive free interpreter services if you need help to apply for or to keep receiving benefits from us; and
- to be given a bilingual worker for your case who speaks your language if you speak one of the following languages: Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese; and
- to receive free interpreter services for your case even if you speak a language other than those listed above; and
- to call the office and have an English Notice that you received, translated and explained to you.

#### HOW TO FILE A CIVIL RIGHTS COMPLAINT

If you believe you have been discriminated against because of race, color, religion, sex, national origin, political affiliation, disability, age, marital status, ethnic group identification, sexual orientation or any other factor, you may take one or all of the following actions:

You may ask to speak with the local office Civil Rights Liaison. He or she can help you resolve your complaint and/or explain your rights. This includes assisting you with obtaining a PA 607, "Complaint of Discriminatory Treatment," and helping you complete the form. You may also contact the Los Angeles County Department of Public Social Services (DPSS) Civil Rights Section or the State directly at the addresses and telephone numbers listed in the next column.

You may request an investigation from the DPSS Civil Rights Section either verbally or in writing by contacting the Civil Rights Unit. You may use the PA 607 to document your complaint. The PA 607 is available to any person or organizational representative in the community requesting it. You may complete the form or ask the Civil Rights Liaison to complete it for you. The Civil Rights Unit will contact you within 20 days of receipt of your complaint for more information. The Civil Rights Unit will investigate the complaint and inform you of their findings in writing. If you disagree with the County's findings, you may appeal to the California Department of Social Services, or if it involves the Food Stamp Program, to the U.S. Department of Agriculture.

**Your complaint must be filed within 180 days from the date that you believe you were discriminated against.**

You may file your complaint with one or all of the following applicable County, State and federal agencies: the California Department of Social Services, the U.S. Department of Agriculture or the U.S. Department of Health and Human Services.

#### County Office

Department of Public Social Services  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, California 91746  
Telephone No. : (562) 908-8501

#### State Office

California Department of Social Services  
Civil Rights Bureau  
744 "P" Street, M-S. 8-16-70  
Sacramento, California 95814  
Telephone No. : (866) 741-6241

#### Federal Office

U.S. Department of Health and Human Services  
Office for Civil Rights  
907<sup>th</sup> Street, Suite 4-100  
San Francisco, California 94102  
Telephone No. : (800) 368-1019

#### Food Stamp Program

U. S. Department of Agriculture  
Food and Nutrition Services  
Office of Civil Rights - Western Region  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, California 94108  
Telephone No. : (888) 271-5983

INSTRUCTIONS FOR STATE HEARING ON REVERSE

(REVERSE SIDE)

**STATE HEARING**

If you need to seek further help regarding the County's action on your application for assistance or your public assistance benefits, you may take the following action:

File a State Hearing within 90 days of the County's action. The 90-day period applies even though you have filed a Civil Rights complaint. Aid Paid Pending may be received if you file your request for a hearing before the effective date of the action.

To ask for a hearing:

By telephone, please call (800) 952-5253. This number is often busy.

By mail, fill out the back of any Notice of Action (letter) from the welfare office or write a letter (keep a copy), and send your request to Appeals and State Hearings, P.O. Box 18890, Los Angeles, CA 90018

Additional Civil Rights and State Hearing information is available in the reception areas of District/Regional offices. You may ask for the State pamphlet, Your Rights Under California Welfare Programs (PUB 13), which is available in all reception areas.

Instructions

- To be given and explained to applicants/participants at time of application and recertification/redetermination or mailed to applicants/participants if a face-to-face contact is not required.
- Filing/Retention – Not Applicable

### LANGUAGE DESIGNATION FORM

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

#### FREE INTERPRETER SERVICES ARE AVAILABLE

(please ask your worker)

**A. SPOKEN LANGUAGE DESIGNATION**

I speak the language checked below. I prefer to speak/talk about my case or related matters with staff from the Department of Public Social Services in the language selected below. This designation takes the place of any choices made before.

- English                       Spanish                       Armenian                       Cambodian
- Cantonese                       Mandarin                       Russian                       Korean
- Tagalog                       Vietnamese                       Other (Specify) \_\_\_\_\_

**B. WRITTEN LANGUAGE DESIGNATION**

I prefer to get written letters, notices, forms and other communication in English.

**OR**

I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that if written communications from the Department of Public Social Services are not available in the language specified below, I can receive a verbal translation by contacting my case worker.

- Spanish                       Armenian                       Cambodian                       Chinese
- Korean                       Russian                       Tagalog                       Vietnamese
- Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S/PARTICIPANT'S SIGNATURE (OR MARK)

\_\_\_\_\_  
DATE

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

\_\_\_\_\_  
CASE CARRYING WORKER'S SIGNATURE

\_\_\_\_\_  
FILE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S INITIALS

\_\_\_\_\_  
DATE

**FILING INSTRUCTIONS:**  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

### COMPLAINT OF DISCRIMINATORY TREATMENT

TO : DEPARTMENT OF PUBLIC SOCIAL SERVICES  
CIVIL RIGHTS AND LANGUAGE SERVICES SECTION  
12860 CROSSROADS PARKWAY SOUTH  
CITY OF INDUSTRY, CALIFORNIA 91746

**CASE NAME :** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

I, \_\_\_\_\_, hereby file this complaint of discriminatory treatment  
(Please print your name) and request that an investigation be conducted.

**I believe I was discriminated against because of my:**

<input type="checkbox"/> RACE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> COLOR
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> SEX	<input type="checkbox"/> AGE
<input type="checkbox"/> POLITICAL AFFILIATION	<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> DISABILITY

**DATE OF OCCURENCE :** \_\_\_\_\_

**NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (DATE) ADDRESS : \_\_\_\_\_

PA - 607 (REVISED 7/ 01) TELEPHONE : \_\_\_\_\_

### Interpreter Services Statement

(Please read script on the reverse side of this form to applicant/participant prior to completing)

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ am able to communicate in \_\_\_\_\_  
(Specify Language)

I have been informed by the Department of Public Social Services (DPSS) that I have the right to a **free** interpreter. If I want, I also have the right to use my own interpreter. However, I know there may be communication errors in using my own interpreter. **This could result in problems such as loss of benefits and/or eligibility.**

I want to use a free County Certified interpreter.

I want to use my own interpreter even though I can get a free interpreter from DPSS. I know that there may be problems of miscommunication by using my own interpreter. I know that sensitive information could be discussed during the interpretation. However, I give permission to my interpreter by the name of \_\_\_\_\_ to hear and interpret this information. **My choice to use my own interpreter is good for today only. I know that for future appointments, I have the right to a free interpreter from DPSS.**

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

\_\_\_\_\_  
DATE

### Interpreter Confidentiality Agreement

I, \_\_\_\_\_ am a County Certified Bilingual \_\_\_\_\_  
(Employee's Name) (Specify Language)

Interpreter. I understand that by law the information obtained during the process of interpretation must be kept confidential and may not be disclosed outside of that process.

**OR**

I, \_\_\_\_\_ speak both English and \_\_\_\_\_  
(Interpreter's Name) (Specify Language)

I agree to keep this information confidential and not to disclose it, other than as required for interpretation.

My relationship to \_\_\_\_\_ is \_\_\_\_\_  
(Applicant's/Participant's Name) (Relationship)

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
DATE

## **INTERPRETER SERVICES**

**DPSS prefers to use our own free interpreters when talking with you. But you can choose to use your own friend or family member to interpret for you.**

**We don't like to use other interpreters because of the risk of communication errors and possible mistakes. These errors may affect how much help or aid you may get from us. In part, these errors may occur because of specialized language and concepts used in welfare programs. A person who is not a DPSS employee might not understand all this special vocabulary. They might make a mistake.**

**DPSS must ask you some very sensitive and personal questions. Having a friend or family member interpret might make it hard for you to tell us all the personal information that we need.**

**Finally, all our employees must keep anything you say confidential. This means they can't tell anyone else (except DPSS staff) what you say. They can't even tell someone else that you were here today.**

**DPSS has no control over your interpreter. We cannot make sure that your interpreter does not share information with someone outside of DPSS. We will ask your interpreter to sign a form saying they won't tell anyone what they hear today, and that they will keep all your information confidential. But we have no control over them. For these reasons, we prefer to use our own free interpreters.**

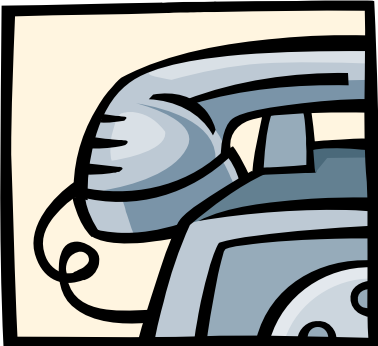


## Assisting Limited English Proficient (LEP) Applicants/Participants

LEP applicants/participants shall always be informed that they have the right to **free** interpreter services. Upon greeting a LEP individual in person or by telephone, public contact staff should render services without **undue delay** by taking the following steps:



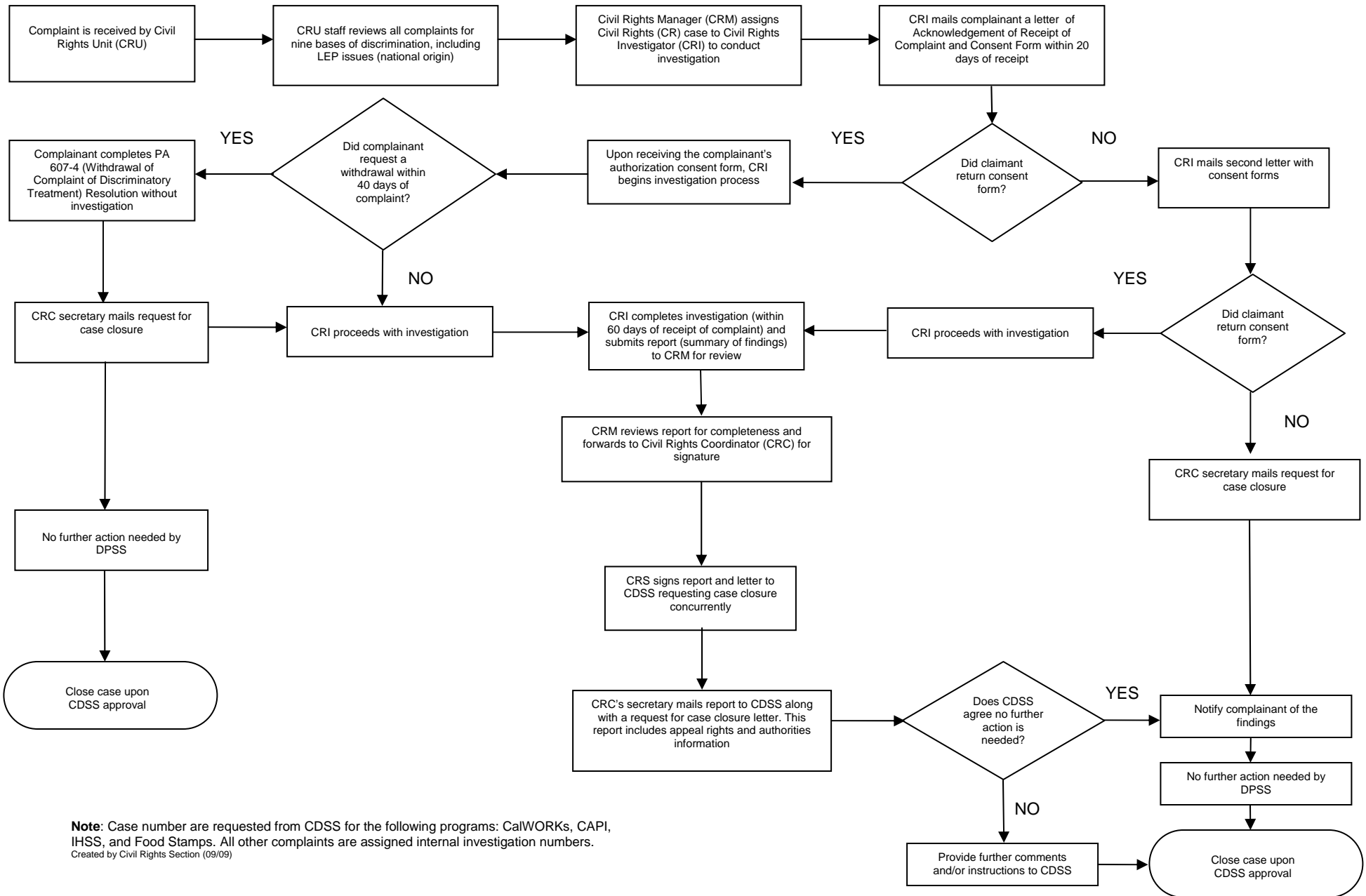
1. When a LEP person is in the office, public contact staff should have him/her identify his/her preferred language. If necessary, use the “*Can We Help You?*” poster, “*Language ID*” card, and/or the County’s over-the-phone interpreter provider, “*Open Communications International Inc. (OCI)*” to identify the LEP person’s preferred language.
2. Once the LEP person’s preferred language has been identified, the receptionist/customer service worker should call the bilingual staff within that particular office to assist in interpreting for the LEP person.
3. If there is no one in that particular office who speaks the LEP person’s identified preferred language, contact the office’s Civil Rights Liaison (CRL) who will use the Bilingual Resource Utilization Database to search for a staff within DPSS who speaks the LEP person’s preferred language.
4. Upon securing an appropriate bilingual staff from the database, CRL will arrange for the bilingual staff to interpret via telephone or in person.



5. If unable to find a staff within DPSS who speaks the LEP person’s preferred language, your CRL will call OCI for an interpreter. **Note:** When a LEP person calls and the staff is unable to identify the LEP person’s language, your CRL must initiate authorize a 3-way call to OCI to obtain an interpreter.
6. For new cases, the designated worker shall code cases with the identified preferred language in the appropriate computer system such as LEADER, GEARS, CMIPS, etc. During the intake and recertification interview the worker shall have the applicants/participants designate their preferred language by ensuring they complete and sign the Language Designation form (PA 481– Rev. 2/06).
7. Print the preferred non-English language on a green label and attach it to the outside of the case folder.
8. Provide ongoing services without undue delay and ensure Notices of Actions (NOA)/written materials are mailed/given in the participant’s/applicant’s preferred written language (if available). If NOAs/written materials are not available in the applicant’s/participant’s preferred written language, ensure oral interpretation is provided to applicant/participant in the preferred language.
9. DPSS staff shall document on case records (LEADER and GEARS case comments, PA 1955 Form for IHSS cases, etc.) how language services were provided to LEP applicants/participants.
10. Civil Rights Liaison (CRL) or designee shall annotate on the Telephone Language Interpretation Services Log (OCI) when accessing OCI services.

**Note:** DPSS strongly discourages the use of strangers, friends, family members and minors for the purpose of interpretation. In addition, DPSS shall ensure that competent and confidential interpretation services are provided to applicants/ participants at all times.

# Department of Public Social Services Civil Rights Complaint Investigation Process



**Note:** Case number are requested from CDSS for the following programs: CalWORKs, CAPI, IHSS, and Food Stamps. All other complaints are assigned internal investigation numbers.  
Created by Civil Rights Section (09/09)

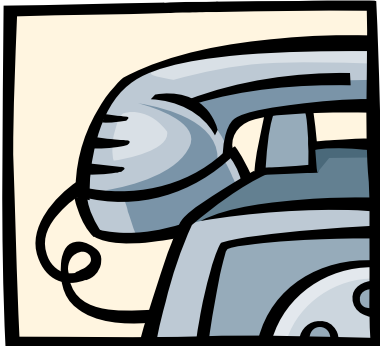
**APPENDIX E**  
**Verbal Interpretive**  
**Services**

## Assisting Limited English Proficient (LEP) Applicants/Participants

LEP applicants/participants shall always be informed that they have the right to **free** interpreter services. Upon greeting a LEP individual in person or by telephone, public contact staff should render services without **undue delay** by taking the following steps:



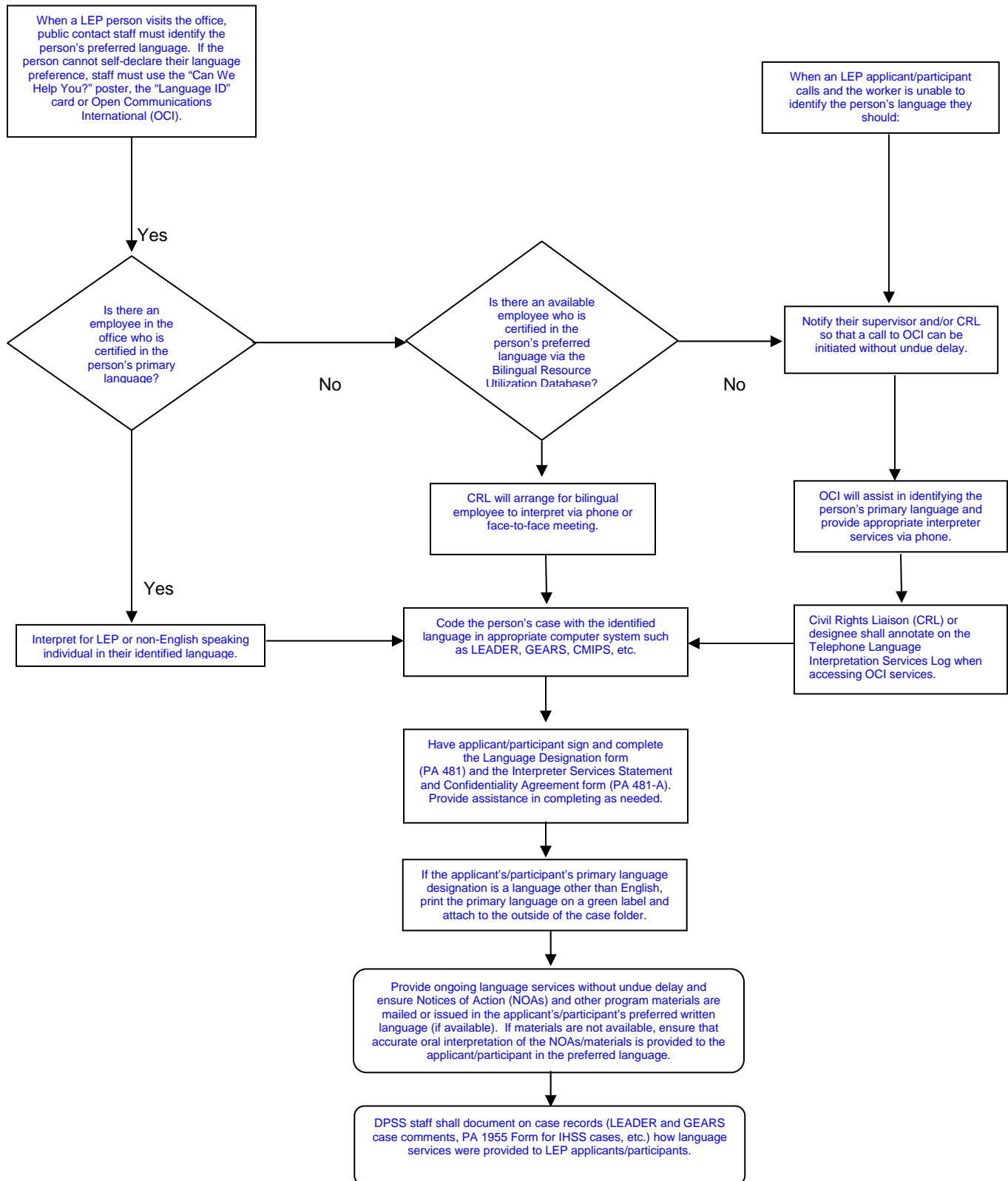
1. When a LEP person is in the office, public contact staff should have him/her identify his/her preferred language. If necessary, use the “*Can We Help You?*” poster, “*Language ID*” card, and/or the County’s over-the-phone interpreter provider, “*Open Communications International Inc. (OCI)*” to identify the LEP person’s preferred language.
2. Once the LEP person’s preferred language has been identified, the receptionist/customer service worker should call the bilingual staff within that particular office to assist in interpreting for the LEP person.
3. If there is no one in that particular office who speaks the LEP person’s identified preferred language, contact the office’s Civil Rights Liaison (CRL) who will use the Bilingual Resource Utilization Database to search for a staff within DPSS who speaks the LEP person’s preferred language.
4. Upon securing an appropriate bilingual staff from the database, CRL will arrange for the bilingual staff to interpret via telephone or in person.



5. If unable to find a staff within DPSS who speaks the LEP person’s preferred language, your CRL will call OCI for an interpreter. **Note:** When a LEP person calls and the staff is unable to identify the LEP person’s language, your CRL must initiate authorize a 3-way call to OCI to obtain an interpreter.
6. For new cases, the designated worker shall code cases with the identified preferred language in the appropriate computer system such as LEADER, GEARS, CMIPS, etc. During the intake and recertification interview the worker shall have the applicants/participants designate their preferred language by ensuring they complete and sign the Language Designation form (PA 481– Rev. 2/06).
7. Print the preferred non-English language on a green label and attach it to the outside of the case folder.
8. Provide ongoing services without undue delay and ensure Notices of Actions (NOA)/written materials are mailed/given in the participant’s/applicant’s preferred written language (if available). If NOAs/written materials are not available in the applicant’s/participant’s preferred written language, ensure oral interpretation is provided to applicant/participant in the preferred language.
9. DPSS staff shall document on case records (LEADER and GEARS case comments, PA 1955 Form for IHSS cases, etc.) how language services were provided to LEP applicants/participants.
10. Civil Rights Liaison (CRL) or designee shall annotate on the Telephone Language Interpretation Services Log (OCI) when accessing OCI services.

**Note:** DPSS strongly discourages the use of strangers, friends, family members and minors for the purpose of interpretation. In addition, DPSS shall ensure that competent and confidential interpretation services are provided to applicants/ participants at all times.

## Assisting Limited English Proficient (LEP) Applicants/Participants



Note: DPSS strongly discourages the use of strangers, friends, family members and minors for the purpose of interpretation. In addition, DPSS shall ensure that competent and confidential interpretation services are provided to applicants/participants at all times.

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

MANUAL LETTER

DPSS FORMS MANUAL

NUMBER	4803	DATE	10/04/10
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**PA 481 LANGUAGE DESIGNATION FORM**  
**(With English Translation For Each Non-English Language Selection)**

This Manual Letter releases the revised PA 481 "Language Designation Form" in **Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese**. The primary purpose of this revision is to facilitate the identification of the non-English language selected by DPSS applicants/participants as their preferred verbal and written form of communication. The English translation for each non-English language selection was added to ensure the provision of effective bilingual services. Existing policies and procedures for the use and availability of the PA 481 have not changed, which include but not limited to inclusion of this form in the intake and redetermination/recertification packets for **all** programs. This Manual Letter is effective immediately upon receipt.

An initial supply of the revised PA 481 will be distributed to each district/regional office concurrently with this release. Additional supplies of this form may be ordered from Materials Management Section using the Supply Requisition (PA 16) form via existing procedures. This revised PA 481 is also available in the LEADER System, as well as in the DPSS Forms Library Database, in all threshold languages.

This release cancels DPSS Forms Manual Letter 4647, dated 03/14/06. In addition, all previous versions of the PA 481 should be recycled per existing procedures.

This Manual Letter may be of interest to:

District/Regional Directors	District/Regional Deputy Directors
Social Services Supervisors	Social Workers
Eligibility Supervisors	Eligibility Workers
GAIN Services Supervisors	GAIN Services Workers
GROW Supervisors	GROW Case Managers
Customer Service Representatives	Lobby Receptionists
Chief Clerks	Stock Room Clerks
Contracted Case Management	All Program Staff

Questions regarding this release may be directed by Administrative staff to Robert Miletich, Civil Rights Director, at (562) 908-8473.



MICHELLE CALLAHAN, DIRECTOR  
BUREAU OF SPECIAL OPERATIONS

CLEARANCE/APPROVAL

BAS  BCTS  BPP  BSO  BWS

MC:SL:RM

AC:at

Attachments

Lists: I, II, III, & IV

# LANGUAGE DESIGNATION FORM

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## FREE INTERPRETER SERVICES ARE AVAILABLE

(please ask your worker)

### A. SPOKEN LANGUAGE DESIGNATION

I speak the language checked below. I prefer to speak/talk about my case or related matters with staff from the Department of Public Social Services in the language selected below. This designation takes the place of any choices made before.

- |                                    |                                     |  |                                    |
|------------------------------------|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> English   | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Armenian              | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Russian               | <input type="checkbox"/> Korean    |
| <input type="checkbox"/> Tagalog   | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Specify) _____ |                                    |

### WRITTEN LANGUAGE DESIGNATION

I prefer to get written letters, notices, forms and other communication in English.

OR

I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that if written communications from the Department of Public Social Services are not available in the language specified below, I can receive a verbal translation by contacting my case worker.

- |  |                                   |                                    |                                     |
|--|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spanish               | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese    |
| <input type="checkbox"/> Korean                | <input type="checkbox"/> Russian  | <input type="checkbox"/> Tagalog   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (Specify) _____ |                                   |                                    |                                     |

\_\_\_\_\_  
APPLICANT'S/PARTICIPANT'S SIGNATURE (OR MARK)

\_\_\_\_\_  
DATE

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

\_\_\_\_\_  
CASE CARRYING WORKER'S SIGNATURE

\_\_\_\_\_  
FILE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S INITIALS

\_\_\_\_\_  
DATE

**FILING INSTRUCTIONS:**  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

**LANGUAGE DESIGNATION FORM**  
**(ENGLISH)**

**PURPOSE:**

The purpose of the PA 481, "Language Designation" form is to ensure applicants/participants designate their own personal preference when verbally communicating and receiving written materials from DPSS. The correct spoken and written language designation warrants effective communication between DPSS and applicants/participants.

(Facsimile of Form)



**LANGUAGE DESIGNATION FORM – PA 481**  
**(ENGLISH)**

**PREPARATION:**

The PA 481 must be prepared in the appropriate threshold language:

- For each new intake;
- each re-certification/re-determination;  
during orientation/appraisal appointment for all GAIN, GROW, and REP cases; and/or
- each time there is a change in either spoken language designation and/or written language designation.

**NOTE:** If the applicant/participant needs assistance in completing this form, the case-carrying worker should be of assistance at all times. In addition, the applicant/participant should be provided with forms in his/her designated language including the PA 481. Furthermore, if the applicant/participant needs an interpreter, one should be provided without undue delay. *DPSS discourages the use of children, family members, and/or friends to serve as interpreters as delineated in both Forms Manual Letter FML 4554, "PA 481-A Interpreter Services & Confidentiality Agreement" form dated 10/04/04 and the Civil Rights & Language Services (CRLS) Handbook (revised 08/26/04).*

**PROCEDURES:**

1. The applicant/participant selects his/her spoken language designation – Part A.
2. The applicant/participant selects his/her written language designation which could be different from the spoken language designation – Part B.

**NOTE:** Even when an applicant/participant is determined to be able to communicate effectively in English, he/she shall be given the option to designate the language preference for both spoken and written communication.

3. The applicant/participant must sign and date the form reflecting his/her designation for both spoken and written communication.
4. The worker must certify the applicant's/participant's selection by checking the box above the signature line which ensures that the computer system (i.e. LEADER, GEARS, CMIPS as applicable) reflects the applicant's/participant's selection for both spoken and written designations.
5. The case-carrying worker signs and dates the PA 481 and submits to his/her supervisor for review.

**LANGUAGE DESIGNATION FORM – PA 481**  
**(ENGLISH)**

6. The supervisor ensures that the signed PA 481 reflects the information entered on the computer system. Once the supervisor is assured that the information is correct, he/she proceeds to initial and date the PA 481.

**NOTE:** The completion of the form must include the spoken and written language designations along with the applicant's/participant's signature; signature and certification by the case-carrying worker and the supervisor's initial. For more detailed information, please refer to the Civil Rights & Language Services Handbook issued 08/26/04 and the Online LEADER Handbook.

**FILING:**

BWS/BSO – Documentation/Activity Folder

**RETENTION:**

Permanent

ԼԵԶՎԻ ԸՆՏՐՈՒԹՅԱՆ ԶԵՎ
(LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

ԱՆՎՃԱՐ ԹԱՐԳՄԱՆՁԱԿԱՆ ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐԻՆ ԱՌԿԱ ԵՆ

(Ինդիում ենք հարցրեք ձեր գործով զբաղվող աշխատողին)

A. ԽՈՍԱԿՑԱԿԱՆ ԼԵԶՎԻ ԸՆՏՐՈՒԹՅՈՒՆ

Ես խոսում եմ, ստորև նշված լեզվով: Ես գերադասում եմ իմ գործին վերաբերվող հարցերի մասին Հասարակական Սոցիալական Մատուցությունների Վարչության աշխատակազմի հետ հաղորդակցվել/ խոսել ատուրև նշված լեզվով: Այս որոշումը փոխարինելու է նախկինում արված ընտրություններին:

- Language selection checkboxes: Armenian, Cambodian, Cantonese, English, Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, Other.

B. ԳՐԱՎՈՐ ԼԵԶՎԻ ԸՆՏՐՈՒԹՅՈՒՆ

Ես գերադասում եմ գրավոր նամակները, ծանուցումները, ձևերը և հաղորդակցությունները այլ միջոցները ստանալ Անգլերեն լեզվով:

ԿԱՄ

Ես չլինում եմ, որպեսզի հնարավորություն դեպքում զրավոր հաղորդակցություններ և բոլոր ձևերը ինձ ուղարկվեն կամ ինձ տան ստորև նշված լեզվով (Մենդարին և Կանտոնեզերեն խոսողները համար Ձինարենը համարվում է զրավոր լեզու): Ինչպես նաև ես հասկանում եմ, որ եթե Հասարակական Սոցիալական Մատուցությունների Վարչությունը ատուրև նշված լեզվով գրավոր հաղորդակցություն չանի, ապա ես կարող եմ իմ գործով զբաղվող աշխատակցի հետ կապվել/սով ստանալ բանավոր թարգմանությունը:

- Language selection checkboxes: Armenian, Cambodian, Cantonese, English, Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, Other.

ԳԻՄՈՐԳԻՆՊԱՍՏ ՍՏԱՑՈՂԻ ՍՏՈՐԱԳՐՈՒԹՅՈՒՆԸ(ԿԱՄ ԵՇԱՆԸ)

ԱՄՍԱԹԻՎ

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE

FILE NUMBER

DATE

SUPERVISOR'S INITIALS

DATE

FILING INSTRUCTIONS: BWS/BSO: Documentation/Activity Folder Retention: Permanent

**LANGUAGE DESIGNATION FORM**  
**(ARMENIAN)**

**PURPOSE:**

The purpose, preparation, procedures, filing/retention instructions for the Armenian version are the same as the English version.

(Facsimile of Form)

# ក្រដាសបំពេញសំរាប់ការជ្រើសរើសយកភាសា (LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## សេវាផ្នែកបកប្រែភាសាគឺមានផ្តល់ជូនដោយឥតគិតថ្លៃ (សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក)

### A. ការជ្រើសរើសយកភាសានិយាយ

ខ្ញុំចេះនិយាយភាសាដែលមានគូសនៅខាងក្រោម ។ ខ្ញុំមានបំណងចង់ពិភាក្សាអំពីសំណុំរឿងរបស់ខ្ញុំ ឬករណីទាក់ទងនានា ជាមួយនឹងបុគ្គលិកនៃក្រសួងសង្គមកិច្ចសាធារណៈ (Department of Public Social Services) ក្នុងភាសាដែលបានជ្រើសរើសខាងក្រោមនេះ ។ ការជ្រើសរើសនេះ យកមកជំនួស ការជ្រើសរើសពីពេលមុនៗមក ។

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> អាម៉េរីកេន<br>Armenian | <input type="checkbox"/> ខ្មែរ<br>Cambodian       | <input type="checkbox"/> ចិនកន្តាំង<br>Cantonese                      | <input type="checkbox"/> អង់គ្លេស<br>English               |
| <input type="checkbox"/> កូរ៉េ<br>Korean        | <input type="checkbox"/> ចិនម៉ុងដារិន<br>Mandarin | <input type="checkbox"/> រុស្ស៊ី<br>Russian                           | <input type="checkbox"/> ស្ប៉ានីស (អេស្ប៉ាញ៉ុល)<br>Spanish |
| <input type="checkbox"/> ថាហ្គាឡុក<br>Tagalog   | <input type="checkbox"/> វៀតណាម<br>Vietnamese     | <input type="checkbox"/> ដទៃទៀត (សូមបញ្ជាក់)<br>Other (Specify) _____ |  |

### B. ការជ្រើសរើសយកភាសាសរសេរ

- ខ្ញុំមានបំណងចង់បានសំបុត្រ សេចក្តីប្រកាស ក្រដាសបំពេញ ទំនាក់ទំនងជាលាយលក្ខណ៍អក្សរផ្សេងៗទៀតជាភាសាអង់គ្លេស ។
- ឬ
- ខ្ញុំមានបំណងចង់បានទំនាក់ទំនងជាលាយលក្ខណ៍អក្សរ និង ក្រដាសបំពេញ ផ្ញើទៅ ឬ ផ្តល់ទុំ បើសិនជាមាន ភាសាដែលមានគូសនៅខាងក្រោមនេះ [ចិន (Chinese) គឺជាភាសាសរសេរសំរាប់អ្នកណាដែលនិយាយភាសាចិនកន្តាំង និងចិនម៉ុងដារិន] ។ ជាបន្ថែម ខ្ញុំយល់ថា បើសិនជាទំនាក់ទំនងជាលាយលក្ខណ៍អក្សរពីក្រសួងសង្គមកិច្ចសាធារណៈ មិនមានផ្តល់ជាភាសាដែលមានរយៈពេលនៅខាងក្រោមនេះទេ ខ្ញុំអាចទទួលការបកប្រែភាសាដោយការនិយាយ ដោយធ្វើការទាក់ទងជាមួយនឹងអ្នកកាន់សំណុំរឿងរបស់ខ្ញុំ ។

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> អាម៉េរីកេន<br>Armenian | <input type="checkbox"/> ខ្មែរ<br>Cambodian       | <input type="checkbox"/> ចិនកន្តាំង<br>Cantonese                      | <input type="checkbox"/> អង់គ្លេស<br>English               |
| <input type="checkbox"/> កូរ៉េ<br>Korean        | <input type="checkbox"/> ចិនម៉ុងដារិន<br>Mandarin | <input type="checkbox"/> រុស្ស៊ី<br>Russian                           | <input type="checkbox"/> ស្ប៉ានីស (អេស្ប៉ាញ៉ុល)<br>Spanish |
| <input type="checkbox"/> ថាហ្គាឡុក<br>Tagalog   | <input type="checkbox"/> វៀតណាម<br>Vietnamese     | <input type="checkbox"/> ដទៃទៀត (សូមបញ្ជាក់)<br>Other (Specify) _____ |  |

ហត្ថលេខារបស់អ្នកដាក់ពាក្យសុំ/អ្នកចូលរួម (ឬជំនួស)

ខែថ្ងៃឆ្នាំ

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE

FILE NUMBER

DATE

SUPERVISOR'S INITIALS

DATE

**FILING INSTRUCTIONS:**  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

LANGUAGE DESIGNATION FORM  
(CAMBODIAN)

PURPOSE:

The purpose, preparation, procedures, filing/retention instructions for the Cambodian version are the same as the English version.

(Facsimile of Form)

指定語言表格  
(LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

提供免費口譯服務  
(請洽詢你的工作人員)

A. 指定口語語言

我所說的語言勾選於下。關於我的個案或相關的事宜我比較喜歡與公共社會服務局 (Department of Public Social Services) 的職員說 / 講下列所勾選的語言。這個指定取代任何先前的選擇。

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 亞美尼亞語<br>Armenian | <input type="checkbox"/> 高棉話<br>Cambodian  | <input type="checkbox"/> 廣東話<br>Cantonese                 | <input type="checkbox"/> 英語<br>English   |
| <input type="checkbox"/> 韓國話<br>Korean     | <input type="checkbox"/> 國語<br>Mandarin    | <input type="checkbox"/> 俄語<br>Russian                    | <input type="checkbox"/> 西班牙語<br>Spanish |
| <input type="checkbox"/> 菲律賓話<br>Tagalog   | <input type="checkbox"/> 越南話<br>Vietnamese | <input type="checkbox"/> 其他(請說明) _____<br>Other (Specify) |  |

B. 指定書面語言

我比較喜歡以英文書寫的信件, 通知, 表格和其他的溝通聯絡。

或

如果可以的話, 我比較喜歡書面的聯絡信函和表格譯成下面所指定的語言後寄送給我 (中文是講國語和廣東話人士共用的書寫語言)。另外, 我也瞭解, 如果在公共社會服務局沒有下面指定的語言作書面的溝通, 我可以洽詢我的個案工作人員而獲得口語的翻譯。

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 亞美尼亞文<br>Armenian | <input type="checkbox"/> 高棉文<br>Cambodian  | <input type="checkbox"/> 中文<br>Chinese                    |  |
| <input type="checkbox"/> 英文<br>English     | <input type="checkbox"/> 韓文<br>Korean      | <input type="checkbox"/> 俄文<br>Russian                    | <input type="checkbox"/> 西班牙文<br>Spanish |
| <input type="checkbox"/> 菲律賓語<br>Tagalog   | <input type="checkbox"/> 越南文<br>Vietnamese | <input type="checkbox"/> 其他(請說明) _____<br>Other (Specify) |  |

申請者/參與者簽名 (或作記號) \_\_\_\_\_ 日期 \_\_\_\_\_

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\_\_\_\_\_ FILE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
CASE CARRYING WORKER'S SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_  
SUPERVISOR'S INITIALS

FILING INSTRUCTIONS:  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

**LANGUAGE DESIGNATION FORM**  
**(CHINESE)**

**PURPOSE:**

The purpose, preparation, procedures, filing/retention instructions for the Chinese version are the same as the English version.

(Facsimile of Form)



فرم زبان مورد ترجمه

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

خدمات رایگان ترجمه مهیا می باشد  
(لطفاً از مددکار خود سنوال کنید)

الف. زبان گفتاری مورد نظر

من به زبان انتخاب شده در زیر صحبت می نمایم و ترجیح می دهم که درباره پرونده ام و مسائل مربوطه با پرسنل بخش خدمات اجتماعی عامه به این زبان محاوره/ صحبت کنم. این انتخاب جایگزین هر انتخابی می گردد که قبلاً شده بود

<input type="checkbox"/> انگلیسی	<input type="checkbox"/> کانتونی چینی	<input type="checkbox"/> کامبوجی	<input type="checkbox"/> ارمنی
English	Cantonese	Cambodian	Armenian
<input type="checkbox"/> اسپانیولی	<input type="checkbox"/> روسی	<input type="checkbox"/> ماندارین چینی	<input type="checkbox"/> کره ای
Korean	Mandarin	Russian	Spanish
<input type="checkbox"/> دیگر (قید بفرمایید)		<input type="checkbox"/> ویتنامی	<input type="checkbox"/> تاگالوگ فیلیپینی
Other (Specify)		Vietnamese	Tagalog

ب. زبان نوشتاری مورد نظر

من ترجیح می دهم که نامه ها، اطلاعیه ها، فرم ها و سایر مطالب تحریری را به انگلیسی دریافت کنم.

یا

من ترجیح می دهم که مکاتبات و فرم ها در صورت امکان به زبانی که در زیر مشخص شده است برایم فرستاده شده یا به من داده شود. (چینی زبان نوشتاری کسانی است که به کانتونی یا ماندارین صحبت می کنند). به علاوه، من متوجه هستم که اگر مکاتبات بخش خدمات اجتماعی عامه به زبان مشخص شده زیر موجود نبود، می توانم با تماس با مددکار پرونده ام ترجمه شفاهی آن را دریافت کنم.

<input type="checkbox"/> انگلیسی	<input type="checkbox"/> کانتونی چینی	<input type="checkbox"/> کامبوجی	<input type="checkbox"/> ارمنی
English	Cantonese	Cambodian	Armenian
<input type="checkbox"/> اسپانیولی	<input type="checkbox"/> روسی	<input type="checkbox"/> ماندارین چینی	<input type="checkbox"/> کره ای
Korean	Mandarin	Russian	Spanish
<input type="checkbox"/> دیگر (قید بفرمایید)		<input type="checkbox"/> ویتنامی	<input type="checkbox"/> تاگالوگ فیلیپینی
Other (Specify)		Vietnamese	Tagalog

تاریخ

امضای متقاضی / شرکت کننده (یا علامتی از او)

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

DATE

FILE NUMBER

CASE CARRYING WORKER'S SIGNATURE

DATE

SUPERVISOR'S INITIALS

FILING INSTRUCTIONS:

BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

LANGUAGE DESIGNATION FORM  
(FARSI)

PURPOSE:

The purpose, preparation, procedures, filing/retention instructions for the Farsi version are the same as the English version.

(Facsimile of Form)

언어 지정 양식  
(LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

무료 통역 서비스가 가능합니다.  
(당신의 케이스 담당자에게 부탁하십시오.)

A. 구두 언어 지정

저는 다음에 표시된 언어를 사용하므로, 그 언어로 사회복지국 (DPSS) 담당자와 제 케이스 또는 그와 관련된 문제에 관해 의논하고 싶습니다. 이 언어 지정은 이전의 어떤 결정을 대신합니다.

- 아르메니아어       캄보디아어       중국어(광둥어)       영어
- 한국어       중국어(관화)       러시아어       스페인어
- 필리핀어       베트남어       기타 (상세히) \_\_\_\_\_

B. 필기 언어 지정

저는 영어로 표기된 편지, 알림, 양식들을 받고 싶고, 그리고 그 외의 서면 의사소통을 영어로 하고 싶습니다.

또는

다음에 표시된 언어가 가능하다면 (중국어는 광둥어와 관화를 포함합니다), 저는 그 언어로 서면 의사소통을 하고 싶고, 그 언어로 표기된 양식들을 받고 싶습니다. 만일 다음에 표시된 언어의 서면 의사 소통이 사회복지국 (DPSS)과 불가능하다면, 저의 케이스 담당자와 연락해서 구두 통역 서비스를 받을 수 있습니다.

- 아르메니아어       캄보디아어       중국어
- 영어       한국어       러시아어       스페인어
- 필리핀어       베트남어       기타 (상세히) \_\_\_\_\_

신청자 /수혜자 서명 (또는 표시)

날짜

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

\_\_\_\_\_  
CASE CARRYING WORKER'S SIGNATURE

\_\_\_\_\_  
FILE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S INITIALS

\_\_\_\_\_  
DATE

FILING INSTRUCTIONS:  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

**LANGUAGE DESIGNATION FORM**  
**(KOREAN)**

**PURPOSE:**

The purpose, preparation, procedures, filing/retention instructions for the Korean version are the same as the English version.

(Facsimile of Form)

ОПРЕДЕЛЕНИЕ ЯЗЫКОВОЙ ПРИНАДЛЕЖНОСТИ (LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

ВОЗМОЖНОСТЬ ПРЕДОСТАВЛЕНИЯ БЕСПЛАТНЫХ УСЛУГ ПЕРЕВОДЧИКА (Обращайтесь, пожалуйста, к работнику, ведущему ваше дело)

A. ОПРЕДЕЛЕНИЕ ПРЕДПОЧТЕНИЙ В РАЗГОВОРНОМ ЯЗЫКЕ

Я разговариваю на языке, отмеченном ниже. Я предпочитаю обсуждать с представителями и работниками Управления соцобеспечения (the Department of Public Social Services) вопросы, касающиеся моего дела и связанные с этим темы на языке, отмеченном ниже. Данный выбор заменяет все другие варианты выбора, сделанные ранее.

- Armenian, Cambodian, Cantonese, English, Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, Other (specify)

B. ОПРЕДЕЛЕНИЕ ПРЕДПОЧТЕНИЙ В ПИСЬМЕННОМ ЯЗЫКЕ

Я предпочитаю получать письма, уведомления, формы и другие письменные документы на английском языке.

ИЛИ

Я предпочитаю, чтобы письменные документы и формы по возможности посылались или же вручались мне на языке, указанном ниже (под китайским ниже подразумевается письменный эквивалент для тех, кто говорит на наречиях мандарин и кантон). Я также понимаю, что, в случае, если письменные документы, получаемые мной из Управления по соцобеспечению (the Department of Public Social Services) не смогут быть предоставлены на ниже указанном языке, то у меня будет возможность получить устный перевод содержания, если я обращусь к работнику, ведущему мое дело.

- Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese, Other (specify)

ПОДПИСЬ (ИЛИ ЗНАК) ЗАЯВИТЕЛЯ/УЧАСТНИКА \_\_\_\_\_ ДАТА \_\_\_\_\_

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE \_\_\_\_\_ FILE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

FILING INSTRUCTIONS: BWS/BSO: Documentation/Activity Folder Retention: Permanent

LANGUAGE DESIGNATION FORM  
(RUSSIAN)

PURPOSE:

The purpose, preparation, procedures, filing/retention instructions for the Russian version are the same as the English version.

(Facsimile of Form)

FORMULARIO DE ELECCION DEL IDIOMA (LANGUAGE DESIGNATION FORM)

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

SERVICIOS GRATUITOS DE UN INTÉRPRETE ESTÁN DISPONIBLES

(Por favor, pregunte a su trabajador(a))

A. ELECCIÓN DEL IDIOMA HABLADO

Yo hablo el idioma que está marcado abajo. Prefiero hablar/conversar acerca de mi caso o asuntos relacionados con el personal del Departamento de Servicios Sociales Públicos en el idioma que está seleccionado abajo. Esta elección toma el lugar de cualquier opción hecha anteriormente.

- Armenio, Camboyano, Cantonés, Inglés, Coreano, Mandarín, Ruso, Español, Tagalo, Vietnamita, Otro (especifique)

B. ELECCIÓN DEL IDIOMA ESCRITO

Prefiero recibir cartas escritas, notificaciones, formularios y otra comunicación en inglés.

O

Prefiero que la comunicación por escrito y formularios sean enviados o entregados a mi persona, si están disponibles, en el idioma especificado abajo (chino es el idioma escrito para los que hablan cantonés y mandarín).

- Armenio, Camboyano, Cantonés, Inglés, Coreano, Mandarín, Ruso, Español, Tagalo, Vietnamita, Otro (especifique)

FIRMA (O MARCA) DEL PARTICIPANTE/SOLICITANTE

FECHA/DATE

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE

FILE NUMBER

DATE

SUPERVISOR'S INITIALS

DATE

FILING INSTRUCTIONS: BWS/BSO: Documentation/Activity Folder Retention: Permanent

LANGUAGE DESIGNATION FORM  
(SPANISH)

PURPOSE:

The purpose, preparation, procedures, filing/retention instructions for the Spanish version are the same as the English version.

(Facsimile of Form)



**KASULATAN PARA SA PAG-AALAM NG WIKA  
(LANGUAGE DESIGNATION FORM)**

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**MGA PAGLILINGKOD NA LIBRENG TAGASALIN (INTERPRETER) AY MAAARI  
(paki tanong ang iyong manggagawa)**

**A. PAG-AALAM NG WIKANG SINASALITA**

Sinasalita ko ang wikang may tsek sa ibaba. Gusto kong makipag-usap sa kawani ng Kagawaran ng mga Panlipunang Paglilingkod sa Publiko (DPSS) tungkol sa aking kaso o iba pang mga kaugnay na bagay sa wikang pinili sa ibaba. Pinapalitan ng pag-aalam na ito ang anumang mga dati nang napili noon.

- Armenian       Cambodian       Cantonese       English
- Korean       Mandarin       Russian       Spanish
- Tagalog       Vietnamese       Iba pa (Ipahayag) \_\_\_\_\_  
Other (Specify)

**B. PAG-AALAM NG WIKANG NAKASULAT**

Gusto kong makatanggap ng mga nakasulat na liham, abiso, kasulatan at iba pang pakikipag-ugnayan sa English.

O

Gusto kong ipadala o ibigay sa akin, kung maaari, ang mga nakasulat na pakikipag-ugnayan at iba pang mga kasulatan, sa wika na napili sa ibaba (Chinese ang nakasulat na wika para sa mga nagsasalita ng Cantonese at Mandarin). Nauunawaan ko rin, na kung hindi maaari sa wikang napili sa ibaba ang mga nakasulat na pakikipag-ugnayan mula sa Kagawaran ng mga Panlipunang Paglilingkod sa Publiko (DPSS), maaari kong tawagan ang aking manggagawa upang ito ay maisalin nang pasalita.

- Armenian       Cambodian       Chinese
- English       Korean       Russian       Spanish
- Tagalog       Vietnamese       Iba pa (Ipahayag) \_\_\_\_\_  
Other (Specify)

LAGDA NG APLIKANTE/KALAHOK (O TATAK) \_\_\_\_\_

PETSA \_\_\_\_\_

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility Issues.

CASE CARRYING WORKER'S SIGNATURE \_\_\_\_\_

FILE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR'S INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

**FILING INSTRUCTIONS:**  
BWS/BSO: Documentation/Activity Folder  
Retention: Permanent

LANGUAGE DESIGNATION FORM  
(TAGALOG)

PURPOSE:

The purpose, preparation, procedures, filing/retention instructions for the Tagalog version are the same as the English version.

(Facsimile of Form)

ĐƠN CHỈ ĐỊNH NGÔN NGỮ
(LANGUAGE DESIGNATION FORM)

CASE NAME: CASE NUMBER:

QUÝ VỊ CÓ THỂ SỬ DỤNG DỊCH VỤ THÔNG NGÔN MIỄN PHÍ
(xin hỏi nhân viên phò trách hồ số của quĩ v)

a. CHỈ ĐỊNH NGÔN NGỮ NÓI

Tôi nói bng ngôn ng» có ngoic dẤu dỪSi CẬy. Tôi muỐn CỤ@c trình bày/thảo luÆn vỚ hồ số của tôi hoẶc vỚ nh»ng vẤn CỚ liên hCÆ vỚ nhĩn viên của Sª DỈch Vø Xã HỈi Công CỈng (Department of Public Social Services) bng ngôn ng» mà tôi có ngoic dẤu dỪSi CẬy. Sỉ chỉ CỈnh này sẽ thay th%o bẤt kỳ lĩa chỈn nào khác trỪSi CẬy.

- Checkboxes for languages: Armenian, Cambodian, Cantonese, English, Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, Other (Specify)

b. CHỈ ĐỊNH NGÔN NGỮ VIẾT

I require CỤ@c nhÆn thỪ tỚ, giẤy thông báo, mẤu CỜn Cª CỈSĩn hoẶc các væn kiCÆn giao dỈch khác vi%ot bng ti%ong Anh.

HOẶC

I require CỤ@c rng nh»ng væn kiCÆn giao dỈch và các mẤu CỜn gªi hoẶc trao tay chỘ tôi, n%ou có sªn, CỤ@c vi%ot bng ngôn ng» mà tôi chỉ CỈnh dỪSi CẬy (Ti%ong Hoa là ngôn ng» vi%ot dùng chung cho nh»ng ngỪi nói ti%ong Quảng ñông và ti%ong Quan Thoái). Ngoài ra, tôi hỉu rng n%ou Sª DỈch Vø Xã HỈi Công CỈng không có sªn nh»ng væn kiCÆn vi%ot bng ngôn ng» tôi chỉ CỈnh dỪSi CẬy, tôi có th CỤ@c nghe thông dỈch miCÆng bng cách liên lặc vỚ nhĩn viên phò trách hồ số của mình.

- Checkboxes for languages: Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese, Other (Specify)

ngỪi nộp CỜn xin/tham dỈ viên kỈ tên (hoẶc Cánh dẤu) ngày

I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE FILE NUMBER DATE

SUPERVISOR'S INITIALS DATE

FILING INSTRUCTIONS: BWS/BSO: Documentation/Activity Folder Retention: Permanent

**LANGUAGE DESIGNATION FORM**  
**(VIETNAMESE)**

**PURPOSE:**

The purpose, preparation, procedures, filing/retention instructions for the Vietnamese version are the same as the English version.

(Facsimile of Form)

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**MANUAL LETTER**

**DPSS FORMS MANUAL LETTER**

Number: 4554

Date: 10/04/04

**SUBJECT: PA 481-A - INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT**

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**PURPOSE:** This Manual Letter releases the newly created PA 481-A, "Interpreter Services Statement & Confidentiality Agreement" form in **Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese**. The English version of this form must be interpreted for Limited English Proficient (LEP) applicants/participants who speak languages other than the ones previously listed. Its purpose is to ensure LEP applicants/participants receive effective and meaningful interpreter services without undue delay. This Forms Manual Letter is effective immediately upon receipt.

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**SUPPLIES:** A supply of the PA 481-A is being delivered concurrently with this release for immediate dissemination. Additional copies may be requested from Material Management via a PA 16 - Supply Requisition Form.

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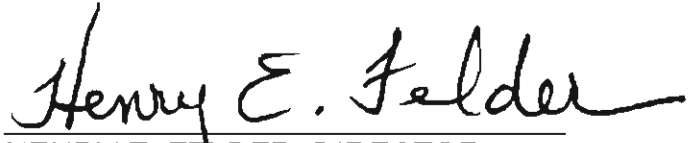
**STAFF AFFECTED:** This Material is of primary concern to the following district/regional offices and contract personnel:

District Directors	GAIN Services Supervisors
Deputy District Directors	GAIN Services Worker
Eligibility Supervisors	GROW Supervisors
Eligibility Workers	GROW Case Managers
Customer Service Representative	RITE/REP Contract Managers
Lobby Receptionists	RITE/REP Supervisors
Chief Clerks	RITE/REP Case Managers
Stock Room Clerks	ACS/MAXIMUS Contract Managers
Regional Administrators	ACS/MAXIMUS Supervisors
Deputy Regional Administrators	ACS/MAXIMUS Case Managers
Social Services Supervisors	All Programs' Staff
Social Workers	

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**QUESTIONS:**

Administrative Staff may direct questions regarding this release to Jake Ross, Civil Rights Manager at (562) 908-8355.



HENRY E. FELDER, DIRECTOR  
BUREAU OF SPECIAL OPERATIONS

CLEARANCE/APPROVAL

BAS     BWS     BSO     BPP  
 APALC     NLS

HEF:GJ:  
OL:JR:ao

Lists I, II, III, IV

# INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM - PA 481-A

## PREPARATION

The PA 481-A must be prepared in single copy in the appropriate threshold language by all DPSS certified bilingual employees who provide face-to-face interpreter services to Limited English Proficient (LEP) applicants/participants during the following:

1. For each new intake;
2. for each re-certification/re-determination;
3. during orientation/appraisal appointment for all GAIN, GROW, RITE, and REP cases; and
4. each time there is a change in interpreter selection, (selection consists of interpretation by a DPSS employee or the applicant/participant providing his or her own interpreter).

**NOTE: When an applicant/participant provides his/her own interpreter, the PA 481-A must be signed by the applicant/participant, the interpreter and DPSS staff.**

## PROCEDURES

1. Inform the LEP applicant/participant of the right to receive free interpreter services provided by DPSS or the right to use his/her own interpreter;
2. Obtain a certified bilingual DPSS employee to either render interpreter services to the LEP individual or to observe the applicant's/participant's own interpreter in rendering interpreter assistance, depending on the LEP individual's preference of interpreter assistance choices;
3. Advise the LEP applicant/participant that there is potential for communication errors when using his/her own interpreter and that communication errors could result in a loss of benefits and/or eligibility by reading the script on the back of the PA 481-A;
4. Once the script has been read ask the LEP individual if he/she still wants to use their own interpreter; and
5. Ensure the completion of the form by filling-in the appropriate information as indicated by the applicant/participant and by obtaining the necessary signatures.

**NOTE: The completion of the form must include the name and language certification of the DPSS bilingual employee rendering interpreter services, or if the applicant/participant prefers, his/her own interpreter's name, language specification, and relationship to him/her. In either selection, the interpreter must acknowledge an understanding that during the process of interpreting for a LEP person, sensitive information could be released and that the information must be kept confidential at all times.**

## FILE

BSO/BSO - Documentation/Activity Folder

## RETENTION

Permanent

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM - PA 481-A****PURPOSE:**

The purpose of the PA 481-A, "Interpreter Services Statement & Confidentiality Agreement," is to inform Limited English Proficient applicants/participants of their right to receive free interpreter services through DPSS or of the right to use his/her own interpreter; and to advise the applicant/participant the potential of communication errors when the interpretation process is performed by someone who is not familiar with the terms used in the different programs administered by DPSS. It is also intended to inform the applicant/participant and the interpreter that the information obtained through the interpretation process is to be kept confidential.

(facsimile of form provided)



### Interpreter Services Statement

(Please read script on the reverse side of this form to applicant/participant prior to completing)

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ am able to communicate in \_\_\_\_\_  
(Specify Language)

I have been informed by the Department of Public Social Services (DPSS) that I have the right to a **free** interpreter. If I want, I also have the right to use my own interpreter. However, I know there may be communication errors in using my own interpreter. **This could result in problems such as loss of benefits and/or eligibility.**

I want to use a free County Certified interpreter.

I want to use my own interpreter even though I can get a free interpreter from DPSS. I know that there may be problems of miscommunication by using my own interpreter. I know that sensitive information could be discussed during the interpretation. However, I give permission to my interpreter by the name of \_\_\_\_\_ to hear and interpret this information. **My choice to use my own interpreter is good for today only. I know that for future appointments, I have the right to a free interpreter from DPSS.**

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

\_\_\_\_\_  
DATE

.....  

### Interpreter Confidentiality Agreement

I, \_\_\_\_\_ am a County Certified Bilingual \_\_\_\_\_  
(Employee's Name) (Specify Language)

Interpreter. I understand that by law the information obtained during the process of interpretation must be kept confidential and may not be disclosed outside of that process.

**OR**

I, \_\_\_\_\_ speak both English and \_\_\_\_\_  
(Interpreter's Name) (Specify Language)

I agree to keep this information confidential and not to disclose it, other than as required for interpretation.

My relationship to \_\_\_\_\_ is \_\_\_\_\_  
(Applicant's/Participant's Name) (Relationship)

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
DATE

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Armenian language are the same as for the English version.

(Facsimile of form provided)

# Interpreter Services Statement

## Դիմում Թարգմանչական Մառաչությունների Համար

(Խնդրում ենք կարդացեք այս ձևի հակառակ կողմում զետեղված տեքստը դիմորդի/Նպաստ ստացողի համար նախքան այն լրացնելը:)

ԳՈՐԾԻ ԱՆՈՒՆԸ \_\_\_\_\_

ԳՈՐԾԻ ՀԱՄԱՐԸ \_\_\_\_\_

Ես, \_\_\_\_\_ ի վիճակի եմ հաղորդակցվելու \_\_\_\_\_  
լեզվով: (Նշեք լեզուն)

Հասարակական Սոցիալական Մառաչությունների Վարչությունից (DPSS) ինձ տեղեկացրել են, որ ես իրավունք ունեմ օգտվելու անվճար թարգմանչից: Ցանկության դեպքում ես իրավունք ունեմ նաև օգտագործելու իմ անձնական թարգմանչին: Սակայն, ես հակառակ եմ, որ իմ անձնական թարգմանչին օգտագործելու ժամանակ չի բացառվում, որ թարգմանությունը սխալ կատարվի: Սա կարող է առաջացնել լուրջ խնդիրներ, դրանք են նպաստների և/կամ նպաստ ստանալու իրավունքի կորուստ:

- Ես ուզում եմ օգտագործել Մարզի Երաշխավորած Թարգմանչին (County Certified interpreter):
- Ես ուզում եմ օգտագործել իմ անձնական թարգմանչին չնայած նրան, որ ես կարող եմ օգտվել DPSS-ի անվճար թարգմանչից: Ես գիտեմ, որ կարող է թարգմանության անճշտություններ լինել իմ թարգմանչին օգտագործելու ժամանակ: Ես գիտեմ, որ խիստ անձնական տեղեկություններ կարող են քննարկվել թարգմանության ընթացքում: Սակայն, ես թույլատրում եմ իմ թարգմանչին, ում անունն է \_\_\_\_\_, որպեսզի նա լսի և թարգմանի այս տեղեկությունները: Իմ անձնական թարգմանչին օգտագործելու որոշումը, վերաբերվում է միայն այսօրվան: Ես գիտեմ, որ ապագա ժամադրությունների ժամանակ, ես իրավունք ունեմ օգտվելու DPSS-ի անվճար թարգմանչից:

Դիմորդի/Նպաստ ստացողի Ատորագրությունը \_\_\_\_\_

Ամսաթիվ \_\_\_\_\_

## Թարգմանչի Համաձայնությունը Տեղեկությունների Գաղտնիության Ապահովման Վերաբերյալ

Ես, \_\_\_\_\_ Մազի կողմից Երաշխավորված Երկլեզու  
(Աշխատակցի Անունը)

\_\_\_\_\_ (Նշեք լեզուն) \_\_\_\_\_  
Ենթակա չեն հետագա քննարկումների: Լեզվի թարգմանիչ եմ: Ես հակառակ եմ, որ համաձայն գործող օրենքի, թարգմանության ընթացքում չսկսված տեղեկությունները պետք է պահվեն խիստ գաղտնի և

### OR

Ես \_\_\_\_\_ խոսում եմ երկու լեզվով, Անգլերեն և \_\_\_\_\_  
(Թարգմանչի Անունը) (Նշեք լեզուն)  
Ես համաձայն եմ պահպանել տեղեկությունների գաղտնիությունը և չքննարկել դրանք, բացառությամբ միայն թարգմանության ժամանակ: Իմ ազգակցական կապը \_\_\_\_\_-ի հետ \_\_\_\_\_  
(Դիմորդի/Նպաստ ստացողի Անունը) (Ազգակցական կապը)

Թարգմանչի Ատորագրությունը \_\_\_\_\_

Ամսաթիվ \_\_\_\_\_

# **APPENDIX F**

## **Services to Participants with Disabilities**

DEPARTMENT OF PUBLIC SOCIAL SERVICES




BUREAU OF SPECIAL OPERATIONS

March 25,2010

TO: Office Heads

**CIVIL RIGHTS MEMO**  
10 - 02

FROM:   
Robert Miletich, Director  
Civil Rights section

SUBJECT: SERVICE ANIMALS IN PUBLIC CONTACT OFFICES

Reference: AMERICAN **WITH** DISABILITIES ACT (ADA) Title **II** and **III**

The purpose of this memo is to reinforce ADA policies and procedures that mandate all DPSS and contracted agency public contact offices to ensure that individuals with impaired **vision/hearing** or other disabling conditions are allowed to bring their service animals into all public reception area, interview areas and restrooms. Specifically, these policies state that an individual with a service animal may not be segregated from other **applicants/participants**.

The California Department of Social Services Division 21 Regulations state that the administration of public assistance and social services programs must be nondiscriminatory. Therefore, individuals with disabilities who utilize service animals may not be subjected to processes or procedures that non-disabled persons would not be subjected to. In order to prevent any future allegations of discrimination based on disabilities related to service animals, all DPSS **district/regional** public contact staff, including contracted staff, should be fully made aware of these ADA mandates.

**DEFINITION OF SERVICE ANIMAL**

ADA policies and procedures define a service animal as any guide dog, signal dog, or other animal that is trained to provide assistance to an individual with a disability. This includes animals for guiding the blind, alerting persons with hearing impairments, pulling wheelchairs or assisting persons with mobility impairments. If the service animals meet these criteria, they are considered service animals under ADA policies and procedures (regardless if they have been licensed or certified by a State or local government).

**SERVICE ANIMAL VERSUS PET**

By definition, a service animal is not a pet and should not be removed from the premises. ADA policies and procedures require DPSS to modify, not abandon, any "no pets" policy to allow the use of a service animal by a person with a disability. Some service animals may wear special collars and harnesses; and some may be licensed or certified and have said identification papers. If security or other public contact staff are

not certain that an animal is a service animal, they may ask the individual with the "service" animal if it is required due to the person's disability. However, security or other public contact staff may not require the individual to provide documentation of his or her medical condition or disability, or proof of the service animal's certification before permitting the service animal to accompany the individual into the facility

#### FEE OR CHARGES FOR BRINGING SERVICE ANIMALS

DPSS may not impose any fee, deposit or surcharge on any individual with a disability as a condition before allowing a service animal to accompany him or her into the facility. However, DPSS may impose a monetary charge to an individual with a disability if his or her service animal causes damage to the facility.

DPSS is not required to provide care, food or a special location for the animal. The care or supervision of a service animal is solely the responsibility of its owner.

#### SERVICE ANIMALS THAT BARK, GROWL OR ACT OUT OF CONTROL

ADA policies and procedures state that security or other public contact staff may exclude any animals, including service animals, from the facilities when the animals' behavior poses a direct threat to the health or safety of others. Any service animals that bark, growl or display aggressive behavior towards others should be removed from the **facility** immediately. However, staff may not make assumptions about how a particular animal is likely to behave based on their past experience with other animals. Each situation must be considered individually.

In the event that a service animal is removed from the facility due to aggressive behavior, staff should ensure that the disabled individual continues to receive services without having the service animal on the premises. An individual with a disability may not be denied benefits due to removal of his or her service animal from the facility for being out of control or displaying aggressive behavior.

If you have any questions, please call me at (562) 908-8473, or your administrative staff may contact Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

c: Division Chiefs

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF ADMINISTRATIVE SERVICES

December 18, 2008

TO: Division Chiefs

### HUMAN RESOURCES MEMO

08-215

FROM:   
Joyce Washington, Chief  
Human Resources Division

**SUBJECT: POLICY AND PROCEDURES REGARDING DEAF AND HEARING IMPAIRED PARTICIPANTS**

**Reference:** Americans with Disabilities Act (ADA) Act of 1990, Title II; the California Department of Social Services Regulations, Division 21 – Civil Rights Nondiscrimination; and Department of Public Social Services (DPSS) Personnel Manual Sections 2450 through 2455 – Persons with Disabilities

This is to reemphasize the DPSS policy regarding the delivery of services to deaf and hearing impaired individuals. Title II of the ADA prohibits discrimination against those with disabilities in all programs, activities and services administered by State and local governments.

### Policy

DPSS is committed to offering services to eligible persons without regard to disability. It is Department policy that there shall be no discrimination on the basis of disability in the admission and access to the services, programs or activities provided as a public entity.

Effective communication for individuals who are deaf or hearing impaired is usually achieved through the use of a qualified sign language interpreter. If a participant or a person who is deaf or hearing impaired requires a qualified interpreter, it is the responsibility of the Office Head/designee to contact Mary Sherman-Jones, DPSS ADA Coordinator, at (213) 639-5936, or Arevik Nadimyan at (213) 639-5916.

Office Heads shall post copies of the Public Notice entitled "Policy of Non-Discrimination on the Basis of Disability" in conspicuous places in public contact and work areas for viewing by the public and employees. The Public Notice shall be available upon request in an alternate format (e.g., Braille material, taped text, qualified interpreters, large print materials, telecommunication devices for deaf (TDDs) and other effective aids and services for persons with impaired hearing, speech, vision or manual skills). Requests for alternate formats shall be directed to the DPSS, ADA Coordinator.

Upon obtaining information that identifies an applicant/recipient as being disabled, management shall ensure that the respective case record is so documented. The case record shall document, in writing, an applicant's/recipient's request for auxiliary aids and services.

Those participants who file complaints relative to ADA accommodations are to be free from coercion, intimidation or interference when filing a complaint and are not to be subject to harassment or retaliation as a result of filing said complaint.

### **Procedures**

The Departmental ADA Coordinator, assigned to Human Resources Division, has the overall responsibility to ensure that ADA compliance is met for the Department and that the informal complaint procedure is properly administered. A major responsibility is to resolve grievances by complainants which were not resolved at lower levels. The coordinator acts as the Departmental Liaison with the Office of Affirmative Action Compliance, the agency responsible for monitoring ADA compliance for Los Angeles County.

Office Heads shall designate an office ADA Coordinator, at the level of Administrative Services Manager/Human Services Administrator (ASM/HSA) I or above, to oversee that worksite's ADA activities, train reception staff on the handling of ADA inquiries/complaints, hold informal meetings with inquirers/complainants, generate written responses to inquirers/complainants, and consult with the DPSS, ADA Coordinator as necessary.

Federal regulations do not require the use of an informal complaint procedure, so an individual may elect to file a complaint directly with the appropriate Federal enforcement agency.

### **ADA Complaint Form**

Individuals who are applicants for public assistance or social services may file an informal complaint if they believe they have been discriminated against because of their disability. The ADA Complaint Form (see DPSS Personnel Manual Section 2453 for the form) is to be used to file a complaint.

The ADA Complaint Form shall be available upon request in an alternate format (e.g., Braille material, taped text, enlarged print materials, TDDs and other effective aids and services for persons with impaired hearing, speech, vision and manual skills). Requests for alternate formats shall be directed to the DPSS, ADA Coordinator.

### **Timelines**

Investigations and findings are to be completed by the Office ADA Coordinator within 60 days from the date a complaint is filed.

### **Records Retention**

Copies of ADA complaints and related records are retained for three years. These documents are confidential unless otherwise authorized or required by law.



Division Chiefs  
December 18, 200  
Page 3

### **Appeal Process**

If a Complainant is not satisfied with the findings of the Office ADA Coordinator during the informal complaint procedure, an appeal may be made by writing to the DPSS, ADA Coordinator. Complainants shall be advised of the right to further appeals.

### **Shared Reception Areas**

In facilities with shared reception areas, the Proprietor Office Head is responsible for coordinating the assignment of ADA complaints. For example, a client filing a complaint who receives In-Home Supportive Services will be referred to the Adult Services, ADA Coordinator at that location. When conflicts of jurisdiction cannot be resolved, the DPSS ADA Coordinator should be contacted.

Should there be questions relative to this Human Resources Memo, your administrative may contact Sharon Fisher, ASM I, Personnel Policy unit, at (213) 639-5909.

JW:IT  
JC:SF:sf  
BAS-HRD08-00505

c: Department Head  
Chief Deputy  
Assistant Directors  
Office Heads

DEPARTMENT OF PUBLIC SOCIAL SERVICES




BUREAU OF SPECIAL OPERATIONS

March 25, 2010

TO: Office Heads

**CIVIL RIGHTS MEMO**  
10 - 02

FROM:   
Robert Miletich, Director  
Civil Rights section

SUBJECT: SERVICE ANIMALS IN PUBLIC CONTACT OFFICES

Reference: AMERICAN **WITH** DISABILITIES ACT (ADA) Title **II** and **III**

The purpose of this memo is to reinforce ADA policies and procedures that mandate all DPSS and contracted agency public contact offices to ensure that individuals with impaired **vision/hearing** or other disabling conditions are allowed to bring their service animals into all public reception area, interview areas and restrooms. Specifically, these policies state that an individual with a service animal may not be segregated from other **applicants/participants**.

The California Department of Social Services Division 21 Regulations state that the administration of public assistance and social services programs must be nondiscriminatory. Therefore, individuals with disabilities who utilize service animals may not be subjected to processes or procedures that non-disabled persons would not be subjected to. In order to prevent any future allegations of discrimination based on disabilities related to service animals, all DPSS **district/regional** public contact staff, including contracted staff, should be fully made aware of these ADA mandates.

**DEFINITION OF SERVICE ANIMAL**

ADA policies and procedures define a service animal as any guide dog, signal dog, or other animal that is trained to provide assistance to an individual with a disability. This includes animals for guiding the blind, alerting persons with hearing impairments, pulling wheelchairs or assisting persons with mobility impairments. If the service animals meet these criteria, they are considered service animals under ADA policies and procedures (regardless if they have been licensed or certified by a State or local government).

**SERVICE ANIMAL VERSUS PET**

By definition, a service animal is not a pet and should not be removed from the premises. ADA policies and procedures require DPSS to modify, not abandon, any "no pets" policy to allow the use of a service animal by a person with a disability. Some service animals may wear special collars and harnesses; and some may be licensed or certified and have said identification papers. If security or other public contact staff are

not certain that an animal is a service animal, they may ask the individual with the "service" animal if it is required due to the person's disability. However, security or other public contact staff may not require the individual to provide documentation of his or her medical condition or disability, or proof of the service animal's certification before permitting the service animal to accompany the individual into the facility

#### FEE OR CHARGES FOR BRINGING SERVICE ANIMALS

DPSS may not impose any fee, deposit or surcharge on any individual with a disability as a condition before allowing a service animal to accompany him or her into the facility. However, DPSS may impose a monetary charge to an individual with a disability if his or her service animal causes damage to the facility.

DPSS is not required to provide care, food or a special location for the animal. The care or supervision of a service animal is solely the responsibility of its owner.

#### SERVICE ANIMALS THAT BARK, GROWL OR ACT OUT OF CONTROL

ADA policies and procedures state that security or other public contact staff may exclude any animals, including service animals, from the facilities when the animals' behavior poses a direct threat to the health or safety of others. Any service animals that bark, growl or display aggressive behavior towards others should be removed from the **facility** immediately. However, staff may not make assumptions about how a particular animal is likely to behave based on their past experience with other animals. Each situation must be considered individually.

In the event that a service animal is removed from the facility due to aggressive behavior, staff should ensure that the disabled individual continues to receive services without having the service animal on the premises. An individual with a disability may not be denied benefits due to removal of his or her service animal from the facility for being out of control or displaying aggressive behavior.

If you have any questions, please call me at (562) 908-8473, or your administrative staff may contact Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

c: Division Chiefs

# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF SPECIAL OPERATIONS



March 15, 2011

**TO:** Office Heads

**CIVIL RIGHTS MEMO**

11 - 05

**FROM:** Gloria Easley, Director  
Civil Rights Section

A handwritten signature in cursive script, appearing to read "Gloria Easley".

**SUBJECT: PROVISION FOR SERVICES TO APPLICANTS/PARTICIPANTS WHO ARE BLIND OR HAVE VISION IMPAIRMENTS**

**Reference: AMERICAN WITH DISABILITIES ACT (ADA) Title II and III**

The purpose of this memo is to reinforce ADA policies and procedures that mandate all DPSS and contracted agency public contact offices to ensure effective communication with applicants/participants who are blind or have vision impairments. This is in addition to allowing applicants/participants who are blind or have vision impairments to bring their service animals into all public reception areas, interview areas and restrooms.

The California Department of Social Services Division 21 Regulations state that the administration of public assistance and social services programs must be nondiscriminatory. Therefore, applicants/participants who are blind or have vision impairments must not be subjected to processes or procedures that non-disabled persons are not subjected to. In an effort to prevent any future allegations of discrimination based on disabilities related to blind and vision impaired applicants/participants, all DPSS district/regional public contact staff, including contracted staff, should be aware of the serious nature of this issue.

### AUXILIARY AIDS AND SERVICES

Auxiliary aids and services include a wide range of services and devices for ensuring effective communication. Whenever requested, appropriate auxiliary aids must be provided immediately, to ensure that communication with disabled applicants/participants is as effective as communication with other non-disabled persons.

Auxiliary Aids services or devices may include:

- ◆ Qualified interpreters
- ◆ Assistive listening headsets
- ◆ Television captioning and decoders
- ◆ Telecommunication devices for deaf persons (TDD/TTY)
- ◆ Videotext displays
- ◆ Readers
- ◆ Taped texts
- ◆ Brailled materials
- ◆ Large print materials

DPSS should not impose fees to any applicant/participant with a disability for the use of an auxiliary aid. DPSS is not required to provide auxiliary aids that will result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens. However, DPSS must still furnish another auxiliary aid that does not result in the fundamental alteration or undue burdens.

#### EFFECTIVE WRITTEN COMMUNICATION WITH APPLICANTS/PARTICIPANTS WHO ARE BLIND OR HAVE VISION IMPAIRMENTS

Whenever requested, DPSS must ensure that information in written form are available and provided to applicants/participants with vision impairments in a form that is usable by them. To ensure effective communication, the following auxiliary aids may be utilized:

- ◆ "Large Print" versions of written documents may be produced on a copier with enlargement capacities;
- ◆ "Brailled" versions of documents produced by computers may be produced with a Braille printer;
- ◆ "Audio Tapes" may be provided for individuals who are unable to read large print or unable to use Braille.

#### BRILLED DOCUMENTS

Our Department must ensure that our communications with applicants/participants who are blind or have vision impairments is as effective as communication with others. However, since Braille is not a "required" format for all documents, we are NOT required to put all of our documents in Braille. The following auxiliary aids, other than Braille, may be utilized to ensure effective communication with applicants/participants who are blind or have vision impairments:

- ◆ Magnifying lenses
- ◆ Qualified readers
- ◆ Taped texts
- ◆ Audio recordings
- ◆ Large print
- ◆ Assistance in locating items

The type of auxiliary aids or services necessary to ensure effective communication will vary in accordance with the length and complexity of the communication involved. For example, for applicants/participants with vision impairments, DPSS district/regional public contact staff, including contracted staff, may provide oral directions or read written instructions. In many transactions, such as application or redetermination, communications provided through simple methods will be as effective as the communication provided to other applicants/participants in similar transactions.

If you have any questions, please call me at (562) 908-8473, or your administrative staff may contact Alma Calvelo, HSA I at (562) 908-8355.

GE:ac

c: Division Chiefs

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Cambodian language are the same as for the English version.

(Facsimile of form provided)

Interpreter Services Statement

សេចក្តីថ្លែងការណ៍សេវាកម្មបកប្រែភាសា

(សូមអានអត្ថបទនៅទំព័រម្ខាងទៀតនៃក្រដាសបំពេញនេះជូនទៅអ្នកដាក់ពាក្យសុំ/អ្នកចូលរួមមុនពេលបំពេញ)

ឈ្មោះសំណុំរឿង: \_\_\_\_\_

លេខសំណុំរឿង: \_\_\_\_\_

ខ្ញុំ: \_\_\_\_\_ អាចធ្វើការទាក់ទងដោយប្រើ \_\_\_\_\_ ។

ខ្ញុំត្រូវបានផ្តល់ព័ត៌មានដោយក្រសួងសង្គមកិច្ចសាធារណៈ (Department of Public Social Services - DPSS) ថាខ្ញុំមានសិទ្ធិទទួលបានការបកប្រែភាសាដោយឥតគិតថ្លៃ ។ បើសិនជា ខ្ញុំចង់, ខ្ញុំក៏មានសិទ្ធិប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំបានដែរ ។ តែទោះជាយ៉ាងណាក៏ដោយ, ខ្ញុំយល់ថា ប្រហែលជាមានការប្រើពាក្យសុំស្តង់ដារនិយាយទាក់ទងគ្នា បើ ខ្ញុំប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ។ នេះអាចនឹងបណ្តាលឱ្យមានបញ្ហាជាច្រើនដូចជា ការខាតបង់ប្រយោជន៍ជំនួយ និង/ឬ លក្ខណសម្បត្តិទទួលបានផ្សេងៗ ។

- ខ្ញុំចង់ប្រើអ្នកបកប្រែភាសាដែលមានលិខិតបញ្ជាក់ពីខោនធីដោយឥតគិតថ្លៃ ។
- ខ្ញុំចង់ប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ទោះបីជា ខ្ញុំអាចទទួលបានអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃពីក្រសួង DPSS ក៏ដោយ ។ ខ្ញុំយល់ថាប្រហែលជាមានបញ្ហាជាច្រើនក្នុងការនិយាយទាក់ទងគ្នា បើ ខ្ញុំ ប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ។ ខ្ញុំយល់ថាព័ត៌មានសំខាន់ៗផ្ទាល់ខ្លួនអាចនឹងយកមកពិភាក្សានៅក្នុងពេលការបកប្រែភាសានោះ ។ តែទោះជាយ៉ាងណាក៏ដោយ, ខ្ញុំអនុញ្ញាតឱ្យអ្នកបកប្រែភាសារបស់ខ្ញុំដែលមានឈ្មោះ: \_\_\_\_\_ ឱ្យស្តាប់ និង បកប្រែព័ត៌មានទាំងនេះ ។ ការប្រើសម្តីរបស់ខ្ញុំក្នុងការប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំគឺយកជាការប្រកាន់រក្សាដាច់ខាតនៃព័ត៌មាននេះ ។ ខ្ញុំយល់ថាសំណុំរឿងនេះអាចមានលក្ខណៈសំខាន់ណាមួយ, ខ្ញុំមានសិទ្ធិទទួលបានការបកប្រែភាសាដោយឥតគិតថ្លៃពីក្រសួង DPSS ។

ហត្ថលេខារបស់អ្នកដាក់ពាក្យសុំ/អ្នកចូលរួម \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

Interpreter Confidentiality Agreement  
សេចក្តីព្រមព្រៀងនៃអ្នកបកប្រែភាសាក្នុងការរក្សាទុកព័ត៌មានជាសំងាត់

ខ្ញុំ: \_\_\_\_\_ ជាអ្នកចេះពីភាសាដែលមានលិខិតបញ្ជាក់ពីខោនធីដែលអាចបកប្រែភាសា \_\_\_\_\_ ។  
(ឈ្មោះរបស់អ្នកបកប្រែភាសា) (សូមបញ្ចេញឆ្នាំ) \_\_\_\_\_  
ខ្ញុំយល់ថា តាមច្បាប់ ព័ត៌មានដែលទទួលបាននៅក្នុងពេលដំណើរការនៃការបកប្រែភាសាត្រូវតែរក្សាទុកជាសំងាត់ ហើយ មិនអាចបញ្ចេញទៅក្រៅដំណើរការនៃការបកប្រែភាសានេះបានទេ ។

ឬ

ខ្ញុំ: \_\_\_\_\_ ចេះនិយាយពីភាសា, អង់គ្លេស និង ភាសា \_\_\_\_\_ ។  
(ឈ្មោះរបស់អ្នកបកប្រែភាសា) (សូមបញ្ចេញឆ្នាំ) \_\_\_\_\_  
ខ្ញុំយល់ព្រមរក្សាទុកព័ត៌មាននេះជាសំងាត់ ហើយនឹង មិនបញ្ចេញទៅក្រៅទេ, លើកលែងតែត្រូវការសំណុំរឿងនៃការបកប្រែភាសា ។  
ទំនាក់ទំនងរបស់ខ្ញុំជាមួយនឹង \_\_\_\_\_ គឺជា \_\_\_\_\_  
(ឈ្មោះរបស់អ្នកដាក់ពាក្យសុំ/អ្នកចូលរួម) (ទំនាក់ទំនង)

ហត្ថលេខារបស់អ្នកបកប្រែភាសា \_\_\_\_\_ ថ្ងៃខែឆ្នាំ \_\_\_\_\_

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Chinese language are the same as for the English version.

(Facsimile of form provided)



### Interpreter Services Statement

### 口譯服務聲明

(在填寫以前, 請把此表背面的字體唸給申請人/參與人聽)

個案姓名: \_\_\_\_\_

個案號碼: \_\_\_\_\_

我, \_\_\_\_\_ 能夠以 \_\_\_\_\_ 語與人溝通。  
(指明語言)

公共社會服務局 (DPSS) 曾經告知我可以有免費口譯員的權利。如果我願意, 我也有使用我自己的口譯員的權利。但是, 我瞭解使用我自己的口譯員可能會發生溝通上的錯誤。這樣也許導致問題的發生, 例如, 喪失福利和/或資格。

我願意使用免費的縣府認證的口譯員。

我願意使用我自己的口譯員, 即使我可以從公共社會服務局 (DPSS) 得到免費的口譯員。我知道使用我自己的口譯員可能會產生溝通錯誤的問題。我也瞭解在口譯的過程中某些敏感的問題會被討論。總之, 我允許我自己的口譯員 \_\_\_\_\_ 聽取和口譯這些資料。我選擇使用我自己的口譯員是只限於今天。我知道對於將來的約見, 我有權利從公共社會服務局 (DPSS) 得到免費的口譯員。

\_\_\_\_\_  
申請人/參與人的簽名

\_\_\_\_\_  
日期

### 口譯員守密同意書

我, \_\_\_\_\_ 是縣府認證的雙語 \_\_\_\_\_ 口譯員。  
(口譯員的姓名) (指明語言)

我瞭解, 法律上規定我在口譯進行期間所獲得的資料必須守密, 同時進行的程序也不可向外透露。

或

我, \_\_\_\_\_ 同時會說英文和 \_\_\_\_\_。  
(口譯員的姓名) (指明語言)

被要求作為口譯員, 我同意對這些資料守密和不會向外透露。

我與 \_\_\_\_\_ 的關係是 \_\_\_\_\_。  
(申請人/參與人的姓名) (關係)

\_\_\_\_\_  
口譯員的簽名

\_\_\_\_\_  
日期

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Korean language are the same as for the English version.

(Facsimile of form provided)

### Interpreter Services Statement

### 통역 서비스 확인서

(이 양식을 작성하기 앞서 신청인/참여자는 이 뒷면에 있는 글을 읽으십시오)

케이스 이름: \_\_\_\_\_

케이스 번호: \_\_\_\_\_

본인, \_\_\_\_\_ 는 \_\_\_\_\_ 의사 소통이 가능합니다.  
(언어)

사회 복지국(DPSS)은 무료 통역인 이용 권리가 본인에게 있음을 알려왔습니다. 본인이 원한다면, 본인의 개인 통역인을 이용할 수 있는 권리도 있습니다. 그러나, 본인의 통역인을 이용하는 데는 잘못된 해석도 있을 수 있음을 압니다. 이는 혜택 및/또는 자격을 잃게 되는 문제를 일으킬 수 있습니다.

본인은 카운티 인증 통역인을 이용하길 원합니다.

본인은 비록 사회복지국(DPSS)으로 부터 무료 통역인을 가질 수 있으나 본인의 개인 통역인을 이용하길 원합니다. 본인의 통역인을 이용하는 데는 잘못된 해석도 있을 수 있음을 압니다. 통역 중 민감한 정보를 논의하게 됨을 압니다. 본인은 본인의 통역인에게 \_\_\_\_\_ 의 이름으로 이 정보를 듣고 그리고 통역할 것을 허락합니다. 본인의 통역인을 이용하려는 본인의 선택은 단지 오늘 하루만 해당됩니다. 앞으로의 새 지정 약속에 DPSS의 무료 통역인을 이용할 권리가 있음을 본인은 압니다.

\_\_\_\_\_  
신청인/참여자의 서명

\_\_\_\_\_  
날짜

.....  
**통역 기밀 동의서**

본인, \_\_\_\_\_ 는 \_\_\_\_\_ 카운티 인증 이중 언어  
(기관원의 이름) (언어)  
통역인 입니다. 본인은 통역 중 얻은 정보는 법에 의해 기밀이며 그리고 밖으로 발표될 수 없음을 알고 있습니다.

또는

본인, \_\_\_\_\_ 는 영어와 \_\_\_\_\_ 들을 다 말합니다.  
(통역인의 이름) (언어)  
본인은 이 정보를 기밀에 부칠 것과 그리고 통역에 요구된 대료가 아닌 이상, 이를 누설하지 않을 것에 동의합니다.  
본인과 \_\_\_\_\_ 는 \_\_\_\_\_ 관계 입니다.  
(신청인/참여자의 이름) (관계)

\_\_\_\_\_  
통역인의 서명

\_\_\_\_\_  
날짜

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Russian language are the same as for the English version.

( Facsimile of form provided)

**INTERPRETER SERVICES STATEMENT****Заявление на услуги переводчика**

(прочтите, пожалуйста, информацию на обороте этой формы, прежде чем начнете ее заполнять)

ИМЯ ДЕЛА: \_\_\_\_\_

НОМЕР ДЕЛА: \_\_\_\_\_

Я, \_\_\_\_\_ могу общаться на \_\_\_\_\_  
(Укажите язык)

Я был проинформирован Управлением соцобеспечения (DPSS) о том, что я имею право на бесплатного переводчика. По моему желанию я имею право пользоваться услугами моего собственного переводчика. Я признаю, однако, что при привлечении услуг собственного переводчика не исключены возможные неточности перевода. Это может в результате привести к отказу в выдаче мне пособия и/или потере права на его получение.

Я хотел бы использовать услуги официального переводчика округа (County Certified interpreter).

Хотя мне и предоставлена возможность иметь бесплатного переводчика от управления DPSS, я предпочитаю использовать услуги моего собственного переводчика. Я понимаю, что при использовании услуг моего собственного переводчика могут возникнуть проблемы некоторого недопонимания. Я также понимаю, что будет переводиться важная и требующая точности информация. Тем не менее, я уполномочиваю моего переводчика \_\_\_\_\_ (имя) прослушать и перевести эту информацию. Мое решение использовать услуги моего личного переводчика действительно только на данный случай. Мне известно, что во время последующих встреч я имею право прибегнуть к услугам бесплатного переводчика от Управления DPSS.

\_\_\_\_\_  
Подпись заявителя/участника  
программы

\_\_\_\_\_  
ДАТА

**Соглашение переводчика о неразглашении информации**

Я, \_\_\_\_\_ являюсь официальным переводчиком Округа, владеющим \_\_\_\_\_  
(Имя работника) (Укажите язык)

Я понимаю, что по закону информация, полученная мной во время перевода, является конфиденциальной и не подлежит разглашению.

**ИЛИ**

Я, \_\_\_\_\_ владею английским и \_\_\_\_\_  
(Имя переводчика) (Укажите язык)

Я обязуюсь не разглашать полученную мной во время перевода конфиденциальную информацию. Я являюсь по отношению к \_\_\_\_\_

(Имя заявителя/участника программы)

(Укажите, кем приходиться)

\_\_\_\_\_  
Подпись переводчика

\_\_\_\_\_  
ДАТА

**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Spanish language are the same as for the English version.

( Facsimile of form provided)

### Interpreter Services Statement Declaración de Servicios de Intérprete

(Favor de leer la información al otro lado de esta forma al solicitante / participante antes de llenarlo)

**NOMBRE DEL CASO:** \_\_\_\_\_ **NUMERO DEL CASO:** \_\_\_\_\_

Yo, \_\_\_\_\_ puedo comunicarme en \_\_\_\_\_  
(Especifique el idioma)

He sido informado por el Departamento de Servicios Sociales Públicos (DPSS) que tengo derecho al servicio **gratuito** de intérprete. Si lo deseo, también tengo el derecho de usar mi propio intérprete. Sin embargo, sé que pueden ocurrir errores en la comunicación usando mi propio intérprete. **Esto podría causar problemas tales como la pérdida de los beneficios y/o la elegibilidad.**

- Quiero usar los servicios gratuitos de un Intérprete Certificado por el Condado.
- Quiero usar mi propio intérprete a pesar que yo puedo usar un intérprete gratis del DPSS. Yo se que podría haber problemas de comunicación si uso a mi propio intérprete. Reconozco que cierta información confidencial podría ser discutida durante la interpretación. No obstante, doy permiso a mi intérprete, de nombre \_\_\_\_\_ para escuchar y traducir dicha información. **Mi decisión para usar mi propio Intérprete es valida únicamente por el día de hoy. Reconozco que para futuras citas, tengo derecho a usar los servicios gratuitos de un Intérprete del DPSS.**

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

\_\_\_\_\_  
Fecha

### Acuerdo de Confidencialidad del Intérprete

Yo, \_\_\_\_\_ soy intérprete bilingüe Certificado por el Condado \_\_\_\_\_  
(Nombre del Empleado) (Idioma)

Entiendo que por ley, la información obtenida durante el proceso de interpretación debe mantenerse confidencial y no debe divulgarse fuera de este proceso.



Yo, \_\_\_\_\_ hablo ingles y \_\_\_\_\_  
(Nombre del Intérprete) (Especifique el idioma)

Estoy de acuerdo en mantener esta información confidencial y no divulgarla, aparte de lo requerido durante la interpretación.

Mi relación con \_\_\_\_\_ es \_\_\_\_\_  
(Nombre del Solicitante / Participante) (Relación)

\_\_\_\_\_  
Firma del Intérprete

\_\_\_\_\_  
Fecha

## Interpreter Services Statement Pahayag sa Mga Serbisyo ng Tagasalin

(Bago kumpletuhin ang porm na ito, mangyaring basahin para sa aplikante/kalahok ang nakasulat sa likod.)

**PANGALAN NG KASO:** \_\_\_\_\_

**NUMERO NG KASO:** \_\_\_\_\_

Ako, si \_\_\_\_\_, ay may kakayahang makipag-usap sa wikang \_\_\_\_\_  
(Isulat ang Wika)

Ipinaalam sa akin ng Kagawaran ng Pampublikong Serbisyo ng Panlipunan (DPSS) na ako ay may karapatan sa isang libreng tagasalin. Kung nanaisin ko, may karapatan din akong gumamit ng aking sariling tagasalin. Ganunpaman, alam ko na maaaring magkaroon ng di-pagkakaintindihan kung gagamitin ko ang aking sariling tagasalin. **Ito ay maaaring magbunga ng mga problema gaya ng pagkawala ng mga benepisyo at/o ng kwalipikasyon.**

- Nais kong gamitin ang libreng tagasalin na Sertipikado ng County.
  
- Nais kong gamitin ang aking sariling tagasalin bagaman maaari akong makakuha ng libreng tagasalin mula sa DPSS. Alam kong maaaring magkaroon ng di-pagkakaunawaan kung gagamitin ko ang aking sariling tagasalin. Alam ko na may sensitibong impormasyon na maaaring pag-usapan sa pagsasalin. Ganunpaman, ibinibigay ko ang aking pahintulot sa aking tagasalin na ang pangalan ay \_\_\_\_\_ na pakinggan at isalin ang ganoong impormasyon. **Ang aking pagpiling gumamit ng aking sariling tagasalin ay para sa araw na ito lamang. Alam ko na para sa iba pang magaganap na pakikipagkita, ako ay may karapatan sa isang libreng tagasalin ng DPSS.**

\_\_\_\_\_  
Lagda Ng Aplikante/Kalahok

\_\_\_\_\_  
Petsa

### Pangkalahimang Kasunduan ng Tagasalin

Ako, si \_\_\_\_\_, ay isang Tagasalin ng \_\_\_\_\_ na Sertipikado ng County.  
(Pangalan ng Kawani) (Isulat ang Wika)

**Nauunawan ko na, alinsunod sa batas, ang impormasyong makukuha sa proseso ng pagsalin ay dapat panatilihing lihim at ito ay hindi maaaring lbunyag sa labas ng prosesong iyon.**

O

Ako, si \_\_\_\_\_, ay nakakapagsalita ng Ingles at \_\_\_\_\_.  
(Pangalan ng Tagasalin) (Isulat ang Wika)

Sumasang-ayon akong panatilihing lihim at huwag ibunyag ang impormasyong ito, maliban sa kung kinakailangan sa pagsalin. Ang relasyon ko kay \_\_\_\_\_ ay \_\_\_\_\_.  
(Pangalan ng Aplikante/Kalahok) (Relasyon)

\_\_\_\_\_  
Lagda Ng Tagasalin

\_\_\_\_\_  
Petsa



**INTERPRETER SERVICES STATEMENT & CONFIDENTIALITY AGREEMENT FORM**

**PURPOSE:**

The purpose, preparation, filing, and retention for the PA 481-A in the Vietnamese language are the same as for the English version.

(Facsimile of form provided)

## Interpreter Services Statement

### Bản Tường Trình về Dịch Vụ Thông Ngôn

(Xin đọc văn bản ở mặt sau mẫu đơn này cho người nộp đơn/tham dự viên nghe trước khi hoàn tất điền đơn)

TÊN HỒ SƠ: \_\_\_\_\_

SỐ HỒ SƠ: \_\_\_\_\_

Tôi, \_\_\_\_\_ có khả năng giao tiếp bằng tiếng \_\_\_\_\_  
(Xin Ghi Rõ Ngôn Ngữ)

Tôi đã được Sở Dịch Vụ Xã Hội Công Cộng (DPSS) thông báo cho biết rằng tôi có quyền được một người thông ngôn giúp đỡ **miễn phí**. Nếu muốn, tôi cũng có quyền sử dụng người thông ngôn của chính tôi. Tuy nhiên, tôi biết rằng nếu tôi dùng thông ngôn của chính mình, có thể sẽ xảy ra những sự lầm lẫn về giao tiếp truyền đạt giữa đôi bên. **Điều này có thể đưa tới những vấn đề rắc rối, chẳng hạn như bị mất phúc lợi và/hoặc không còn được thẩm định cho hưởng trợ cấp nữa.**

- Tôi muốn sử dụng miễn phí một Thông Ngôn Có Chứng Thực của Quận-Hạt.
- Tôi muốn sử dụng thông ngôn của chính tôi, mặc dù tôi có thể sử dụng một thông ngôn do Sở DPSS cung cấp miễn phí. Tôi biết rằng việc sử dụng thông ngôn của chính mình có thể sẽ có những vấn đề về giao tiếp truyền đạt bị sai lạc. Tôi biết rằng những thông tin có tính cách tế nhị có thể sẽ được đem ra thảo luận trong lúc thông ngôn diễn dịch. Tuy nhiên, tôi đồng ý cho phép người thông ngôn của tôi, tên là \_\_\_\_\_, được nghe và thông ngôn diễn dịch lại những thông tin đó. **Việc tôi lựa chọn sử dụng người thông ngôn của chính mình chỉ có giá trị trong ngày hôm nay thôi. Tôi biết rằng tại những buổi hẹn trong tương lai, tôi có quyền được sử dụng một thông ngôn do Sở DPSS cung cấp miễn phí.**

\_\_\_\_\_  
Chữ Ký của Người Nộp Đơn/Tham Dự Viên

\_\_\_\_\_  
NGÀY

### Bản Thỏa Thuận Của Người Thông Ngôn Về Việc Bảo Mật

Tôi, \_\_\_\_\_, là một Thông Ngôn Song Ngữ \_\_\_\_\_ Có Chứng Thực  
(Tên Nhân Viên) (Ghi Rõ Ngôn Ngữ)  
của Quận-Hạt. Tôi hiểu rằng, theo luật pháp, những thông tin nhận được trong quá trình thông ngôn diễn dịch phải được giữ kín và không được tiết lộ ra bên ngoài quá trình thông ngôn diễn dịch đó.

### HOẶC

Tôi, \_\_\_\_\_ nói được cả hai ngôn ngữ, tiếng Anh và \_\_\_\_\_  
(Tên Người Thông Ngôn) (Ghi Rõ Ngôn Ngữ)  
Tôi thỏa thuận giữ kín những thông tin này và không tiết lộ chúng ra ngoài, ngoại trừ khi việc thông ngôn diễn dịch đòi hỏi.

Quan hệ giữa tôi và \_\_\_\_\_ là \_\_\_\_\_  
(Tên Người Nộp Đơn/Tham Dự Viên) (Quan Hệ)

\_\_\_\_\_  
Chữ Ký Người Thông Ngôn

\_\_\_\_\_  
NGÀY

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

February 8, 2010

TO: Office Heads

**CIVIL RIGHTS MEMO**  
**10-01**

FROM:   
Robert Miletich, Director  
Civil Rights Section

**SUBJECT: NEW BILINGUAL RESOURCE UTILIZATION APPLICATION**

**Reference:** Civil Rights Memo 06-06 dated September 19, 2006 – Bilingual Resource Utilization Database

This is to announce the February 22, 2010 implementation of the newly enhanced Bilingual Resource Utilization (BRU) application which was originally created as a Lotus Notes custom application in 2006. Staff authorized to request interpreter services will have access to this new Oracle based application.

A Lotus Notes Bulletin with detailed instructions will be issued by ITD on or before February 22, 2010.

The BRU application enables authorized employee to electronically search and locate staff within DPSS who speak the non-English language preferred by our applicants and participants. Some of the advantages of the new application include quick access to interpreter services, better tracking of interpreter requests and report generation. The new and enhanced BRU application is more user-friendly and includes many useful features.

BRU training will be conducted by ITD staff at the ITD Training Room according to the schedule below. The Civil Rights Section will coordinate the BRU training enrollment.

Session 1: Wednesday, February 17, 2010	9:00 a.m. -12:00 m.
Session 2: Wednesday, February 17, 2010	1:00 p.m. - 4:00 p.m.
Session 3: Thursday, February 18, 2010	9:00 a.m. -12:00 m.
Session 4: Thursday, February 18, 2010	1:00 p.m. - 4:00 p.m.

If you have any question regarding this memo, please call me at (562) 908-8473, or your staff may contact Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:jr

c: Division Chiefs



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF WORKFORCE SERVICES ADMINISTRATIVE MEMORANDUM

NUMBER	DATE
11-02	January 4, 2011

**SUBJECT: DOCUMENTING LEADER CASE COMMENTS FOR PRIMARY LANGUAGE - THRESHOLD LANGUAGE**

**REFERENCE:** Civil Rights Memo 09-03 dated 07/02/2010; Administrative Directive 4855 dated 03/15/2010; Administrative Memorandum 08-62, dated 05/05/09; LEADER Build #214, dated 04/25/08; Manual Letter 4647 dated 03/14/2006; Administrative Memorandum 06-09 dated 05/24/2006; Administrative Memorandum 05-28, dated 08/09/05;

**CANCELS:** NONE **FILE IN:** N/A

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**SPECIAL ATTENTION:** REPORT REQUIRED  YES  NO  
 All Programs SURVEY REQUIRED  YES  NO

The purpose of this Administrative Memorandum (AM) is to re-emphasize the importance of documenting adequate case comments in the case record on LEADER concerning the applicants/participants preferred language of communication for both verbal and written communication.

In accordance with the California Department of Social Services (CDSS) Division, our Department must take reasonable steps to ensure that our applicants/participants are provided effective services in their preferred language. Our compliance with this requirement is established through detailed documentation in the electronic and paper case record.

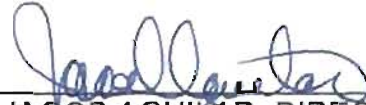
Staff must document the *Data Collection* subsystem, **Case Comments** screen on LEADER with the applicants/participants self-declared preferred language for both verbal and written communication when a case is:

- Initially started (initial contact, when application is received, or at intake);
- Yearly redetermination/recertification; or
- At any time the participant requests a change in their language preference.

If an applicant/participant is able to communicate effectively in English, he/she must still be given the option to designate the language of preference for both verbal and written communication. The Leader Case Comments screen must be updated to reflect that the applicant/participant designated English as their primary language for verbal and written communication.

Detailed information regarding Primary Language, Threshold Language, and the LEADER Case Comments screen is available in the documents referenced above.

Administrative staff may direct questions regarding this release to Francisco E. Fonseca at BWS Line Operations Development by calling (626) 312-6183.



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JACOB AGUILAR, DIRECTOR  
BUREAU OF WORKFORCE SERVICES

APPROVAL:

BPP    BSO    BWS    BCTS

JA:CS:FEF

DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF SPECIAL OPERATIONS

October 19, 2009



TO: Office Heads

**CIVIL RIGHTS MEMO**

09 - 08

FROM:   
Robert Miletich, Director  
Civil Rights Section

**SUBJECT: DISPLAYING OF LANGUAGE IDENTIFICATION MATERIALS**

**Reference:** Civil Rights Memo #09 – 01 and #09 – 07

The purpose of this memo is to advise all district and regional offices to continue using the Language Identification Card provided by our former translation services vendor, Language Line Services (LLS), as a tool to determine which language a limited English proficient or non-English speaking applicant/participant speaks. This card must be prominently displayed in waiting rooms or reception areas and made available for use by DPSS public contact staff at all times.

Also to avoid confusion, posters and brochures provided by Open Communication International, Inc (OCI) **should not** be displayed at all. Effective May 3, 2009, OCI replaced LLS as the County's new over-the-phone language services provider. However, the materials provided by OCI do not list the languages most frequently encountered in our Department, including some of our Department's threshold languages. Furthermore, the languages listed were not translated in respective languages.

Attached is a copy of the LLS' Language Identification Card. Since we no longer have a contract with LLS, requests for this card may be forwarded to Civil Rights Section via Lotus Notes or at (562) 908 – 8501 and an electronic copy will be provided. Administrative staff may direct their questions regarding this matter to Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:jr

Attachments

c: Division Chiefs




# Language Identification Card

As a Language Line Services customer you have access to over-the-phone interpretation 24 hours a day, 7 days a week. Use this Language Identification Card in a face-to-face situation, to determine which language a person speaks. The Language ID Card lists the languages most frequently encountered in North America, grouped by the geographical region where they are commonly spoken.

- To use the Language ID Card efficiently, locate the geographical region where you believe the non-English speaker may be from. (Pacific Islands, Europe, etc.)
- Show the person the languages listed for that region. The message underneath each language says: “Point to your language. An Interpreter will be called.”


Sample:


00 **English** English   
 Point to your language.  
 An Interpreter will be called.

- Refer to your Quick Reference Guide (QRG) to access an interpreter through Language Line Services. In most cases, an interpreter is available within seconds.
- If you are unable to identify the language, our representative will help you.


*Please note: Listing of languages within this card does not guarantee availability of interpreters in these languages. Language Line Services interprets from English into more than 140 languages, only the most requested languages are listed here. This list is subject to change based upon demand.*


## Europe


70 **Albanian** Shqip   
 Tregoni me gisht gjuhën që flitni.  
 Do të gjejme një përkthyes për ju.


72 **Armenian** Հայերէն   
 Ցոյց տուէք ո՞ր սէկ լեզուն կը խօսիք՝  
 որպէսզի թարգմանիչ մը կանչել տանք.


136 **Basque** Euzkera   
 Zeure izkuntza atzamarragaz erakutzi.  
 Euzkeratzail bateri deituko deutsagu.


69 **Bulgarian** Български език   
 Посочете Вашия език.  
 Ние ще извикаме преводач за Вас.


132 **Catalan** Català   
 Assenyali amb el dit el seu idioma.  
 Es trucarà a un intèrpret.

67 **Croatian** Hrvatski   
 Molim Vas, pokažite nam Vaš jezik.  
 Zvat ćemo tumača za Vas.


63 **Czech** Česky   
 Ukažte, který je váš jazyk.  
 Zavoláme tlumočníka.

55 **Danish** Dansk   
 Peg på dit sprog.  
 En tolk vil blive tilkaldt.


56 **Dutch** Nederlands   
 Wijs uw taal aan.  
 Wij zullen u een tolk geven.


77 **Estonian** Eesti Keel   
 Näidake oma emakeelele.  
 Me muretseme teile tõlgi.


52 **Finnish** Suomi   
 Osoittakaa teidän kielenne.  
 Tulkki kutsutaan auttamaan teitä.


58 **French** Français   
 Montrez-nous quelle langue vous parlez.  
 Nous vous fournirons un/e interprète.


57 **German** Deutsch   
 Zeigen Sie auf Ihre Sprache.  
 Wir rufen einen Dolmetscher an.


71 **Greek** Ελληνικά   
 Δείξτε ποιά γλώσσα μιλάτε και  
 θα κληθεί ένας διερμηνέας.


65 **Hungarian** Magyar   
 Válassza ki az ön által beszélt nyelvet.  
 Kapcsoljuk a tolmácsot.


133 **Icelandic** Íslenska   
 Bentu á þitt tungumál.  
 Það verður hringt í túlk.


59 **Italian** Italiano   
 Faccia vedere qual è la sua lingua.  
 Un interprete sarà chiamato.


75 **Lithuanian** Lietuvių Kalba   
 Parodyk tavo kalbamą kalbą.  
 Vertėjas bus pakviestas.


68 **Macedonian** Makedonski   
 Posočete molim Vaš jezik.  
 Ke vikame prevodilac Vas da doide.


54 **Norwegian** Norsk   
 Pek på ditt språk.  
 En tolk vil bli tilkalt.


62 **Polish** Polski   
 Proszę wskazać na swój język ojczysty.  
 Tłumacz zostanie poproszony do telefonu.


61 **Portuguese** Português   
 Aponte seu idioma.  
 Providenciaremos um intérprete.

66 **Romanian** Românește   
 Indicați limba pe care o vorbiți.  
 Veți fi pus în legătură cu un interpret.


78 **Russian** Русский Язык   
 Укажите, на каком языке Вы говорите.  
 Сейчас Вам вызовут переводчика.


148 **Serbian** Српски   
 Молим Вас, покажите нам Ваш језик.  
 Зваћемо тумача за Вас.

64 **Slovak** Slovensky   
 Ukážte na vašu reč.  
 Zavoláme tlmočníka.


60 **Spanish** Español   
 Señale su idioma.  
 Se llamará a un intérprete.


53 **Swedish** Svenska   
 Peka ut Ert språk.  
 En tolk kommer att tillkallas.

76 **Ukrainian** Українська Мова   
 Покажіть, якою мовою ви говорите.  
 Зараз викличуть вам перекладача.


135 **Yiddish** ייִדיש   
 ווייזט אן אויף איינער שפראך.  
 מע וועט אָנקלינגען אַן איבערזעצער.


## Pacific Islands


120 **Aklan** Aklanon   
 Ituro mo ro atong hambae.  
 Magtawag kami et mag-interprete.


127 **Fijian** Kaiviti   
 Dusia na nomu vosa.  
 Ena qai kacivi edua mi vakavaka dewa.


113 **Ilocano** Ilokano   
 Itudom iti saom.  
 Umayab kam iti interprete.

50 **Indonesian** Bahasa Indonesia   
 Tunjukkan bahasamu.  
 Jurubahasa akan disediakan.


51 **Malay** Bahasa Malaysia   
 Tunjukkan yang mana bahasa anda.  
 Seorang jurubahasa akan diberitahu.


126 **Samoan** Gagana Samoa   
 Tusi lou 'a'ao i lau gagana.  
 O le a vala'auina se tasi e fa'amatala 'upu mo 'oe.


117 **Tagalog** Tagalog   
 Pakituro mo nga ang iyong wika.  
 Magpapatawag ako ng interprete.


128 **Tongan** Tonga   
 Tuhu kihe lea 'oku ke lea 'aki.  
 'E fetu'utaki kihe fakatonulea.

## North America, South America, and Caribbean

58 **French** Français   
 Montrez-nous quelle langue vous parlez.  
 Nous vous fournirons un/e interprète.

129 **Haitian Creole** Kreyòl Ayisyen   
 Montre lang ou-a.  
 Yap voye chèche yon entèprèt.

144 **Navajo** Diné   
 Saad béé honisinígíí nílá' bee bik'idiíłnííh.  
 Ata' halne'ě ła' nábich'į' hodoonih.

61 **Portuguese** Português   
 Aponte seu idioma.  
 Providenciaremos um intérprete.

60 **Spanish** Español   
 Señale su idioma.  
 Se llamará a un intérprete.

## India, Pakistan, and Southwest Asia

- 84 **Bengali** বাংলা   
 আপনি কোন ভাষায় কথা বলেন - জানান।   
 আপনার সেবার জন্যে একজন অনুবাদক আসবেন।
- 85 **Bhojpuri** भोजपुरी   
 रीआके भाव्भासा का बा ?   
 रोजालेल एगो दुभाषिया बोलादेल जाईत।
- 83 **Gujarati** ગુજરાતી   
 તમારી ભાષા ઇશ્વારથી ખતાવો.   
 તમારા માટે ભાષાંતર કરનાર ખોલાવી આપાશે.
- 82 **Hindi** हिन्दी   
 अपनी भाषा इशारे से दिखाइये।   
 आपके लिए दुभाषिया बुलाया जाएगा।
- 88 **Malayalam** മലയാളം   
 നിങ്ങളുടെ ഭാഷയിൽ എന്താണ് പറയാനുള്ളത്?   
 അതിനായി ഒരു അഭിജ്ഞാനി അയയ്ക്കാൻ.
- 81 **Nepali** नेपाली   
 आफ्नो भाषा चिनाउनु होस्।   
 तपाईंको भाषा बोल्ने व्यक्ति बोलाइने छ।
- 80 **Punjabi** ਪੰਜਾਬੀ   
 ਅਪਣੀ ਬੋਲੀ ਦਿਖਾਏ ਠਾਕ ਦਮੇ।   
 ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਇਆ ਜਾਏਗਾ।
- 89 **Sinhalese** සිංහල   
 මමේ නාසාට වෙයිත් වෙන්නවත්,   
 සිංහල සඳා සරණ වෙමෙක් භොසනව!
- 137 **Tamil** ஆங்கிலம்   
 எந்த மொழியில் துவிபால்கள் வேண்டுமோ   
 அதை விரலால் காண்பித்தகவும்.   
 தகுந்த துவிபாஷிகளுடன் இணைவு விரைவில் செய்யப்படும்.
- 79 **Urdu** اُردو   
 آپ کون سی زبان میں بات کرنا پسند کریںگی؟   
 آپ کی مدد کیلئے ابھی کی ترجمان کو بلایا جائے گا۔

## Africa

- 27 **Amharic** አማርኛ   
 ማን ደን ጽሑፍ ስሙ ነው?   
 ስከተረን ማረጋገጥ ማለት ነው.
- 90 **Arabic** اللغة العربية   
 أشر الى لغتك   
 وسننادي المترجم حالاً.
- 19 **Bambara** Bamanankan   
 I bolo da i fakan kan.   
 An benna kuma yelemabaga do wele.
- 58 **French** Français   
 Montrez-nous quelle langue vous parlez.   
 Nous vous fournirons un/e interprète.
- 22 **Hausa** Hausa   
 Nuna yàrenkà/yàrenki.   
 A à kirà tafintà.
- 59 **Italian** Italiano   
 Faccia vedere qual è la sua lingua.   
 Un interprete sarà chiamato.
- 61 **Portuguese** Português   
 Aponte seu idioma.   
 Providenciaremos um intérprete.
- 141 **Portuguese Creole** Cabo Verdiano   
 Ponta pa bu lingua.   
 Un intrepeto ta ser chumado.
- 142 **Somali** Afsomali   
 Tilmaan afka aad ku hadasho.   
 Tarjumaan ayaa la wacayaaye.
- 26 **Swahili** Kiswahili   
 Onyesha lugha yako.   
 Tutamwita mtu atakayekufasiria.
- 28 **Tigrinya** ቶጎሪኛ   
 ናብ ቋንቋ ስም ኣለኩም   
 ተረጓጊዑ ምስ ስም ኣለኩም.
- 20 **Wolof** Wolof   
 Wan ñu sa làkk.   
 Negal dinañu la wutal ab tekkikat.
- 21 **Yoruba** Yorùbá   
 Tòka si èdè rẹ.   
 À ó pe ògbifẹ̀ wà.

## Middle East

- 90 **Arabic** اللغة العربية   
 أشر الى لغتك   
 وسننادي المترجم حالاً.
- 72 **Armenian** Հայերեն   
 Տրց արուեք ո՞ր սէլ լեզուէն կը խօսիք՝   
 որպէսզի թարգմանիչ սը կանչել տանք.
- 139 **Assyrian** ܐܘܪܝܝܐ   
 تدریب لیکنه؟   
 ܐܘܪܝܝܐ ܗܘܝܬܐ ܗܘܝܬܐ.
- 111 **Dari** دري   
 شما بکدام زبان گپ میزنید؟   
 یگ ترجمان میاید.
- 107 **Farsi** فارسی   
 بزبانی که صحبت میکنید نشان دهید.   
 برای شما مترجم میاوریم.
- 106 **Hebrew** עברית   
 הצבע על השפה שלך   
 נקרא למתרגם מיד.
- 140 **Kurdish** کوردی   
 زمانى خۆت دەستبىشان بکە   
 تەرجومانىکت بۆ بانگ دەکەینە سەر تەلهفون
- 110 **Pashto** پشتو   
 خپله ژبه وپینه.   
 ژوبه ترجمان در سره خبری وکړی.
- 112 **Turkish** Türkçe   
 Kendi anadilinizi gösterin.   
 Size bir tercüman çağırıyoruz.

## Asia

- China 請指認您的語言 以便為您請翻譯 请指认您的语言 以便为您请翻译
- 31 **Cantonese** 廣東話 广东话
- 38 **Chaochow** 潮州話 潮州话
- 32 **Fukienese** 福建話 福建话
- 35 **Mandarin** 國語 国语
- 37 **Shanghai** 上海話 上海话
- 33 **Taiwanese** 台灣話 台湾话
- 36 **Toishanese** 台山話 台山话

## Asia

- 42 **Burmese** မြန်မာစကား   
 မြန်မာစကားဘာစကားကို ဝေလင်ပြောပါ။   
 စကားပြန်ပေးပေးပါ။
- 48 **Cambodian** ភាសាខ្មែរ   
 សូមប្តូរភាសាខ្មែរ   
 យើងនឹងបោះពុម្ពផ្សាយជូនអ្នកបន្ត
- 46 **Hmong** Hmoob   
 Thov taw tes rau koj yam lus.   
 Peb yuav hu ib tug neeg txhais lus rau koj.
- 50 **Indonesian** Bahasa Indonesia   
 Tunjukkan bahasamu.   
 Jurubahasa akan disediakan.
- 40 **Japanese** 日本語   
 あなたの話す言葉を指さしてください。   
 通訳を呼びます。
- 41 **Korean** 한국말   
 당신이 쓰는 말을 지적하세요.   
 통역관을 불러 드리겠습니다.
- 43 **Laotian** ພາສາລາວ   
 ຊື່ຍອກພາສາທີ່ເຈົ້າເວົ້າໄດ້   
 ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້
- 51 **Malay** Bahasa Malaysia   
 Tunjukkan yang mana bahasa anda.   
 Seorang jurubahasa akan diberitahu.
- 45 **Mien** Mienh   
 Nuqv meih nyei waac mbuox yie liuz,   
 yie heuc faan waac mienh bun meih oc.
- 47 **Thai** ภาษาไทย   
 ช่วยชี้ให้เราดูหน่อยว่าภาษาไหนคือภาษาที่ท่านพูด   
 แล้วเราจะจัดหาล่ามให้ท่าน
- 49 **Vietnamese** Tiếng Việt   
 Chỉ rõ tiếng bạn nói.   
 Sẽ có một thông dịch viên nói chuyện với bạn ngay.

**Language Line Services also offers Document Translation**  
 For more information contact us:  
 Phone: 1 888 763-3364 • Fax: 1 800 648-0170  
 E-mail: translation@languageline.com  
 Web: www.LanguageLine.com



# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

July 2, 2009

CIVIL RIGHTS MEMO

09-03

**TO:** Office Heads

**FROM:**   
Robert Miletich, Director  
Civil Rights Section

**SUBJECT:** DOCUMENTATION OF INTERPRETIVE SERVICES

**REFERENCE:** ALL COUNTY LETTER NO. 08-56

In accordance with the California Department of Social Services (CDSS) Division 21 Regulations, our Department must take reasonable steps to ensure that our services are provided to our applicants/participants effectively in their preferred language for verbal and written communications, without undue delay. Our compliance with this requirement is established through documentation in sufficient detail of the offer and provision of bilingual/interpretive services in our participants' case records.

The purpose of this Civil Rights Memorandum (CRM) is to provide additional clarification of the interpretive services documentation requirements as defined in All County Letter (ACL) 08-56 dated December 31, 2008. This CRM supplements, but does not replace CRM No. 06-05 which was derived from ACL No. 06-20.

### REQUIRED DOCUMENTATION

Staff must document the following when case files are initially started (initial contact, when application received or at intake); yearly redetermination/recertification; and at any time the participants request a change in either their verbal or written language preference.

1. That the Non-English/Limited English Proficient (NE/LEP) participants were offered free language services, in their preferred language for oral and written communications.
2. The NE/LEP participants' acceptance or denial of our offer for free language services.
3. The NE/LEP participants' self-selected preferred language for both verbal and written communications (these will not necessarily be the same).
4. The verbal interpretation method used for NE/LEP participants with those written materials that were not available in their preferred language.

5. The language that was used in providing services and who provided the interpretive services (bilingual worker, contracted interpreter, participant-provided interpreter, etc.).

**Note: If a participant is assigned to a worker that provided the services, the name of the worker should be documented as well.**

The documentation entry does not require a lengthy detailed narrative. Since this ACL allow our Department to use a form for the purpose of documentation, the concurrent usage of the *Language Designation* (PA 481) form and the *Interpreter Services Statement & Confidentiality Agreement* (PA 481-A) form can serve the purpose of documenting the above information. A notation in the case comments referencing these two forms is recommended.

#### PARTICIPANT-PROVIDED INTERPRETERS

If the participants chose to provide their own interpreter during application and recertification, the staff must inform the participants in their preferred language and document in the case record that they informed the participants of the following:

1. Participant's right to interpretive services without undue delay.
2. Potential problems of using the participant's own interpreter, including the possibility of ineffective communication, conflict of interest, and inaccurate interpretation.
3. The need to disclose private/confidential information to the participant-provided interpreter.
4. The availability of county-provided interpretive services when the participant-provided interpreter is not available.
5. Participant's right to switch from a participant-provided interpreter to a county-provided interpreter at anytime.

**Note: Once the participant has been informed of the above and the case record was documented, the staff does not have to inform the participant again until recertification.**

If the participants elect to use their own interpreter or when interpreters other than DPSS employees are used, a PA 481-A must be completed and signed by participants to obtain their consent for release of information. The non-DPSS employee interpreters must also sign this PA 481-A as a confidentiality agreement stating that as interpreters, they agree to keep information confidential. The completed and signed PA 481-A form must be maintained in the case file.

**Note: There is no need to complete and sign a new PA 481-A, if the participants use the same participant-provided interpreter during subsequent contacts. If it is a new participant-provided interpreter, a new PA 481-A must be completed and signed.**

As recommended by the Federal Health and Human Services NE/LEP guidelines, when participant-provided interpreters are used, staff must:

1. Take reasonable steps to ensure that participant-provided interpreters are competent and appropriate in light of the circumstances and subject matter.
2. Ensure non-departmental interpreters are capable of interpreting the information.
3. Arrange for a Departmental qualified interpreter to assist, if the worker is uncertain that the participant-provided interpreter is accurately and effectively translating the conversation.

#### CONTRACTED LANGUAGE SERVICES PROVIDERS

Completion of PA 481-A is not required if county contracted language services providers such as Open Communication International, Inc. are utilized.

#### MINORS USED AS INTERPRETERS

Minors (someone under age 18) are not to be used as interpreters except under extenuating circumstances. The usage of the minor as interpreter and the nature of the extenuating circumstances must be documented (refer to Civil Rights Memo 06-05: Interpreter Services dated August 9, 2006).

#### DOCUMENTATION AT REDETERMINATION/RECERTIFICATION

Language information documented during intake, which includes signed PA 481 and PA 481-A forms, must be updated during subsequent redetermination/recertification. For programs that do not require redetermination/recertification, language information must be updated at the first contact with participants following the one-year anniversary of the last update. This must be documented in the participants' case record.

#### ACCEPTANCE OR REFUSAL OF FORMS/OTHER WRITTEN MATERIAL

As mentioned earlier, staff must document the participants' acceptance or denial of our offer for free language services. This includes documenting the participants' reason for refusal of written translations in their preferred language.

#### DOCUMENTING SUBSEQUENT PARTICIPANT CONTACTS WITHOUT ASSIGNED BILINGUAL WORKER

If a participant previously requested for an interpreter, however the case was assigned to a worker who does not speak the participant's preferred language, no program-

related conversation with client should be conducted until qualified interpretive services are available. This would include any public contact staff, whether in person or on the phone, who has a substantive contact with client. Substantive contacts are defined as contacts in which benefits, services, setting of appointments, rights or responsibilities are discussed.

Documentation must include:

1. The name of the worker providing the services;
2. The language in which the services were provided; and
3. The nature of the information provided.

**Note: The PA 481-A can be used as documentation. A narrative of the nature of information can be documented in the case comments.**

#### WHEN BILINGUAL WORKERS ARE ASSIGNED

If the participants are assigned to appropriate bilingual workers who speak their preferred language, no other subsequent documentation is required regarding the provision of interpretive services as long as they continue to be assigned to same appropriate bilingual workers.

If another appropriate bilingual worker handles any aspect of the case that affects the participants' rights or benefits (example: QR 7, GAIN, GROW, etc.) the case record must indicate that the services were provided in the appropriate language and who provided the services. PA 481-A form may also be used for documentation.

#### BILINGUAL/INTERPRETIVE SERVICES

All bilingual/interpretive services must be provided entirely in the participants' preferred language. Workers are not to insert English words or phrases, unless there is no corresponding word or phrase in the participants' preferred language. Per CDSS Division 21 Regulations Section 21-103, interpretive services include contacts with Fraud Early Detection Program, Income Eligibility and Verification System, Overpayments, Collections and Special Investigative Unit staff.

In cases where interpretive/translation services, (telephone or in-person) are used in lieu of bilingual workers, the initial use of these services must be documented to include:

1. The name of the service provider;
2. A description of the services; and
3. The language in which the services were provided.

If the same provider is used in subsequent contacts, only the name of that service provider must be documented each time that service is used. If a different service provider or method is used at a subsequent contact, the above-mentioned information must be documented in the case records.

If you have any questions, please call me at (562) 908-8473, or your administrative staff may contact Alma Calvelo, HSA I at (562) 908-8355.

RM:AC:jr

c: Division Chiefs

DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF SPECIAL OPERATIONS

June 4, 2009



TO: Division Chiefs

**CIVIL RIGHTS MEMO**

09 - 01

FROM:   
Sheri Lewis, Acting Division Chief  
Research, Evaluation and Quality Assurance Division

SUBJECT: **TELEPHONE LANGUAGE INTERPRETATION SERVICES**

Reference: International Services Department Memo dated April 13, 2009

This is to announce that on April 14, 2009, the Board of Supervisors approved a new contract to provide on-demand telephone language interpretation services to all County departments. Effective May 3, 2009, **Open Communication International (OCI)** replaced Language Line Services as the County's new over-the-phone language services provider.

OCI language interpretation services are available 24 hours a day, 7 days a week. The new rate for telephone interpretation services is \$.64 per minute, which represents about a 45% reduction in cost from our former vendor's lowest rate. There will be no drastic change in the general use of the service. The services will include the support of over 130 languages including the 58 languages most frequently used by the County.

Civil Rights Section staff provided new access codes and phone logs to all 85 DPSS and contracted public contact offices (to each office's Civil Rights Liaison) on June 1, 2009. Offices are directed to continue to use the old Language Identification Cards until we receive OCI's version of this language identification tool.

The following materials are attached and hard copies of these materials will be mailed out to each public contact office:

- ◆ *Language Identification Card* which provides a list of all the languages most frequently used. Public contact offices can use this in a face-to-face situation to determine which language a person speaks.
- ◆ *Quick Reference Guide* which can be used to access an interpreter through OCI.

Administrative staff may direct questions regarding this matter to Robert Miletich at (562) 908-8473 or Alma Calvelo at (562) 908-8355.

SL:RSM:ac

Attachments

c: Office Heads



# OPEN COMMUNICATIONS INT'L

Interpreting & Translating Services

Do you speak English?	Point here and an interpreter will be assigned to you, at no cost.	English
¿Habla Español?	Señale aquí y se le asignará un intérprete sin costo.	Spanish
هل تتكلم العربية؟	أشر هنا والمترجم سيكون موجوداً مجاناً.	Arabic
هه کوردی دناخقی؟	نیشارته ئیرنی بکه دهجومان بو ده حازر دکهین ، به خواری.	Kurdish (Behdini)
ئایا کوردی قسه دهکمیت؟	نیشارته ئیرده بکه مونهرجیته بوئامانه دهکین ، به خواری.	Kurdish (Sorani)
Bạn nói tiếng Việt phải không?	Chỉ vào đây và sẽ có người thông dịch viên giúp đỡ Bạn, Bạn không phải trả gì hết.	Vietnamese
Maku hadashaa afka somaaliga?	Halkaan farta ku-fiq turjubaan lacag la-aan ayaad heleysaa.	Somali
Da li govorište Bosanski?	Pokažite ovdje i prevodilac će vam biti obezbijedžen, besplatno.	Bosnian
Parlez-vous français?	Ici, un interprète sera assigné pour vous, sans avoir payé.	French
ທ່ານເວົ້າພາສາລາວແມ່ນບໍ່?	ກະສຸນາຍອກເຈົ້າອະທິສາມມິຈະມີນາຍອກສາມາດແປໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເຈັບເງິນ.	Laotian
你會講中文嗎？	請點在這裡我們為你免費提供翻譯服務。	Chinese (Mandarin)
日本語を話せますか？	ここを指して下さい。無料の通訳者を指定します。	Japanese
Je-una azungunza kiswahili?	Nyosha kidole hapa na utalafsiriwa bila kulipa chochote.	Kiswahili
Voce fala Português?	Aperte aqui e um intérprete lhe será fornecido sem custo algum.	Portuguese
क्या आप हिंदी बोल सकते है ?	इशारा यहाँ पर किजिये, भाषांतर करनेवाले बिनामुल्य मिल जायेंगे।	Hindi
한국어를 하십니까?	이곳을 지적해주시면 통역자가 무료로 호출됩니다.	Korean
Вы говорите по-русски?	Укажите сюда, и совершенно бесплатно Вам будет предоставлен переводчик.	Russian
ለምርኅ ይናገሩለሉ?	በዚያ ቦታ ወደዚህ የመልክቱ የለምንም ከዩ.ዩ.አስተርን "L. የመደብሉ-ታል!	Amharic
آیا شما فارسی صحبت میکنید؟	توضیح بجز ترجمه کنید، ما اینجا اجنبی بزرگان را امکان در اختیار شما قرار میگیریم.	Farsi
Jin kueni Thuok nuera?	Wane eme deri thuok nuera jek ke kuic du a thil kok.	Nuer
તમે ગુજરાતી બોલી શકો છો?	અહિયા ઈશારો કરો, આ પૌંતર કરનાર વિના મુલ્યે મળી જશે.	Gujarati
Türkçe biliyomusunuz?	Burayı gösterirseniz, ücretsiz tercuman size yardım edecektir.	Turkish
ကုသုတ္တမာသာါတထာဝါတရါပေါ့?	ကုသုဘဝဂါတီတရားဝါတီသုတီတီဝါကုသုတီတီဝါကုသုတီတီဝါ	Thai
Afaan Oromoo nidubata.	Harkake asili baasi gargasa Afaan hkaa malaqa duwa argaata.	Oromo

Phone : 615.321.5858 Toll Free : 1.866.4LANGUAGE  
 Fax : 615.321.5861 Web : www.accessoci.com

## Language List

<input type="checkbox"/> 1 Acholi	<input type="checkbox"/> 1 Danish	<input type="checkbox"/> 4 Karin	<input type="checkbox"/> 2 Punjabi
<input type="checkbox"/> 1 Afrikaans	<input type="checkbox"/> 1 Dari	<input type="checkbox"/> 1 Kashmiri	<input type="checkbox"/> 5 Romanian
<input type="checkbox"/> 1 Afrikaaner	<input type="checkbox"/> 6 Dinka	<input type="checkbox"/> 1 Kazakh	<input type="checkbox"/> 9 Russian
<input type="checkbox"/> 3 Albanian	<input type="checkbox"/> 1 Dutch	<input type="checkbox"/> 3 Khmer	<input type="checkbox"/> 1 Samoan
<input type="checkbox"/> 1 American Sign Language	<input type="checkbox"/> 1 Ewe	<input type="checkbox"/> 2 Kinyarwanda	<input type="checkbox"/> 3 Serbian
<input type="checkbox"/> 5 Amharic	<input type="checkbox"/> 9 Farsi	<input type="checkbox"/> 3 Kirundi	<input type="checkbox"/> 1 Singhalese
<input type="checkbox"/> 30 Arabic	<input type="checkbox"/> 15 French	<input type="checkbox"/> 6 Korean	<input type="checkbox"/> 1 Slovak
<input type="checkbox"/> 5 Armenian	<input type="checkbox"/> 1 Fukienese	<input type="checkbox"/> 1 Kosovan	<input type="checkbox"/> 1 Slovenian
<input type="checkbox"/> 5 Asian Indian	<input type="checkbox"/> 1 Fula	<input type="checkbox"/> 22 Kurdish	<input type="checkbox"/> 11 Somali
<input type="checkbox"/> 1 Assyrian	<input type="checkbox"/> 1 Fulani	<input type="checkbox"/> 1 Kurmanji	<input type="checkbox"/> 9 Sorani
<input type="checkbox"/> 1 Azerbaijani	<input type="checkbox"/> 1 Gaddang	<input type="checkbox"/> 9 Laotian	<input type="checkbox"/> 54 Spanish
<input type="checkbox"/> 1 Bajun	<input type="checkbox"/> 1 Ganda	<input type="checkbox"/> 1 Latvian	<input type="checkbox"/> 11 Swahili
<input type="checkbox"/> 1 Bari	<input type="checkbox"/> 3 German	<input type="checkbox"/> 1 Latin	<input type="checkbox"/> 1 Swedish
<input type="checkbox"/> 1 Bassa	<input type="checkbox"/> 1 Gorani	<input type="checkbox"/> 2 Lingala	<input type="checkbox"/> 1 Sylhetti
<input type="checkbox"/> 1 Basque	<input type="checkbox"/> 1 Greek	<input type="checkbox"/> 1 Lithuanian	<input type="checkbox"/> 3 Tagalog
<input type="checkbox"/> 14 Behdini	<input type="checkbox"/> 3 Gujarati	<input type="checkbox"/> 1 Luganda	<input type="checkbox"/> 1 Taiwanese
<input type="checkbox"/> 1 Belorussian	<input type="checkbox"/> 5 Haitian Creole	<input type="checkbox"/> 1 Macedonian	<input type="checkbox"/> 1 Tajik
<input type="checkbox"/> 1 Bengali	<input type="checkbox"/> 1 Hebrew	<input type="checkbox"/> 1 Malay	<input type="checkbox"/> 1 Tamil
<input type="checkbox"/> 3 Bosnian	<input type="checkbox"/> 1 Hainoi	<input type="checkbox"/> 1 Malayalam	<input type="checkbox"/> 1 Telugu
<input type="checkbox"/> 1 Bravanese	<input type="checkbox"/> 4 Hindi	<input type="checkbox"/> 1 Mandarin	<input type="checkbox"/> 3 Thai
<input type="checkbox"/> 1 Bulgarian	<input type="checkbox"/> 1 Hmong	<input type="checkbox"/> 1 Marathi	<input type="checkbox"/> 1 Tigrinya
<input type="checkbox"/> 7 Burmese	<input type="checkbox"/> 1 Hunanese	<input type="checkbox"/> 2 Mixteco Alto	<input type="checkbox"/> 4 Turkish
<input type="checkbox"/> 2 Cambodian	<input type="checkbox"/> 1 Hungarian	<input type="checkbox"/> 4 Mixteco Bajo	<input type="checkbox"/> 1 Twi
<input type="checkbox"/> 4 Cantonese	<input type="checkbox"/> 1 Ibo	<input type="checkbox"/> 1 Mongolian	<input type="checkbox"/> 3 Ukrainian
<input type="checkbox"/> 1 Catalan	<input type="checkbox"/> 1 Ilocano	<input type="checkbox"/> 1 Navajo	<input type="checkbox"/> 3 Urdu
<input type="checkbox"/> 1 Chamorro	<input type="checkbox"/> 1 Indonesian	<input type="checkbox"/> 1 Nepail	<input type="checkbox"/> 2 Uzbek
<input type="checkbox"/> 1 Cherokee	<input type="checkbox"/> 1 Italian	<input type="checkbox"/> 1 Nuer	<input type="checkbox"/> 6 Vietnamese
<input type="checkbox"/> 5 Chinese (Mandarin)	<input type="checkbox"/> 1 Jakartanese	<input type="checkbox"/> 5 Oromo	<input type="checkbox"/> 1 Yoruba
<input type="checkbox"/> 3 Chinese (Cantonese)	<input type="checkbox"/> 3 Japanese	<input type="checkbox"/> 1 Pashto	
<input type="checkbox"/> 3 Croatian	<input type="checkbox"/> 1 Javanese	<input type="checkbox"/> 1 Patois	
<input type="checkbox"/> 5 Creole	<input type="checkbox"/> 1 Jollas	<input type="checkbox"/> 2 Polish	
	<input type="checkbox"/> 1 Kalmyk	<input type="checkbox"/> 4 Portuguese	





**OPEN COMMUNICATIONS INT'L, INC.**  
Interpreting & Translating Services

**ACCESS-OCI LINE**

(over-the-phone Interpreting)

**HOW TO REACH AN OCI INTERPRETER:**

- STEP 1 - DIAL 615.321.5858 (local) OR 1.866.4LANGUAGE (toll free)**
- STEP 2 - PROVIDE YOUR ACCESS CODE, CLIENT ID AND NAME**
- STEP 3 - VERIFY LANGUAGE NEEDED**
- STEP 4 - WAIT FOR INTERPRETER TO BE CONNECTED**



FOR ASSISTANCE FROM OUR SUPPORT DEPARTMENT IN YOUR LANGUAGE, PLEASE CALL 1.866.4LANGUAGE (TOLL FREE)

**HOW TO PLACE A CALL TO  
ACCESSOCI LINE** (OVER-THE-PHONE INTERPRETING)

1. Place caller on hold (or ask to wait if present)
2. Dial **615.321.5858** (Local) or  
**1.866.4LANGUAGE** (Outside Nashville Only)
3. Press 1 for Over-the-Phone services then 
4. Press 1 for Spanish or 2 for Other Languages
5. Be able to Provide:
  - Access Code
  - Client ID
  - Agency Representative Name
  - Target Language
  - Agency, Division & Telephone #
6. Wait for Interpreter
7. Brief Interpreter
8. Conference interpreter with caller
9. State "end of session" upon completion

**ACCESS CODE**

**CLIENT ID**

**TO REACH OCI FOR OTHER SERVICES:**

1. Dial **615.321.5858** (Local) or  
**1.866.4LANGUAGE** (Outside Nashville Only)
2. Press 2 for On-Site services or
3. Press 3 for Business Office (ask for the  
Translations Manager for Translation services)

Agency shall protect its assigned account number and access codes provided by OCI from unauthorized use. Agency shall be fully responsible from any and all use of its account number and access codes.

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## DISTRICT/REGIONAL OFFICE LANGUAGE ACCESS SERVICES PHONE LOG

Staff Member/Employee Number	Name of LEP Participant/Case Number	Date of Call	Language Determination	Comments
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			
Name: _____ Employee # _____	Name: _____ Case Number: _____			

Instruction: DDD/DRSA/DESIGNATE enters information when approving language access calls

**Filing:** Original kept centrally in office  
**Retention:** 3 years unless active fiscal audit in which retain for 3 years following audit closure.

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



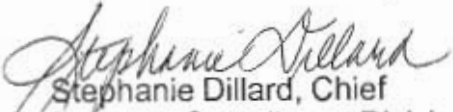
## BUREAU OF SPECIAL OPERATIONS

February 7, 2007

TO: Division Chiefs

**CIVIL RIGHTS MEMO**

07 - 04

FROM:   
Stephanie Dillard, Chief  
Program Compliance Division

SUBJECT: **LANGUAGE IDENTIFICATION**

This is to reiterate that **verbal** requests made by applicants/participants to change their designation of their preferred spoken/written languages are to be acted upon immediately. Action should not be delayed for receipt of the PA 481 or any other written request. When a participant requests to change his/her primary language preference but is unavailable to complete and sign the PA 481 in their new designated language, the case-carrying worker should **immediately**:

- Change the LEADER code into the appropriate language preference requested by the participant to ensure that all NOAs go out in the new designated language.
- Ensure that a new PA 481 is completed reflecting the new designated language. However, under no circumstances should a participant be required to come in for the sole purpose of completing a new PA 481.
- Provide an interpreter if unable to transfer the case to a bilingual worker who speaks the participant's new designated language.
- **DOCUMENT** how the changes were handled to provide effective bilingual services.

Manual Letter Number (ML) 4647 dated March 14, 2006, states that, "**even when an applicant/participant is determined to be able to communicate effectively in English, he/she shall be given that option to designate the language preference for both spoken and written communication.**"

For more detailed information, please refer to:

- ML 4647 dated March 14, 2006 (PA 481 Language Designation Form).
- ML 4554 dated October 4, 2004 (PA 481-A Interpreter Services Statement & Confidentiality Agreement).
- ML 3 dated August 26, 2004 (Civil Rights & Language Services Handbook).

Questions from administrative staff may be directed to Gail Esfahaniha, HSA III at (562) 908-8473, or Alma Calvelo, HSA I at (562) 908-8355.

STD:GE:ac

c: Office Heads

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

August 9, 2006

TO: Division Chiefs

CIVIL RIGHTS MEMO

06-05

FROM:

  
Stephanie Dillard, Chief  
Program Compliance Division

SUBJECT: INTERPRETER SERVICES

REFERENCE: ALL COUNTY LETTER NO. 06-20

The purpose of this Civil Rights Memorandum is to remind staff that interpreter services should be rendered without undue delay to all applicants/participants who are Limited English Proficient (LEP) and/or are non-English speaking individuals. Staff must document the case record on methods of interpretation during each contact as delineated under All County Letter (ACL) No. 06-20. Additionally, staff must offer free interpreter services to all applicants/participants at initial intake, each contact, and at redetermination. Please note that minors are not to be used as interpreters unless the need to use such a minor is due to a life-threatening situation.

According to the California Department of Social Services Division 21, Section 21-15.15 and as stated on the recently released ACL No. 06-20, "It is always the county's obligation to affirmatively offer interpretive services." Applicants/participants must always be advised of their right to **free** interpreter services at initial intake and at each redetermination. If the applicants/participants wish to use their own interpreter they should be informed of the high possibility of miscommunication as stated on the back of the "Interpreter Services Statement & Confidentiality Agreement" (PA 481-A) form.

Currently, the DPSS has several methods of providing interpreter services. These services include using in-house bilingual certified staff who speak the applicant's/participant's language and using the Bilingual Resource Log. The Bilingual Resource Log lists staff from the entire Department who are certified in the following languages: Arabic; Armenian; Cambodian; Cantonese; Farsi; French; German; Hindi; Japanese; Korean; Laotian; Mandarin; Russian; Samoan Tagalog; and Vietnamese. Lastly, DPSS staff has access to Language Line Services which provides interpreters in over 140 languages.

In addition to providing free interpretative services, staff must document the following in the case record file for each contact with the applicants/participants:

- ✓ The county offered free interpreter services;
- ✓ Who provided the interpreter services; ✓
- ✓ The county informed the applicant/participant of potential problems for ineffective communication with applicant's/participant's own interpreter;
- ✓ The county offered county-provided interpretive services if the applicant/participant provided interpreter is not available;
- ✓ A minor temporarily acting as an interpreter did so at the specific request of the applicant/participant or there were other extenuating circumstances, with an explanation of those circumstances;
- ✓ The applicant/participant signed a consent for the release of information when using his/her own interpreter;
- The county informed the applicant/participant of his/her right to accept county-provided interpretive services at any time, even when the client's interpreter is present. (Section 21-115.16; 116.22 through .24)

For more detailed information please refer to Forms Manual Letter 4647 "PA 481, Language Designation Form" dated March 9, 2006; Forms Manual Letter 4554 "PA 481-A, Interpreter Services Statement & Confidentiality Agreement Form" dated October 04, 2004; and DPSS - CRLS Handbook Manual Letter 3 "Civil Rights & Language Services (CRLS) Handbook" dated August 26, 2004.

Administrative staff may direct questions regarding this release to Alma Calvelo, HSA I, at (562) 908-8355.

STD:GE:AC:ao

c: Office Heads

# **APPENDIX G**

## **Written Translation Services**

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

May 8, 2008

### CIVIL RIGHTS MEMO

08 - 03

TO: Division Chiefs

FROM:   
Sheri Lewis, HSA III In-Charge  
Research, Evaluation & Quality Assurance Division

SUBJECT: **BE VU SETTLEMENT AGREEMENT AND SURVEY OF LANGUAGES  
REQUIRING TRANSLATION OF FOOD STAMP PROGRAM AND  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CalWORKs) JOINT FORMS**

REFERENCE: **ALL-COUNTY LETTER NO. 08-16 DATED MARCH 25, 2008**

This is to remind Office Heads that translated forms and other written material provided by the California Department of Social Services (CDSS) should be made available and offered to our applicants and participants regardless of the number/percentage of non-English speaking/limited-English proficient applicants and participants served by each district/regional office.

As a result of the settlement agreement in *Be Vu et al v. Mitchell and Bolton*, CDSS will translate the Food Stamp Program (FSP) forms and specified forms jointly used with the CalWORKs program into the following eight languages: *Cushite, Formosan, Japanese, Mien, Punjabi, Portuguese, Syriac, and Ukrainian*. The above languages are in addition to the *Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Tagalog, Russian, Spanish and Vietnamese* translations of FSP forms and specified CalWORKs forms already provided by CDSS. It is anticipated that high priority forms will be translated by CDSS within six months from the date of All County Letter No. 08-16 (attached), while moderate and low priority forms will be translated within 12 months. Once the CDSS-translated FSP and other specified forms are available, district/regional offices must utilize these translated forms immediately. The translated forms must be manually completed if they are unable to be completed via the LEADER system. Additionally, any State-mandated FSP forms, including translated forms that are modified by the Department, may not be used without prior review and approval of CDSS.

Questions regarding this Civil Rights Memorandum may be directed to Alma Calvelo at (562) 908-8355 or Gloria Langsfeld (562) 908-8358.

SL:GE:AC:jr

Attachment

c: Office Heads



# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

June 14, 2007

### CIVIL RIGHTS MEMO

07 - 07

**TO:** Division Chiefs

**FROM:**

  
Stephanie Dillard, Chief  
Program Compliance Division

**SUBJECT: TRANSLATION OF FOOD STAMP PROGRAM AND CALIFORNIA  
WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)  
JOINT FORMS INTO EIGHT ADDITIONAL LANGUAGES**

**REFERENCE: ALL-COUNTY LETTER NO. 07-12**

The purpose of this Civil Rights Memorandum is to remind Office Heads that translated forms and other written material provided by California Department of Social Services (CDSS), should be made available and offered to the applicants/participants regardless of the number/percentage of non-English speaking/limited-English proficient applicants or participants served by each district/regional office.

As a result of the State's settlement of the Be Vu et al v. Mitchell and Bolton lawsuit, the CDSS will translate the Food Stamp Program (FSP) forms and specified FSP forms used in conjunction with the CalWORKs program into eight additional languages. In addition to Chinese, Russian, Spanish and Vietnamese, the forms would be translated into Arabic, Armenian, Cambodian, Farsi, Hmong, Korean, Lao, and Tagalog. The district offices must utilize the translated forms immediately. The translated forms must be manually completed if the LEADER system cannot print the translated forms. Any FSP forms, including translated forms that are modified by the Department, may not be used without the prior review and approval of the CDSS.

Requests for supply of the CDSS translated forms may be forwarded to Materials Management Section using the Supply Requisition (PA-16) form. Questions from administrative staff may be directed to Gail Esfahaniha, HSA III at (562) 908 - 8473, or Alma Calvelo, HSA I at (562) 908 - 8355.

STD:GE:ac

c: Office Heads



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF WORKFORCE SERVICES ADMINISTRATIVE MEMORANDUM

NUMBER 07-08

DATE 6-13-07

SUBJECT: PRINTING THRESHOLD LANGUAGE NOTICES OF ACTION

REFERENCE: Administrative Directive 4595, dated 11/02/06

CANCELS: NONE

FILE IN: N/A

SPECIAL ATTENTION:  
[X] All Programs

REPORT REQUIRED  YES  NO  
SURVEY REQUIRED  YES  NO

### I. PURPOSE

The purpose of this Administrative Memorandum is to reiterate policy that all non-English speaking applicants/participants receive written correspondence in their designated primary language. It also serves to remind Eligibility Staff of essential steps to be followed when printing Threshold Language Notices of Action (NOA) via the LEADER Threshold Language Correspondence Queue.

### II. PROCEDURES

Upon accessing the "Threshold Language Correspondence Queue", the Eligibility Worker (EW) will print the PDF version of the NOA in the primary language of the applicant/participant by first selecting the "View NOA/Form" button (to view the Threshold Language NOA) and then selecting the printer icon, which is located on the menu bar. The EW must enter a "Y" in the "Printed Y/N" field and select the "Save" button to record on LEADER that the NOA was printed and to generate Case Comments.

When the EW makes a determination that the NOA is not to be printed, he/she must enter "N" in the "Printed Y/N" field, select a good cause reason from the drop-down menu and select the "Save" button to record on LEADER that the NOA was not printed and to generate Case Comments.

**Note:** Whether the NOA was printed or not printed (with good cause), the "Save" button must be selected in order for LEADER to generate Case Comments, remove the NOA from the queue and maintain a record of the threshold language transaction.

Administrative staff may direct questions concerning this release to Debora Henderson of BWS Line Operations Development at (626) 312-6186.

JACOB R. AGUILAR, DIRECTOR  
BUREAU OF WORKFORCE SERVICES

JRA:JRM:DH:dh

#### APPROVAL

[X] BAS [X]BPP [X]BSO [X]BWS [X]BCTS

DEPARTMENT OF PUBLIC SOCIAL SERVICES  
ADMINISTRATIVE DIRECTIVE



NUMBER <b>4595</b>	DATE <b>11/2/06</b>
-----------------------	------------------------

SUBJECT: **LEADER THRESHOLD LANGUAGE NOTICE OF ACTION (NOA) PROJECT**

REFERENCE: Manual Letter Number 3, dated 08/26/2004  
All County Information Notice No. I-09-06, dated 02/17/2006

CANCELS: NONE

CANCEL DATE: N/A FILE IN: Civil Rights & Language Services (CRLS) Handbook

SPECIAL ATTENTION:

<input checked="" type="checkbox"/> MAO	<input checked="" type="checkbox"/> CalWORKs	REPORT REQUIRED: [ ] YES [X] NO
<input checked="" type="checkbox"/> General Relief	<input checked="" type="checkbox"/> Food Stamps	SURVEY REQUIRED: [ ] YES [X] NO
	<input checked="" type="checkbox"/> CAPI	

I. **PURPOSE**

The purpose of this Administrative Directive is to provide staff with procedures for the LEADER Threshold Language Notice of Action (NOA) Project. This Project will enable district staff to access and print NOAs in threshold languages from the LEADER Client Correspondence Subsystem.

II. **BACKGROUND**

All County Welfare Departments must ensure that forms and other written material required for the provision of aid or services are available and offered to applicants/participants in their primary language, in accordance with the California Department of Social Services (CDSS) Regulations, Manual of Policies and Procedures (MPP), Section 21-115.2.

LEADER has added a new feature to the Client Correspondence Subsystem to request and track the issuance of NOAs in threshold languages for Limited English Proficient (LEP) applicants/participants. This new process will eventually replace the multi-volume Exemplar Handbooks that districts are currently using to prepare non-English/non-Spanish NOAs manually. The newly implemented functionality has been successfully piloted by several programs in selected districts since March 1, 2006 and will be operational for the Medi-Cal Assistance Only (MAO), Cash Assistance Program for Immigrants (CAPI), Food Stamp, and General Relief programs by November 6, 2006. This functionality for the CalWORKs program will be operational by January 2007.

### **III. POLICY**

The policy that all non-English speaking applicants/participants receive written correspondences in their designated primary language has not changed and remains in effect, as outlined in the Civil Rights & Language Services (CRLS) Handbook, Manual Letter Number 3, dated 08/26/04. When an applicant/participant indicates that his/her primary language is a Departmental threshold language, the Eligibility Worker (EW) must ensure that bilingual services are provided in the primary language designated by the applicant/participant on the "Primary Language Designation Form" (PA 481). This policy also applies to all written correspondences. Departmental threshold languages are as follows:

- Armenian
- Cambodian
- Chinese
- English
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

### **IV. LEADER ENHANCEMENTS**

Effective with the March 1, 2006 pilot, two new screens have been added to the Client Correspondence Subsystem to print and provide threshold language NOAs to non-English/non-Spanish speaking applicants/participants in their primary language.

#### **A. FORMAT OF LEADER GENERATED THRESHOLD LANGUAGE NOAs**

LEADER will generate the threshold language NOAs in an Adobe PDF format. The EW will be able to view the LEADER generated NOAs that are required for the case by using the Client Correspondence Subsystem. The EW is required to manually transfer the case specific information from the LEADER generated NOA onto the PDF version of the NOA. LEADER does not retain a historical copy of the completed PDF NOA. Therefore, it is imperative that the EW ensures a copy of the completed threshold language NOA is filed in the case record.

#### **B. ENGLISH VERSION OF THE NOA**

LEADER will continue to generate the English version of the NOA, which can be accessed through the "Threshold Language Correspondence Queue" screen by selecting either the "View Pending Client Correspondence" button or "View Client Correspondence History" button. The EW may use the English version of the NOA as a guideline when completing the threshold language NOA.

#### IV. LEADER ENHANCEMENTS (CONT'D)

##### C. THRESHOLD LANGUAGE CORRESPONDENCE QUEUE

This screen (Attachment I) displays a list of the NOAs generated by LEADER. The EW accesses the screen from the "GoTo" navigator screen by entering the Case Number or District/File Number or User ID. The screen displays the Case Number, Case Name, Program, Action, Generated Date, Language and Generated Mode. **The EW will manually print the PDF version of the threshold language NOA from this screen.**

The EW will print the PDF version of the NOA in the primary language of the applicant/participant by first selecting the "View NOA/Form" button (to view the threshold language NOA) and then selecting the printer icon, which is located on the menu bar. The EW must enter a "Y" in the "Printed Y/N" field and select the "Save" button to record on LEADER that the NOA was printed. When the EW makes a determination that the NOA is not to be printed, he/she must enter "N" in the "Printed Y/N" field and select a good cause reason from the drop down menu. The "Y/N" and good cause indicators will enable the system to keep track of the NOAs that were printed or not printed. LEADER will delete the NOA from the queue after the EW enters "Y" or "N" in the "Printed Y/N" field.

LEADER will trigger a "Cover Sheet" (Attachment II) with case specific information to complete the threshold language NOA when the EW selects the "View NOA/Form" command button and enters "Y" in the "Printed Y/N" field on the screen.

The screen also provides the following functionality:

1. From the "GoTo" navigator screen (Attachment III), the system will default to the last 30 days of NOAs when the Case Number is entered or the last 7 days when the District/File Number is entered or the last 14 days when the User ID Number is entered.
2. The screen displays the English version of the NOA in the PDF format when the "View English Version" button is selected.
3. The English version of the NOA, in PDF format, can be printed from the screen by selecting the "View English Version" button and selecting the printer icon on the menu bar.
4. When the EW highlights a NOA on the screen, a description of the NOA reason(s) will display in the "Reason Code" field at the bottom of the screen.
5. The EW can sort the NOAs by clicking on the header column.

#### **IV. LEADER ENHANCEMENTS (CONT'D)**

##### **D. THRESHOLD LANGUAGE CORRESPONDENCE SEARCH SCREEN**

This screen (Attachment IV) allows the EW to search for specific NOAs by the Document Number, Action Type, Language, Program or Document Keyword. Highlighting an entry on the list will display the description and the revision date of the NOA at the bottom of the screen. The list of NOAs that will appear on the screen can be cleared by selecting the "Reset Search" button. PDF versions of the English and threshold language NOAs can also be printed from this screen.

The EW will continue to use the Exemplar Handbook to prepare the NOA when it is not found in LEADER.

##### **E. AUTOMATIC CASE COMMENT**

Upon printing the manual PDF NOA, LEADER will automatically generate an entry on the "Case Comment" screen (Attachment V) indicating that a NOA was generated. An automatic case comment is also generated when the EW indicates that the NOA was not printed.

The EW can view the LEADER generated case comments by selecting the "Case Comments" button on the "Threshold Language Correspondence Queue" screen or from the Data Collections Subsystem from the "GoTo" navigator screen.

##### **F. LEADER REPORTS**

LEADER will produce weekly and monthly reports to provide detail and summary information for all threshold language NOAs generated for a case. Eligibility Supervisors shall use the reports to monitor compliance with the requirement that NOAs are provided to applicants/participants in their primary languages. When a NOA listed on the report has not been printed and a good cause reason is not input to LEADER, the Eligibility Supervisor shall annotate the report to indicate why the NOA was not printed. District management should take appropriate action to ensure that eligibility staff understand and comply with the requirement that threshold language NOAs must be provided to the applicants/participants in their primary language. The reports shall be retained by district management in chronological order for audit purposes. A summary description of the reports is as follows:

###### **1. Weekly Threshold Language Correspondence Detail Report**

This weekly report (Attachment VI) provides case specific information for all threshold language NOAs generated during the week. The report includes the following information: Office, File Number, Case Number, Program, Language, Action, Print (Yes/No) and Reason Not Printed.

#### **IV. LEADER ENHANCEMENTS (CONT'D)**

##### **F. LEADER REPORTS (CONT'D)**

###### **2. Monthly Threshold Language Correspondence Detail Report**

This monthly report (Attachment VII) provides case specific information for all threshold language NOAs generated during the month. The report includes the following information: Office, File Number, Case Number, Case Name, Program, Language and Action (i.e., reason for NOA).

###### **3. Monthly Threshold Language Correspondence Summary Screen**

This monthly report (Attachment VIII) summarizes the total number of threshold language NOAs that LEADER generates during the month by aid program and threshold language. The report includes the following information: Program, Language and Total Count.

## V. PROCEDURES

The following procedures shall be taken to process the threshold language NOAs for the applicants/participants:

RESPONSIBILITY	ACTIVITY
<b>Eligibility Worker</b>	<ol style="list-style-type: none"><li>1. Access the "Threshold Language Correspondence Queue" screen in the morning by 9:00 a.m. and again after 12:00 noon to view a list of the threshold language NOAs that have been generated for the EW file. A facsimile of the screen is illustrated on Attachment I.</li><li>2. Determine the appropriateness of all NOAs listed for the case (in the queue).</li><li>3. When the EW determines that the NOA is appropriate, he/she shall take the following steps to print the form:<ul style="list-style-type: none"><li>• Highlight the NOA and select the "View NOA/Form" button to view the threshold language NOA in PDF format. Click on the printer icon on the menu bar. The threshold language NOA and the Cover Sheet (with case specific information) will print at the duplex printer.</li><li>• Select the "View English Version" button to print a PDF version of the highlighted NOA in English. This NOA will also print at the duplex printer.</li><li>• Retrieve the threshold language NOA, the Cover Sheet and the corresponding English version of the NOA from the printer.</li><li>• Manually complete the threshold language NOA using the English version of the form and the Cover Sheet as a guide.</li><li>• Highlight the threshold language NOA and enter "Y" in the "Print NOA Y/N" field and select the "Save" button to record in LEADER that it has been printed.</li></ul></li></ol>



V. PROCEDURES (CONT'D)

RESPONSIBILITY	ACTIVITY
<p><b>Eligibility Worker (Cont'd)</b></p>	<ul style="list-style-type: none"> <li>• Make one (1) photocopy of the completed threshold language NOAs.</li> <li>• Mail the applicant/participant the original copy of the completed threshold language NOA.</li> <li>• File one copy of the threshold language NOA with the Cover Sheet on the left side of the Issuance or Financial Folder according to existing case filing instructions.</li> <li>• Review the Case Comment screen for correctness.</li> </ul> <p>4. When the EW determines that a NOA was inappropriately generated (i.e., an erroneous EDBC result or a duplicate NOA has been generated), he/she shall take the following steps to indicate on LEADER why the NOA was not printed:</p> <ul style="list-style-type: none"> <li>• Highlight the inappropriate NOA and enter "N" in the "Printed Y/N" field to enable the good cause reason drop down menu, select a good cause reason and select the "Save" button.</li> <li>• Review the Case Comment screen for correctness.</li> </ul>

V. PROCEDURES (CONT'D)

RESPONSIBILITY	ACTIVITY
<b>Non-Case Carrying Eligibility Worker (i.e., IEVS/IFDS, MRT)</b>	<p>All non-case carrying EWs are required to ensure that a threshold language NOA is printed, completed and mailed whenever an action is taken on a non-English/non-Spanish case. To ensure that the required NOAs are completed in the threshold language, the non-case carrying EW shall:</p> <ol style="list-style-type: none"><li data-bbox="553 562 1349 632">1. Check for pending NOAs using the "Pending Client Correspondence" screen.</li><li data-bbox="553 674 1409 814">2. Access the corresponding PDF version of the threshold language NOA by entering a Case Number or File Number on the "Threshold Language Correspondence Queue" screen.</li><li data-bbox="553 856 1419 926">3. Print, complete and mail the threshold language NOA to the participant according to procedures listed above.</li></ol>

V. PROCEDURES (CONT'D)

RESPONSIBILITY	ACTIVITY
<b>Eligibility Supervisor</b>	<p>The Eligibility Supervisor shall ensure that EWs print and mail the threshold language NOAs in a timely manner. He/she shall:</p> <ol style="list-style-type: none"><li data-bbox="548 489 1425 667">1. Routinely check the "Threshold Language Correspondence Queue" screen for each EW in the unit on a daily basis to ensure that the NOAs are being completed properly and mailed to applicants/participants in the proper primary language.</li><li data-bbox="548 709 1349 779">2. Review the LEADER weekly and monthly threshold language NOA reports.</li><li data-bbox="548 821 1446 999">3. Discuss with the EW the reason for not printing a NOA if a good cause reason is not indicated on the report, and ensure proper action is taken. Annotate the report to indicate why the NOA was not printed and/or what action was taken to adhere to compliance.</li><li data-bbox="548 1041 1406 1110">4. Retain the reports in chronological order as a reference for follow-up discussion/future audit purposes.</li></ol>

V. PROCEDURES (CONT'D)

RESPONSIBILITY	ACTIVITY
<b>Deputy District Directors</b>	<p>The Deputy District Director shall monitor program compliance with this activity by:</p> <ol style="list-style-type: none"><li data-bbox="548 457 1438 569">1. Reviewing the LEADER weekly and monthly threshold language reports that have been reviewed and annotated by the ES.</li><li data-bbox="548 604 1382 680">2. Discussing with staff the reason(s) why NOAs are not being printed.</li><li data-bbox="548 716 1438 791">3. Ensuring that the reports are annotated and proper action is taken as appropriate.</li><li data-bbox="548 827 1425 938">4. Ensuring that the reports are retained in chronological order as a reference for follow-up discussion/future audit purposes.</li></ol>

V. PROCEDURES (CONT'D)

RESPONSIBILITY	ACTIVITY
<b>Hospital Certifiers</b>	<p>When the case is received for authorization, the Certifier shall:</p> <ol style="list-style-type: none"><li data-bbox="553 453 1419 527">1. Ensure that all NOAs for the case are in the appropriate threshold language as designated by the PA 481.</li><li data-bbox="553 562 1419 636">2. Return any case that is not in compliance to the Patient Financial Services Worker.</li><li data-bbox="553 672 1419 930">3. Upon authorization of the case on LEADER, the Certifier must open the "Threshold Language Correspondence Queue" screen and enter "Y" in the "Printed Y/N" field and select "Save." The Certifier shall not enter "Y" in the "Printed Y/N" field unless he/she has verified that the NOA has been printed and prepared for mailing and is included in the case record.</li></ol> <p>Note: The Hospital Certifier's Deputy District Director shall follow the procedures outlined above for the Eligibility Supervisor and Deputy District Directors to monitor, and ensure compliance with the requirement that all NOAs are provided to applicants/participants in the proper designated primary language.</p>

Questions regarding this release may be directed by District Administration Staff to the responsible program staff at headquarters.

*Henry E. Felder*

Henry E. Felder, Director  
BUREAU OF SPECIAL OPERATIONS

CLEARANCE/APPROVAL

BAS     BSO     BP  
 BWS     OIT     LEADER  
 Health & Nutrition Access Workgroup

HEF:EK  
KW:SME

Attachments: I, II, III, IV, V, VI, VII & VIII

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**MANUAL LETTER**

**DPSS FORMS MANUAL**

NUMBER 4980	DATE 06/04/09
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**DFA 386 NOTICE OF MISSED INTERVIEW**

This Forms Manual Letter (FML) releases the revised DFA 386, Notice of Missed Interview (NOMI), for the Food Stamp Program. This form is available in English, Armenian, Arabic, Farsi, Cambodian, Chinese, Lao, Hmong, Korean, Russian, Spanish, Tagalog and Vietnamese languages.

The DFA 386 form has been revised to 1) inform households of their missed Food Stamp (FS) interview at intake and/or recertification; and 2) instruct households that they must be interviewed at intake and recertification in order for eligibility staff to determine their eligibility for FS benefits. LEADER has been programmed to automatically generate and send the NOMI to households who fail to complete their recertification interview. LEADER will send the NOMI in English and Spanish. The EW must complete and send out the NOMI in the other threshold languages.

The use of this form is effective upon receipt. Food Stamp, CalWORKs, and General Relief Districts will receive one full copy of the revised DFA 386 with this FML in English and Spanish. Additional supplies may be ordered from Materials Management Section via a PA 16, Supply Requisition. Existing supplies of the DFA 386 are to be recycled per procedures contained in DPSS Operations Handbook Section 23-600.

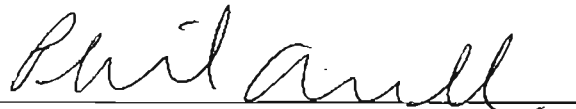
This Manual Letter may be of interest to:

District Administrators  
Chief Clerks  
Customer Service Staff

Eligibility Supervisors  
Supervising Clerks

Eligibility Workers  
Stockroom Clerks

Questions regarding this release may be directed by district administrative staff to the Food Stamp Nutrition Program Section at Administrative Headquarters, (562) 908-6345.



PHIL ANSELL, DIRECTOR  
BUREAU OF PROGRAM AND POLICY

PA:JRL  
LRL:oo

Attachment

CLEARANCE/APPROVAL  
 BAS  BPP  BSO  BWS  BCTS

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

MANUAL LETTER

DPSS FORMS MANUAL

NUMBER <b>4943</b>	DATE 01-28-09
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**GEN 1365 NOTICE OF LANGUAGE SERVICES**

This Forms Manual Letter (FML) releases the GEN 1365, Notice of Language Services.

The GEN 1365 advises applicants/participants to call their worker if they are unable to read/understand the issued form or Notice of Action (NOA). It also provides information to applicants/participants who have limited English-speaking abilities of the availability of interpretative services. The information is listed in 17 different languages.

An initial supply of the form will be distributed to each district office concurrently with this release. Additional supplies of the form can be ordered from Materials Management Section via the PA 16 using existing procedures.

Resource & Referral/Alternative Payment Program (R&R/APP) agency staff may request additional supplies of the form from the DPSS Child Care Program Section at Administrative Headquarters, per existing procedures.

This FML cancels the PA 15, Important Message. This form became obsolete with the release of the GEN 1365, Notice of Languages Services.

This Manual Letter may be of interest to:

District /Regional Directors  
Eligibility Supervisors  
Eligibility Workers  
Clerical Staff  
Stockroom Clerks

GAIN Services Coordinators  
GAIN Services Supervisors  
GAIN Services Workers  
Refugee Employment Program Staff  
R&R/APP Agency Staff

Questions regarding this release may be directed by Administrative staff to CalWORKs Program Section at (562) 908-6336.



PHIL ANSELL, DIRECTOR  
BUREAU OF PROGRAM AND POLICY

CLEARANCE/APPROVAL  
 BAS  BCTS  BPP  BSO  BWS

PA:CL  
SC:jh

Attachments

Lists: I, II, III, & IV



**NOTICE OF LANGUAGE SERVICES**

**PURPOSE:**

The purpose of the GEN 1365 is to advise applicants/participants to contact their worker if they are unable to read/understand the issued form or NOA. It also provides information to applicants/participants who have limited English-speaking abilities of the availability of interpretative services.

LEADER centrally includes the GEN 1365 with all LEADER-generated forms or NOAs.

The GEN 1365 is used by all programs.

(Facsimile of Form)

### Notice of Language Services

If you do not understand this information or notification, call your county worker. You have the right to interpreter services provided by the county at no cost to you.

(English)

Si no entiende la información o notificación, póngase en contacto con el trabajador social de su condado. El condado debe proporcionarle el servicio de interpretación en forma gratuita.

(Spanish)

إذا لم تفهم هذه المعلومات أو هذا الإشعار فعليك الاتصال بموظف الإقليم. ويحق لك الحصول على خدمات مترجم يقدمها لك الإقليم بالمجان

(Arabic)

Եթե այս ինֆորմացյան չէք հասկանում հաճեցեք կապվել ձեր գավառի պաշտոնյային. իրավունք ունեք առանց վճարման թարգմանիչի ծառայությանը, որ ձեզ կտրվի գավառի կողմից

(Armenian)

ប្រសិនបើអ្នកមិនយល់ព័ត៌មាន ឬការជូនព័ត៌មាននេះទេ សូមទូរស័ព្ទទៅកាន់បុគ្គលិកធ្វើការក្នុងខោនធីរបស់អ្នក ។ អ្នកមានសិទ្ធិ ក្នុងការទទួលសេវាបកប្រែដែលផ្តល់ដោយខោនធីដោយមិនគិតថ្លៃពីអ្នកឡើយ ។

(Cambodian)

如果您對此份資訊或通知的內容不瞭解，請與貴縣的工作人員聯繫。您有權利要求貴縣所提供的免費口譯人員服務。

(Chinese)

اگر این اطلاعات یا اطلاعیه را نمیفهمید، با کارمند بخش خود تماس بگیرید. شما قانوناً حق دارید از خدمات ترجمه که بطور مجانی توسط بخش فراهم میشود بهره مند شوید.

(Farsi)

Yog koj tsis to taub cov ntaub ntawv lossis daim ntawv no, hu rau koj tus kws khiav ntaub ntawv nyob koj cheeb tsam. Koj muaj cai siv kev pab txhais lus pub dawb uas los ntawm cheeb tsam koj nyob ko.

(Hmong)

この情報やお知らせが理解できない時には、カウンティワーカーにご連絡下さい。あなたにはカウンティから通訳サービスを提供してもらい権利があり、料金は無料です。

(Japanese)

여기 실린 정보 또는 통지서의 내용을 잘 이해 못하시면, 카운티 담당 직원에게 연락하시기 바랍니다. 당신은 카운티로부터 통역 서비스를 무료로 받을 권리를 갖고 있습니다.

(Korean)

ຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈຂໍ້ມູນຫລືໃບແຈ້ງຄວາມນີ້ ໃຫ້ໂທໂຮໂປຫາພະນັກງານຄາວຕີ້ (county) ຂອງທ່ານ. ທ່ານມີສິດທີ່ຈະຮັບບໍລິການນາຍພາສາທີ່ຈັດໃຫ້ໂດຍຝ່າຍຄາວຕີ້ (county) ໂດຍທ່ານບໍ່ເສັຽຄ່າ.

(Lao)

Se gorngv meih maiv bieqc hnyouv naaiv deix mbuox mengh fiex fai mbuox hiuv fiex nor, heuc lorz meih nyei Nquenc zaangc nyei goux sou-gorn mienh. Meih maaih leiz duqv Nquenc zaangc baeqc bun tih waac mienh tengx meih nyei oc

*(Mien)*

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਜਾਂ ਸੂਚਨਾਂ ਨੂੰ ਨਹੀਂ ਸਮਝਦੇ, ਤਾਂ ਆਪਣੇ ਕਾਉਂਟੀ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰੋ। ਤੁਹਾਨੂੰ ਕਾਉਂਟੀ ਦੁਆਰਾ ਪ੍ਰਦਾਨ ਕੀਤੀ ਜਾ ਰਹੀ ਦੁਭਾਸ਼ੀ ਦੀ ਸੇਵਾਵਾਂ ਲੈਣ ਦਾ ਹੱਕ ਹੈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ।

*(Punjabi)*

Если вы не понимаете эту информацию или уведомление, позвоните своему окружному работнику. Вы имеете право на услуги переводчика, которые округ окажет вам бесплатно.

*(Russian)*

Kung hindi ninyo na-iintidihan ang information (kabatiran) o notification (patalastas), tawagan ang county worker (manggawa) ninyo. May karapatan kayo sa serbisyo ng translator (tagasalin) na ilalaan ng county na wala kayong babayaran.

*(Tagalog)*

Якщо ви не розумієте цю інформацію або повідомлення, зателефонуйте свому окружному працівнику. Ви маєте право на послуги перекладача, які округ надасть вам безкоштовно.

*(Ukrainian)*

Nếu quý vị không hiểu thông tin hoặc thông báo này, xin vui lòng gọi cho nhân viên quận. Quý vị có quyền sử dụng các dịch vụ thông dịch miễn phí của quận

*(Vietnamese)*

**NOTICE OF LANGUAGE SERVICES**

**PREPARATION/PROCEDURES:**

The GEN 1365 is to be included with all English forms or NOAs mailed to non-English speaking applicant/participants.

**FILING/RETENTION:**

None

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

MANUAL LETTER

DPSS FORMS MANUAL

NUMBER 4799	DATE 5/17/07
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DFA 285-A1  
SAWS 1

APPLICATION FOR FOOD STAMP BENEFITS  
APPLICATION FOR CASH AID, FOOD STAMPS,  
AND/OR MEDI-CAL/STATE CMSP

This Forms Manual Letter releases the revised DFA 285-A1, Application for Food Stamp Benefits, and SAWS 1, Application for Cash Aid, Food Stamps, and/or Medi-Cal/State CMSP. The revised DFA 285-A1 form is available in English, Spanish, and Chinese. The revised SAWS 1 is available in English, Spanish, Chinese, and Russian. The remaining threshold languages will be released at a later date.

The DFA 285-A1 and SAWS 1 have been revised to first determine the Hispanic or Latino ethnicity and allow applicant/participant to select one or more races. Furthermore, the revised forms allow applicant/participant who indicates that he/she is of Asian or Native Hawaiian or Pacific Islander origin to further specify his/her ethnic identity.

Materials Management Section (MMS) will distribute an initial supply of these forms. Additional supplies are to be ordered from the MMS via the PA 16 procedures. Existing supplies of DFA 285-A1 and SAWS 1 forms are to be recycled per procedure contained in DPSS Operations Handbook Section 23-600.

This Manual Letter may be of interest to:

District Administrators  
Chief Clerks  
Receptionists

Eligibility Supervisors  
Supervising Clerks

Eligibility Workers  
Stockroom Clerks

Questions regarding this release may be directed by District Administrative staff to the Food Stamp Nutrition Program Section at Administrative Headquarters, (562) 908-6860.



PHIL ANSELL, DIRECTOR  
BUREAU OF PROGRAM AND POLICY

PA:JW:SB  
LRL:rr

Attachments



**Providing Nutritional  
Assistance to All Ages**

## Application For

# Food Stamp Benefits

Follow these simple steps to apply for food stamp benefits.

**Note:** If you have a disability or need help completing this application, please let a worker know and someone will help you.

**Step 1:** Fill out as much of this application as you can, sign on page 1, and return it to the local food stamp office. We need at least your name, address and signature. If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days. You need to answer all checked (✓) questions on all pages.

**Step 2:** You will be scheduled for an interview with a food stamp worker who will go over this application with you and will ask you more questions to complete the application process.

**Step 3:** You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

### Important Information for Immigrants

- You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for food stamp benefits because of immigration status and who are not asking for food stamp benefits.
- Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

## Applying For Food Stamp Benefits

### Information

Please read the following—there is nothing to fill out on this page.

### WHAT WE MEAN WHEN WE SAY

To help you understand some of the words used in the application and the interview, refer to the definitions below.

**You, Anyone, Everyone** — Any and all persons who live in your home and who are applying for food stamp benefits. When we need information about the other people in your home, we will ask you.

**Your Household** — People living in the home who buy and prepare food together and are applying for food stamp benefits.

**Food Stamp Benefits** — Benefits for low-income households to help buy food.

**Food Stamps Expedited Service** — Food stamp benefits available to you within three (3) days.

**Resources** — Money you have, such as:

Cash on hand, uncashed checks, money in checking accounts, savings accounts, or savings certificates, etc.

Trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** — Gas, electricity, heating, fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

**Income** — Money received or expected to receive this month, such as:

Earnings, welfare, child support, SSI or Social Security, or veterans payments

• Pension or retirement payments

Unemployment (UIB), State Disability (SDI) or other disability

• Strike funds, payments from roomers, school grants and loans

• Cash gifts, cash winnings, or any other cash payments

**Cash Aid** — California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Assistance, or your county's local Cash Aid program (General Assistance or General Relief (GA/GR), or Cash Assistance Program for Immigrants (CAPI)).

### OTHER THINGS YOU SHOULD KNOW

You may wonder why we ask some of the questions. All questions are required by Federal/State law to determine your eligibility for food stamp benefits.

You can apply for food stamp benefits and cash aid at the same time and have only one interview for both, except when you apply for GA/GR as a cash aid.

If your food stamp benefits, Authorization Document (AD) or Issuance cards are lost in the mail, you must report it before the end of the month in which you should have gotten them. But if they were stolen or destroyed, you must report your loss within ten (10) days of the incident.

If you receive too many food stamp benefits, you will have to pay them back and/or your benefits may be lowered or stopped. Your Social Security Number (SSN) may be used to collect the amount of benefits owed, through the courts, other collection agencies and for federal government collection action.

Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

### COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services  
744 P Street, MS 8-16-50  
Sacramento, CA 95814  
Phone Number: 1-800-952-5253,  
or for the hearing or speech impaired call  
1-800-952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within ninety (90) days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Writing to or calling:  
The state's Civil Rights Bureau, M.S. 8-16-70,  
P.O. Box 944243, Sacramento, CA 94244-2430  
1-866-741-6241 (Toll Free)
3. Or for Food Stamp benefits only, writing to:  
Secretary of Agriculture  
U.S. Department of Agriculture  
14th & Independence Avenue, S.W.  
Room 200A  
Administration Building  
Washington, D.C. 20250

# Application for Food Stamp Benefits

## Applicant Information

✓ 1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	
Telephone Number (include area code)	
Home Address (Street, P.O. Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview?  Yes  No If "Yes," what language? \_\_\_\_\_

3. To help us improve our services to you, please complete A, B, and C below. Check all that apply to you. The law says we must record your ethnic group, race, and language. If you do not complete these items, the county will do it for you. This will not affect your eligibility.

A. ETHNICITY (Everyone must also answer B)

Are you Hispanic or Latino?  Yes  No

B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete these items, the county will do it for you. This will not affect your eligibility.

American Indian or Alaskan Native

Black or African American

Asian (If checked, please select one or more of the following)

Filipino  Chinese  Japanese  Cambodian  Korean

Vietnamese  Asian Indian  Laotian  Other Asian (specify) \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)

Native Hawaiian  Guamanian  Samoan  Other (specify) \_\_\_\_\_

White

C. PRIMARY LANGUAGE:

English  Spanish  Lao  Tagalog  American Sign

Cantonese  Cambodian  Vietnamese  Russian  Other (specify) \_\_\_\_\_

✓ 4. Someone in the household is: (check more than one if applicable)

Disabled

Homeless

Elderly (60 & older)

Migrant/Seasonal Farmworker -

Without money for food

Has your only income stopped?  Yes  No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker?  Yes  No

✓ 6. How much is your rent or mortgage this month? \$ \_\_\_\_\_

✓ 7. How much are your utilities this month, if separate from your rent or mortgage? \$ \_\_\_\_\_

I have been informed about getting emergency food stamp benefits within three (3) days.

Signature \_\_\_\_\_

Date \_\_\_\_\_

County Use Only:

Case Name \_\_\_\_\_ Case # \_\_\_\_\_

Application Type:  New  Recert Date received by County \_\_\_\_\_

Screened for Expedited Service (ES)?  Yes  No ES Eligible  Yes  No



# Application for Food Stamp Benefits

## Household Information

8. Complete the following information for all persons in the home, including yourself. The County will use this information to determine eligibility only.

Name (Last, First, Middle)	Social Security Number (If none, write none)	Relationship (i.e. son, wife, friend, foster child, etc.)	Circle one	Date of Birth	Do you buy and prepare food with this person? (Circle one)
1.			Male/Female		Yes / No
2.			Male/Female		Yes / No
3.			Male/Female		Yes / No
4.			Male/Female		Yes / No
5.			Male/Female		Yes / No
6.			Male/Female		Yes / No
7.			Male/Female		Yes / No
8.			Male/Female		Yes / No
9.			Male/Female		Yes / No
10.			Male/Female		Yes / No

## Income and Employment

✓ 9. Do you have or will you receive any income this month?  Yes  No

List all your household income below:

Name of person who gets money	How much each month?
	\$
	\$
	\$
	\$

## Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ \_\_\_\_\_

County Use Only:

# Application for Food Stamp Benefits

## Important Information

- The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking food stamp benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

## Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date

## FOOD STAMP BENEFITS YOUR RIGHTS AND RESPONSIBILITIES

When you apply for food stamp benefits, you have rights and responsibilities. Your most important right is to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age or disability. If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator;
2. Calling 916-654-2107 or 1-866-741-6241 (toll free);
3. For the hearing or speech-impaired,  
1-916-654-2098 (TDD), 1-800-688-4486 or,
4. Writing to:

California Department of Social Services  
Civil Rights Bureau, MS 15-70,  
P.O. Box 944243  
Sacramento, CA 94244-2430

or if you get Food Stamps only, write to:

USDA  
Director, Office of Civil Rights  
Room 326-W, Whitten building  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410

or call

(202) 720-5964 (voice and TDD)

### YOUR RIGHTS

As a food stamp applicant or recipient, you have the right:

- To get help to filling out your application or any other food stamp form.
- To ask for translated forms and notices if you don't read English.
- To be treated with courtesy, consideration and respect.
- To ask for oral interpretation of forms and notices if translated forms and notices are unavailable.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within thirty (30) days.
- To have the face-to-face interview waived if you are unable to appoint an Authorized Representative and no household member is able to go into the Food Stamp office because everyone is 65 years old and over or physically disabled and no one has earned income.
- To have the face-to-face interview waived if you have a hardship and cannot get to the Food Stamp office.
- To discuss your case with the county and to review your case yourself when you request to do so.
- To be told the rules for getting emergency food stamp benefits. If the county thinks you might be eligible, you will get an interview immediately and food stamp benefits within three (3) days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamp benefits replaced if lost in the mail, damaged, stolen or destroyed. EBT food stamp benefits are not always replaced; when the EBT card is not reported lost/stolen or benefits are spent by the authorized representative.
- To get written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the county and state, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a state hearing within ninety (90) days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing or speech impaired (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by a household member, friend, attorney, or other person of your choice. You may get free legal help at your local legal aid office or welfare rights group.

### YOUR RESPONSIBILITIES

As a food stamp applicant or recipient, you are responsible for meeting the following requirements:

- **Fingerprint and photo imaging.** California has a rule that says that everyone who is required to be fingerprinted and photo imaged must have their photo and fingerprint image taken in order for your household to receive food stamp benefits. If someone in your household who is required to be photographed or finger imaged refuses to do so, your household will not be able to get food stamp benefits. These images are confidential and can only be used to prevent or prosecute welfare fraud.

## YOUR RESPONSIBILITIES (Continued)

- **Citizenship/Immigration Status.** You must sign under penalty of perjury that each member applying for food stamp benefits is a U.S. citizen or U.S. national. If someone in your household is not a citizen, you will need to provide verification of his or her immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS) but it will only be used to determine food stamp eligibility. Information about immigration is private and confidential.

You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits. You do not have to provide immigration information or documents for any family members who are not eligible for food stamp benefits and who are not asking for food stamp benefits. Getting food stamp benefits will not affect your immigration status or the immigration status of your family.

- **Social Security Number.** You must provide the Social Security Number (SSN) for everyone in your household who is applying. Anyone who does not give a SSN or proof of application for an SSN will not be able to get food stamp benefits.

The SSN(s) will be used in a computer match to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. SSN(s) will also be matched with law enforcement agencies. Differences may be checked out with employers, banks or others.

**Verification.** If your worker asks for proof of a fact you give, you must provide it or give us the name of some other person or agency we may contact to get it. When you can't get the proof you need, we may be able to help you get it.

- **Reporting.** Every food stamp household must report on their income and household situation. Most households have to report every quarter, but your worker will tell you whether you are a quarterly or change reporting or transitional household.
- **Cooperation.** You must cooperate with county, state and federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

## PENALTIES AND DISQUALIFICATION

Failing to follow the rules listed in this document can result in an Intentional Program Violation (IPV). The penalties for an IPV are disqualification as listed below. AND you can be fined up to \$250,000 and/or put in jail/prison for up to 20 years. Disqualification means not being able to get food stamp benefits for a period of time. When you are disqualified, the penalties stop your food stamp benefits for:

- 12 months for the first violation,
- 24 months for the second violation and
- forever for the third violation.

These penalties start after a state hearing or court of law finds that an individual committed an IPV. In addition, there are separate penalties for other things you should not do. They are:

- If you are found guilty in any court of law of trading food coupons for controlled substances, food stamp benefits can be stopped for 24 months for the first violation and forever for the second violation.
- If you are found guilty in any court of law of trading food stamp benefits for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.
- If you sell or trade food stamps worth \$500 or more, food stamp benefits can be stopped forever.
- If you file more than one application at the same time and give false identification or residence information, food stamp benefits can be stopped for ten (10) years.

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

In addition, if you don't report all the facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamp benefits, you must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell food stamps, Food Stamp Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamp benefits you are not entitled to get.
- Don't use food stamp benefits to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

### Food Stamp Work Rules

If you are between the ages of 16 and 60, you may need to meet food stamp work rules. You may be excused from meeting the work rules if you have health problems, care for a child under 6, or have other conditions that make it difficult to participate in work or training activities. Work rules say you must tell us about your work experience, go to a job you are sent to, take a suitable job, and not quit a job or reduce your work to less than 30 hours a week. You may also have to do community service, look for work, or go to school or training. If you don't meet these rules, food stamps may be denied or stopped for one, three, or six months.

### Food Stamp Work Rule for Adults Without Children

If you are older than 17 and younger than 50, and you are not in a household with a minor child, you may also need to meet the work rule for adults without children. You do not have to meet this work rule if you are pregnant, live in a household with a minor child, have health problems, or have other conditions that make it difficult to participate in work, school, or training. You must meet the work rule by working or going to school or training for a total of 20 hours a week or by participating in community service for the required number of hours. If you don't meet the work rule for three months during a three-year period without a good reason, food stamps will stop. Food stamps will begin again if you meet the work rule for the required number of hours or if you are excused. If you stop meeting the work rule again for reasons such as layoff, you may receive food stamps for three months in a row without having to meet the rule.

## CERTIFICATION

- I certify that I have received copies of "Your Rights and Responsibilities" (DFA 285-A3 QR) and "How to Report Household Changes" (FS 23 QR). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations that may affect my eligibility or benefit level for food stamp benefits.
- I also certify that I have received a copy of "Applying for Food Stamp Benefits" (FS 22 QR).

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

SIGNATURE OF WITNESS OR INTERPRETER:

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER:

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

DFA 285-A3 QR (5/06) IMPORTANT INFORMATION-REQUIRED FORM -- NO SUBSTITUTES PERMITTED

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- TEAR HERE -  
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SIGNATURE OF WITNESS OR INTERPRETER:

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SIGNATURE OF INTERVIEWING WORKER:

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

DFA 285-A3 QR (5/06) IMPORTANT INFORMATION-REQUIRED FORM -- NO SUBSTITUTES PERMITTED

## APPLYING FOR FOOD STAMP BENEFITS

The Food Stamp Program helps you buy nutritious food for you and your family. This document will tell you more about how the program works and what you need to do in order to apply for benefits.

The county food stamp office wants to get you the help you need. If you have a disability or need help with applying or continuing to receive food stamp benefits, let a county worker know.

The law says that everyone who applies for or receives benefits and services must be treated fairly. Every county has a civil rights coordinator. If you feel you have been discriminated against, contact the civil rights coordinator in your county or call 1-866-741-6241. Look in your application for more information about filing a complaint.

### HOW DO I APPLY?

You can apply for food stamp benefits by completing a food stamp application and returning it to a food stamp office in the county where you live. When you apply for food stamp benefits, you are applying for everyone in the household who buys and prepares food together, but you do not have to apply for people who are ineligible because of their immigrant status.

- ◆ If you need food stamp benefits right away because you don't have much money, you may get food stamp benefits within three (3) days of turning in your application. This is called "Expedited Service." Not everyone can get Expedited Service, but it's a good idea to ask.
- ◆ After turning in an application, most people will be scheduled for an interview at the food stamp office. If you can't come to the office for your interview, you may be able to have your interview by phone, a worker may be able to come to your home, or other arrangements can be made. You may also authorize someone to go to the office and apply for you.
- ◆ During this interview, a county worker will go over the application and ask you more questions to complete the application process. You will need to gather the documents listed on this page and bring them to your interview.
- ◆ If you applied for both CalWORKs and food stamp benefits, but were denied CalWORKs, your original food stamp application will still be processed.

### CHECKLIST OF THINGS TO BRING TO YOUR INTERVIEW

During your interview, the food stamp worker will need to see certain documents. If you have questions about what to bring, call the food stamp office. If you don't have all of your documents, be sure to go to your interview anyway--your worker may help you get the documents. They will also tell you if there is another way to show proof of the information you give.

#### Personal Identification

You will need to prove who you are. You can bring a birth certificate, driver's license, school or work I.D., voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief. If you have no address, be prepared to tell the worker where you are staying. If you are an immigrant, bring immigration papers for everyone who is applying for food stamp benefits.

#### Social Security Number

You will need to provide social security numbers for all members of your household who have them. You don't have to bring in the cards, just the numbers. If someone doesn't have a social security number, you need to bring proof (such as a letter from the Social Security office) that you have applied. You do not have to provide social security numbers for people who are not applying because of their immigrant status.

#### Proof of Your Income

If you have income, you will need to prove how much income you have and where it comes from. For money you earn at a job, you can bring one of the following: your pay stubs, a letter from your employer on company letterhead, your W-2 form, wage tax receipt, state or federal tax return, or self-employment bookkeeping records. For money from benefit programs (like social security, unemployment or workers compensation, or student aid), bring a copy of your benefit check or an official letter describing what you receive.

#### Proof of Your Assets

If you have bank account, bring a bankbook or current bank statement.

#### Proof of Your Expenses

Bring rent or mortgage receipts, utility bills, receipts for child or adult care, and receipts for medical expenses for people over 60 or disabled. If you pay court-ordered child support, bring proof of that payment. Proving these expenses may help you get more food stamp benefits.

### WHAT YOU'LL BE ASKED AND WHY

During your interview at the county food stamp office, you will be asked a number of questions to determine whether you can get food stamp benefits and the amount of benefits you can get. Your worker is required by state or federal law to ask these questions.

#### Questions about Immigration Status

You will be asked if members of your household are citizens. If they are not, your worker will ask when they arrived in the United States and for proof of their documentation. If you are a **lawful permanent resident (LPR)**, you are eligible for food stamp benefits, as long as you meet other eligibility rules.

## WHAT YOU'LL BE ASKED AND WHY

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Please keep in mind that the Food Stamp Program needs this information to determine whether the people in your household are eligible for food stamp benefits. If you are not a citizen or do not have documentation, you can receive food stamp benefits for your children if they are citizens or LPRs.

### Questions about Felonies

Your food stamp worker is required to ask you two questions about felonies. First, you will also be asked if anyone in your household is fleeing the law to avoid felony prosecution, custody/confinement after conviction or violation of parole/probation. Under federal law, fleeing felons are not eligible for benefits. Second, you will be asked if anyone in your household has been convicted of a drug felony that occurred after August 22, 1996. People convicted (after August 22, 1996) of a drug felony for manufacturing, sales or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities cannot get food stamp benefits. Other members of the household may still be able to receive food stamp benefits.

### Question about Fraud

Your food stamp worker is also required to ask if anyone in your household has ever committed welfare fraud. If someone has committed welfare fraud, it doesn't necessarily mean that you won't get food stamp benefits.

### Questions about Income

Your ability to get food stamp benefits depends partly on how much money and resources you have. Your county worker will ask you questions about your income to make sure you get the right amount of benefits.

## SOME IMPORTANT FOOD STAMP RULES

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The Food Stamp Program has a lot of rules, but most of them depend on your specific situation. Here are some of the important ones:

### Immigration Status

To get food stamp benefits in California, you must be a U.S. Citizen, a U.S. National, or be someone who is a lawful permanent resident (LPR) of the U.S. If you are an undocumented immigrant, you cannot get food stamp benefits but your children may be able to get benefits if they are citizens or LPRs. Getting food stamp benefits will not affect your immigration status or the status of your family. Immigration information is private and confidential.

### Assets and Property

There is a \$2,000 limit on the amount of money that people in your household can have at home, in the bank, or in other places. If someone in your household is at least 60 years old, or disabled, your household can have a \$3,000 limit. The value of your house does not count as long as you live in it.

### Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

### Living in the County

All of the food stamp rules are the same from county to county, but you must be living in the county where you apply for benefits. If you move to a different county, you will need to reapply at the office in the new county.

### Food Stamp Work Rules

If you are 16 through 59 years old, there are some work rules you may need to meet. You can be excused from the work rules for reasons such as mental or physical health problems that keep you from working, getting unemployment benefits, taking care of a child under age 6, or for other reasons that your worker can explain to you. If you are not excused, then some of the work rules you will need to meet may include keeping appointments, taking a job the county sends you to, not turning down or quitting a job, not reducing the hours you work, looking for work, doing community service, or going to school or training. If you don't meet the work rules, your food stamp benefits can be denied or stopped for one, three or six months.

### Food Stamp Work Rule for Adults Without Children

If you are over 17 and under 50 and you are not caring for a minor child, you may also have to meet another work rule. You can be excused from this work rule if you are pregnant, live in the same food stamp household with a minor child, have mental or physical health problems that keep you from working, or for other reasons that your county worker can explain to you. If you are not excused, you must meet the work rule by doing one or more of the following for a total of 20 hours per week: work, school, or training. Or, you must do community service for the number of hours the county tells you.

If you don't meet the work rule for three months during a three-year period, and you don't have a good reason, your food stamp benefits will stop unless you are excused. You can get food stamp benefits again by meeting the work rule for the number of hours that the county tells you. After that, you might be able to get another three months of food stamp benefits without having to meet the work rule.

## **SOME IMPORTANT FOOD STAMP RULES (Continued)**

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### **If you are self-employed**

If you are self-employed, you can either deduct your actual business expenses or use a standard deduction of 40 percent of your gross income. Once you choose a method of figuring your self-employed net income, you can only change this method when you are re-certified for food stamp benefits or every six months, whichever happens sooner.

### **Reporting**

Most households must send a report on their income to the county each quarter in order to continue getting food stamp benefits. Other households must send in a report only when they have a change in income or household situation. Your worker will explain how to report.

### **College, Business or Vocational Students**

You can get food stamp benefits if you are a student and you are working, enrolled in an employment and training program, disabled, getting cash assistance, over the age of 50, or the parent of young children.

### **Amount of food stamp benefits**

There is a limit to the number of food stamp benefits you can get each month. This amount is based on the number of people in your household and how much money you have each month after you pay for things like rent, utilities and child care.

If your household gets too many food stamp benefits by mistake, you may have to pay them back--even if it wasn't your fault that it happened.

A note about rules: If you do not understand a rule, please ask your worker to explain it. It's important to understand the rules so you can get as many food stamp benefits as your household is allowed to get.

## **USING YOUR FOOD STAMP BENEFITS**

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### **How do I get my food stamp benefits?**

Your county has Electronic Benefit Transfer (EBT) system, you will receive a plastic EBT card containing your benefits. Your county will mail or issue you a plastic card that you will use to purchase your food. Your worker will tell you how you will get your EBT card in your county.

If your EBT card is lost, stolen or destroyed, call your worker right away. You may be able to get it replaced.

### **How do I use my food stamp benefits?**

You can use your food stamp benefits to buy almost all foods, as well as seeds and plants to grow your own food. You do not have to pay sales tax on any item you buy with food stamp benefits. Food stamp benefits are accepted at most large grocery stores, as well as some farmers markets, convenience stores and other places that sell groceries.

You cannot use food stamp benefits to buy alcohol, tobacco, pet food, some types of already cooked food, or anything that is not food (like toothpaste, soap, or paper towels).

Once you receive your food stamp benefits, sign the EBT card. This will make it easier to trace if it is lost or stolen. Keep your EBT card in a safe place until you are ready to purchase food.

### **What happens if I no longer receive CalWORKs?**

If you stop getting CalWORKs, you may still be able to get food stamp benefits. You may be eligible for transitional food stamp benefits. Food stamp benefits can help your family as you make the transition from welfare to work, so be sure to check with your worker about whether you can continue.



# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS

May 13, 2010

### CIVIL RIGHTS MEMO

10 - 03

**TO:** Office Heads  
*Robert Miletich*

**FROM:** Robert Miletich, Director  
Civil Rights Section

**SUBJECT:** **UPLOADING OF NON-LEADER FORMS IN THE DPSS FORMS LIBRARY**

**REFERENCE:** Civil Rights Memo #07-05 dated March 6, 2007

This is to remind designated DPSS Librarians to continue adding new and updated non-LEADER forms and documents on the Forms Library Online module on the DPSS Portal. Notices of Actions (NOAs) and other forms which are not currently available on LEADER are now accessible on the DPSS Portal in the Department's threshold languages online, via the DPSS Forms Library.

Although DPSS staff has access to the DPSS Portal - Forms Library search page, only the designated DPSS Librarians are permitted to upload or update non-LEADER forms. DPSS Librarians are responsible for maintaining/revising all current non-LEADER forms and documents specific to their program areas in the DPSS Forms Library. To date, 1164 forms are available in the DPSS Forms Library. **Note: NOAs for programs managed by LEADER are not available in the DPSS Forms Library.**

#### STEPS TO ACCESS THE DPSS FORMS LIBRARY (see attached):

- Log on the DPSS Portal and go to "My DPSS" page.
- Click the "Reports/Applications" link.
- Select "Forms Library."

Once staff locates requested forms or NOAs in the DPSS Forms Library, they can print or download these forms. When a blank NOA/form is printed, staff will manually complete the informational parts of the printed NOA/form in the appropriate language. Staff must also ensure that the back page of the NOA (that includes State Hearing Rights information) is attached when mailing. DPSS employees who do not have an account on the DPSS Portal may sign-up using the self-registration process. The Sign-Up button is available on the Portal Log-In page.

Request for access as a designated Librarian may be forwarded to David Ahia, Senior ISSA at Information Technology Division. David may be contacted at (562) 623-2091, or via e-mail. If you have any questions, please call me at (562) 908-8473, or administrative staff may contact Alma Calvelo at (562) 908-8355 or via e-mail.

RSM:AC:jr

Attachments

c: Division Chiefs

Welcome to Los Angeles County



# Department of Public Social Services

Home | Help | Search

Home | My DPSS | Cash Aid | Food & Nutrition | Health | Elder Services | Jobs | Contracts | Other Services | Offices | Related Sites | Gov Links | Logout

## My DPSS



My DPSS Page 1

### Notifications

- New Document Library documents: 8
- New Newsletters: 6
- Please update information for:
  - Civil Rights



[Reports/Applications](#)

[Information Technology Security Office](#)

### DPSS Calendar

#### May 2010

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

[Details](#)

#### Next Three Events

May 13, Thu at 08:30 AM  
BWS HSA III Meeting

May 13, Thu at 10:00 AM  
Commission for Public Social Services Meeting


May 13, Thu at 12:00 PM  
May is Mental Health Awareness Month

[View Full Calendar](#)  
[Add Event](#)

### What's New?

Beta Test a new version of My DPSS! After you evaluate the pages, send us a note letting us know if the experience was positive or negative. Also, let us know if you have any suggestions for improvement.

[My DPSS Version 2](#)




### Committees and Workgroups

### DPSS Photo Galleries

- [Multimedia Services](#)
- [Toy Loan](#)

You are an authorized editor for the Directory and Online Roster Application (DORA) pilot.




[Directory and Online Roster Application](#)



### Awards

- [Employee Suggestion Awards](#)
- [LA County STARS!](#)
- [NACo Award Winners](#)
- [Partnerships In Excellence](#)
- [Productivity and Quality Awards](#)

Access updated pages for our offices in the Office Profiles. Staff can access additional details about each office.



[DPSS Office Profiles](#)



[DPSSTATS](#)



### Suggested Application

[DPSS Portal](#)

The DPSS Portal provides web content to the public and staff. Some content is restricted to authorized users. The portal also hosts numerous web applications.

### Rosters, Directories & Org Charts



### Policies & Handbooks

### Human Resources Division (HRD)

The DPSS HRD Intranet site will allow you to access the Personnel Manual, Employment Opportunities and more.

- [DPSS HRD Intranet site](#)
- [Got 4% Match?](#)
- [MAPP Forms](#)
- [Additional Responsibility Bonus](#)
- [eHR Payroll System](#)



### Publications

- [CalWORKs Questions & Answers](#)
- [Departmental Contract Listing](#)
- [DPSS Biennial Report](#)
- [EBT News](#)
- [Fraud Procedures](#)
- [L. A. County Digest](#)
- [Wage Based Community Services](#)


### Your place in DPSS

- [Department of Public Social Services](#)
- [Bureau of Special Operations](#)
- [Research, Evaluation & Quality Assurance Division](#)
- [Civil Rights](#)

### Job Development


### Bureau Pages

- [Administration](#)
- [Bureau of Administrative Services](#)
- [Bureau of Special Operations](#)
- [Bureau of Program and Policy](#)
- [Bureau of Workforce Services](#)
- [Bureau of Contract and Technical Services](#)



### E-MAIL Policy & Training


- [E-Mail Policy](#)
- [MS Outlook Web Access 2007 Training](#)
- [Outlook 2007 Reference Guide for Lotus Notes Users](#)


<b>Linkages</b>	
<p>Linkages is LA County's interdepartmental partnership between DPSS and the Department of Children and Family Services (DCFS) which promotes service coordination to improve family functioning, strengthens families through economic self-sufficiency, and focuses on child safety.</p>	

<b>Bureau of Program and Policy</b>
<b>Approved Vendor List</b>

<b>Employee Links</b>
<ul style="list-style-type: none"> <li>• <a href="#">Wellness</a></li> <li>• <a href="#">Child Care</a></li> </ul>

<b>Employee Resources</b>
<ul style="list-style-type: none"> <li>• <a href="#">Vanride</a></li> <li>• <a href="#">First City Credit Union</a></li> <li>• <a href="#">LACERA</a></li> <li>• <a href="#">LA County Deferred Income Program</a></li> <li>• <a href="#">Employee Computer Purchase Program</a></li> <li>• <a href="#">2010 Consumer Resource Directory</a></li> </ul>


	<b>Toy Loan &amp; Volunteer Services</b>
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Reports & Applications

# REPORTS AND APPLICATIONS

*"To Enrich Lives Through Effective and Caring Service"*



 <a href="#">Acronym Database</a>	<a href="#">Appeals and State Hearings Tracking System</a>	<a href="#">Calling Cards Tracking System</a>
 <a href="#">Case Assignment Management System</a>	<a href="#">Caseload/Professional Staffing</a>	 <a href="#">Child Care Search</a>
 <a href="#">CSBG Report Management System</a>	 <a href="#">Document Library</a>	<a href="#">DPSS Assistance Claiming (CSBG, OTS, REP)</a>
 <a href="#">DPSS Calendar</a>	 <a href="#">DPSS Manager's Bio</a>	 <a href="#">DPSS News</a>
 <a href="#">DPSS Office Locator</a>	 <a href="#">DPSS Office Profiles</a>	<a href="#">DPSS Portal</a>
<a href="#">DPSS Trainee Attendance</a>	 <a href="#">DPSSMART</a>	<a href="#">DPW Road Closures</a>
 <a href="#">EBT Locator</a>	 <a href="#">e-Business Applications</a>	 <a href="#">Electronic Countywide Accounting and Purchasing System</a>
 <a href="#">Employee Directory</a>	<a href="#">Employee Discrimination &amp; Disciplinary Actions Tracking System</a>	<a href="#">Employee Location Tracking Application (LTA)</a>
 <a href="#">Employee Suggestion Awards</a>	 <a href="#">Event Planner</a>	<a href="#">Financial Management Division Portal</a>
 <a href="#">Forms Library</a>	<a href="#">HPA/Maintain Commitments</a>	<a href="#">Human Resources Management System</a>
<a href="#">Information Technology Expenditure Control</a>	<a href="#">Internet Password Reset ISD Intranet</a>	 <a href="#">Itinerary Mileage and Parking System</a>
 <a href="#">LEADER Management Reports</a>	<a href="#">Location Tracking Application</a>	 <a href="#">Medi Cal Express Enrollment Tracking System</a>
<a href="#">Medi Cal Express Enrollment Tracking System (LAUSD)</a>	<a href="#">Memos and Letters</a>	 <a href="#">Newsletters</a>
 <a href="#">Office Resources &amp; Collaboration Application Suite</a>	<a href="#">Online Personnel Manual</a>	<a href="#">Oracle General Ledger</a>
 <a href="#">Outlook Web Access</a>	<a href="#">Overtime On-Line Application</a>	<a href="#">Payroll by Function Code</a>

<a href="#">Performance Evaluation Control System</a>	 <a href="#">Permanent Housing Assistance Services</a> <a href="#">Permanent Housing Assistance Services</a>	<a href="#">Program Budget</a>
<a href="#">Program Time Study</a>	<a href="#">Property Search and Reporting System</a>	<a href="#">Random Moment Time Study</a>
<a href="#">Revenue Management System</a>	 <a href="#">Saba Learning System</a>	<a href="#">Staffing On-Line</a>
<a href="#">Transfer Match</a>	<a href="#">Welfare Grant Allotment Determination System</a>	
<p><b>My DPSS</b></p>	<p><b>DPSS Management</b></p>	<p><b>Acronym Database</b></p>

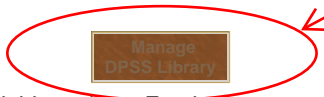


Search DPSS Forms by Number, Category, Type, Language and/or Keyword

**NOAs for programs managed by LEADER are not available in the Forms Library.**

Form Number  Category  Program  Language

Form Keyword



DPSS forms are now available online. Employees may access an online form by selecting from the above criteria or entering a keyword in the Form Keyword box. You must complete at least one of the fields above. Click on the 'Search DPSS Library' button to start the search. These forms may be viewed and printed using Adobe Acrobat Reader.



Manage DPSS Forms by Name, Number, Category, Type, Language and/or Keyword

- [Search DPSS Library](#)
- [Manage DPSS Library](#)
- [Transaction Log](#)
- [Reports](#)
- [Librarian Guide](#)

Enter Form Name

Enter Form Number

Enter Revision Date

Select Form Programs

<input type="checkbox"/> ASH	<input type="checkbox"/> CalWORKs
<input type="checkbox"/> Child Care	<input type="checkbox"/> Civil Rights
<input type="checkbox"/> FS	<input type="checkbox"/> GAIN
<input type="checkbox"/> GR	<input type="checkbox"/> GROW
<input type="checkbox"/> HIP	<input type="checkbox"/> IHSS
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Other
<input type="checkbox"/> SSS	<input type="checkbox"/> Welfare Fraud

Select Form Category

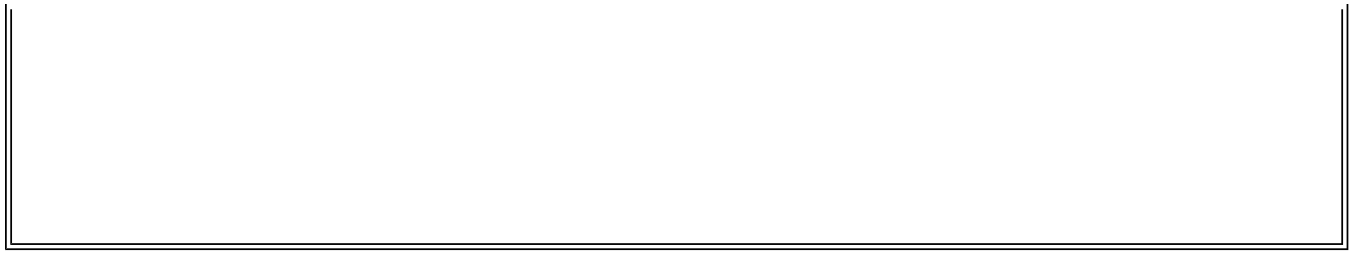
Select NOA Action Type

Select Form Language

Enter Form Description

Is This Form Editable?  Yes  No

Enter Form Location





# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## BUREAU OF SPECIAL OPERATIONS MEDI-CAL/IHSS PROGRAM DIVISION

### Administrative Memorandum

NUMBER	DATE
10-03	03/02/10

**SUBJECT:** AUTOMATED THRESHOLD LANGUAGE PROJECT

**REFERENCE:** LEADER Build #231 Release Notes, dated October 30, 2009

**CANCELS:** NONE **FILE IN:**

**SPECIAL ATTENTION:** REPORT/SURVEY REQUIRED: [ ] Yes No [X]  
[X] MAO [X] CW [X] FS [X] GR [X] CAPI

The purpose of this Administrative Memorandum is to provide information on the implementation of the Automated Threshold Language Project. The Automated Threshold Language Project will enhance our ability to provide Notices of Action (NOAs) and forms to applicants/participants in their designated language.

To make this possible, there has been an upgrade that will enable LEADER to produce notices and forms in the threshold languages. LEADER will automatically transfer case specific information onto the form or notice, which will save staff the time currently spent in selecting and initiating the appropriate form/notice in the correct language in the Threshold Language Queue. The Departmental threshold languages are as follows: Armenian, Cambodian, Chinese, English, Korean, Spanish, Tagalog, Russian and Vietnamese. In addition, the Food Stamps program requires forms to be available in Hmong, Lao, Farsi and Arabic.

The Automated Threshold Language Project has been divided into three phases. Implementation of Phase I was completed in the October, November, and December 2009 LEADER Production Builds. Included were the annual Redetermination packets, Periodic Reporting forms and associated Notices of Action. Consequently, these forms may be returned in the additional threshold languages. Implementation of Phase I impacted each program as follows:

#### Medi-Cal

November 2009:

- Medi-Cal Assistance Only (MAO) beneficiaries received their January 2010 Redetermination packets, in their designated written language.
- Medi-Cal Redetermination Reminder Notices and associated NOAs were generated by LEADER in the designated written language.
- Medi-Cal Mid-Year Status Reports (MC 176 S) and Medi-Cal MC 176 TMC forms and associated NOAs will be generated in the designated written language.

#### Food Stamps

November 2009:

- Overissuance/Repayment NOAs were generated in threshold languages.

The Food Stamps translated Redetermination packets will be automated in early 2010.

### CalWORKs

December 2009:

- CalWORKs (CW) redetermination packets due February 2010 were generated in the designated threshold language.
- CalWORKs/Food Stamp Combo Redetermination packets and associated NOAs in all the threshold languages were mailed out.

### General Relief

November 2009:

- NOAs in the threshold languages for recoupment and recomputed actions were included in this Build.

### CAPI

December 2009:

- CAPI Redetermination packets and associated NOAs that are due back in February 2010 were generated in threshold languages.

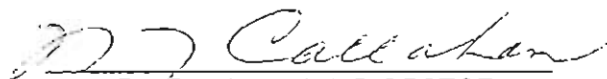
### Multiple Programs

October 2009:

- Periodic Reports (QR7, QR72 and QR73) and the associated NOAs in the threshold languages for Food Stamps (Supplemental Nutrition Assistance Program-SNAP) and the cash programs (CalWORKs and GR) were generated in the designated written languages.

Implementation of Phase II began with the translation of high volume NOAs and Forms identified by all programs in January 2010 with Phase III implementation scheduled to begin after Phase II is completed. Staff should closely monitor the LEADER Build Notes that are provided each month via email by the Eligibility Systems Division to determine which new forms and NOAs are included in that month's new build. In addition, current LEADER Build Notes are available through LEADER via the LEADER-Release Info Screen / Release Details tab. For those forms and NOAs not yet translated, staff are to continue applying the Threshold Language Interim Process as outlined in Administrative Directive 4595, dated 11/20/06.

Questions regarding this release may be directed by district administrative staff to the Medi-Cal Program Section at DPSS Administrative Headquarters at (562)908-4358.



MICHELLE CALLAHAN, DIRECTOR  
BUREAU OF SPECIAL OPERATIONS

Approval:

BAS  BCTS  BSO  BPP  BWS  
 Health & Nutrition Access Workgroup

MC:DW  
IM:ls

DEPARTMENT OF PUBLIC SOCIAL SERVICES



BUREAU OF SPECIAL OPERATIONS

May 30, 2006

TO: Office Heads

CIVIL RIGHTS MEMO  
06-04

FROM:

*Gail Esfahanina*  
Gail Esfahanina, Director  
Civil Rights & Customer Relations Section

**SUBJECT: AUTOMATED TRANSLATION REQUEST TRACKING SYSTEM**

This is to announce the June 1, 2006, implementation of the automated Translation Request Tracking System (TRTS) to replace the manual translation request process. Staff who currently send manual requests will have access to the TRTS, a new Lotus Notes based application. A Lotus Notes Bulletin will be sent with a link to add the TRTS Icon to the Lotus Notes Workspace. A demo of the TRTS was provided to users on May 18, 2006.

Effective with implementation of the new system, all translation requests must be sent through TRTS. All documents will need to be in electronic format (word, Adobe PDF, etc.,) and have an identifier (form #, name, etc.,) on the form itself in the lower left hand corner. Requests will continue to be processed and assigned priority based on departmental need and requested due dates. Upon completion of the translations, materials will be submitted to the user/requestor via the TRTS in Adobe PDF format.

This change will be reflected in the Civil Rights & Customer Relations Handbook update.

If you have any questions, please call me at (562) 908-8473, or your staff may contact Mary Pimentel, Translations Manager at (562) 908-8358.

GE:MP:mp

c: Division Chiefs

# DEPARTMENT OF PUBLIC SOCIAL SERVICES



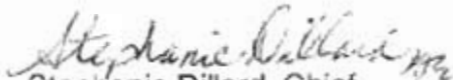
## BUREAU OF SPECIAL OPERATIONS

April 17, 2006

**TO:** Division Chiefs

**CIVIL RIGHTS MEMO**

06-02

**FROM:**   
Stephanie Dillard, Chief  
Program Compliance Division

**SUBJECT:** USE OF COUNTY & STATE TRANSLATED FORMS AND  
INTERPRETER SERVICES PROVIDED TO LIMITED ENGLISH  
PROFICIENT APPLICANTS/PARTICIPANTS

**REFERENCE:** ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-09-06

The purpose of this Civil Rights Memorandum is to remind staff that Notices of Action (NOAs) and other forms issued to applicant(s)/participant(s) should be provided in the applicant's/participant's chosen primary language. In addition, staff should also be reminded to document the case record and/or case comments screen on how language services are provided to Non-English/Limited English Proficient (LEP) speaking applicant(s)/participant(s).

According to the California Department of Social Services (CDSS) Division 21-115.2 "Forms and other written material required for the provision of aid services shall be available and offered to the applicant/participant in the primary language when such forms and other written material are provided by CDSS." This can be accomplished by utilizing the Exemplar Handbook which contains NOAs that have been translated in the threshold languages; current DPSS' threshold languages are Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese. Program staff should be reminded that State notices/forms that have not been translated into all of DPSS' threshold languages should be submitted for translation to the Translations Unit under the Civil Rights & Customer Relations Section.

Documentation of language/interpreter services should always be recorded in order to ensure compliance with Division 21. DPSS has revised the "Language Designation" (PA 481) form in order to clearly identify the applicant's/participant's spoken and written language. Staff should be aware that in many instances, the applicants'/participants' choice between spoken and written language is different. In addition, when interpreter services are requested by the applicant/participant, an "Interpreter Services Statement & Confidentiality Agreement" (PA 481-A) form must be completed and filed in the case record.

By completing both the PA 481 and the PA 481-A, DPSS meets all of the requirements stated under the All County Information Notice (ACIN) I-09-06 item 2a-2e, which indicates the following:

- a) Applicant(s)/participant(s) acceptance or refusal of written material available in his/her preferred language.
- b) How bilingual services are provided. For example, a bilingual staff person is used as an interpreter, it must be documented in the file for each occurrence when such interpretation was provided. If an interpreter other than a bilingual staff person is used, this must also be documented. Once the applicant(s)/participant(s) has requested oral and written communications in a Non-English language, the request also applies to subsequent communications as required under (Manual of Policies and Procedures) MPP Sections 21-115.1 (bilingual staffing and interpreter services) and 21-115.2 (written translations).
- c) Temporary use of a minor as an interpreter, and the extenuating circumstances requiring temporary use of the minor.
- d) That the county informed an applicant/participant providing his or her own interpreter of potential problems for ineffective communication caused by using his/her own interpreter.
- e) Applicant(s)/participant(s) consent to the release of information to the interpreter if the county employee or the applicant(s)/participant(s) provided his or her own interpreter for oral communication with the county.

Additionally, staff must document whenever accommodations are made in order to provide services to disabled applicant(s)/participant(s). Please refer to Forms Manual Letter 4647 "PA 481, Language Designation Form" dated March 9, 2006; Forms Manual Letter 4554 "PA 481-A, Interpreter Services Statement & Confidentiality Agreement" form dated October 04, 2004; and DPSS - CRLS Handbook Manual Letter 3 "Civil Rights & Language Services (CRLS) Handbook" dated August 26, 2004 for more detailed information. Administrative staff may direct questions regarding this release to Alma Calvelo, Program Assistant In-Charge, at (562) 908-8355.

STD:GE:ao

c: Office Heads

# **APPENDIX H**

## **Civil Rights Posters**

DEPARTMENT OF PUBLIC SOCIAL SERVICES



BUREAU OF SPECIAL OPERATIONS

July 6, 2009

TO: Office Heads

**CIVIL RIGHTS MEMO**  
09 - 05

FROM:   
Robert Miletich, Director  
Civil Rights Section

SUBJECT: **PROMINENTLY DISPLAYING OF MANDATORY CIVIL RIGHTS POSTERS IN THE WAITING ROOMS OR RECEPTION AREAS**

Reference: Civil Rights Memo #07 – 02 dated February 8, 2007

The purpose of this memo is to remind staff that the California Department of Social Services Division 21 Regulations require that mandatory Civil Rights posters shall be displayed in prominent areas of **District/Regional** Office waiting rooms and reception areas at all times. Posters dealing specifically with nondiscrimination in the Food Stamp Program shall be displayed in prominent locations in all certification and issuance offices.

**District/Regional Office** Civil Rights Coordinators must ensure the latest versions of the mandated Civil Rights posters are prominently displayed at all times. Outdated versions of the Civil Rights posters must be discarded immediately.

Requests for mandatory Civil Rights posters may be forwarded to Materials Management Section using the Supply Requisition (PA-16) form, or your staff may call the Civil Rights Section, at (562) 908-8501. Administrative staff may direct their questions regarding this matter to Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

Attachment

c: Division Chiefs

## MANDATORY CIVIL RIGHTS POSTERS

<u>CIVIL RIGHTS POSTERS</u>	<u>DESCRIPTION</u>
<p>Everyone Is Different But Equal Under The Law <i>Revision Date: March 2007</i></p>	<p>This State poster must have the following information:</p> <p style="text-align: center;"><b>Robert Miletich</b> <b>DPSS Civil Rights Coordinator</b> <b>12860 Crossroads Parkway South</b> <b>City of Industry, CA 91746</b> <b>(562) 908-8501</b></p>
<ul style="list-style-type: none"> <li>• And Justice For All <i>Revision Date: December 1999</i></li> </ul>	<p>This Federal poster for the Food Stamp Program must be prominently posted in all certification and issuance offices only. This poster is available in English and Spanish only. However, translation of this poster in other DPSS threshold languages (<i>Armenian, Cambodian, Chinese, Korean, Russian, Tagalog and Vietnamese</i>) is available and must be posted in the district/regional offices.</p>
<ul style="list-style-type: none"> <li>• If You Are...DEAF, HARD OF HEARING, or HAVE TROUBLE TALKING ... <i>Revision Date: July 2008</i></li> </ul>	<p>This DPSS TTY/TDD poster is available and must be prominently displayed in all DPSS threshold languages (<i>English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese</i>).</p>
<ul style="list-style-type: none"> <li>• Can We Help You? <i>Revision Date: October 2001</i></li> </ul>	<p>This is a DPSS poster for free interpreter services.</p>
<p>Notice Of Civil Rights Settlement Under Title VI of the Civil Rights Act of 1964 <i>Dated: December 15, 2003</i></p>	<p>An attachment to the Resolution Agreement between Department of Health and Human Services – Office of Civil Rights and DPSS and must be posted in <u>all</u> translated languages (<i>English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese</i>).</p>

Each District/Regional Office Head is requested to designate a lobby monitor who will ensure that the latest version of the above mentioned Civil Rights posters are prominently displayed at all times. Outdated versions of the Civil Rights posters must be discarded immediately.





# Եթե Դուք ... ԽՈՒԼ ԵՔ, ԼՍԵԼՈՒ կամ ԽՈՍԵԼՈՒ ԴԺՎԱՐՈՒԹՅՈՒՆ ՈՒՆԵՔ, ահա թե ինչպես կարող եք շփվել Հանրության սոցիալական ծառայությունների դեպարտամենտի հետ **(DPSS)**

Եթե խուլ եք, լսողության կամ խոսելու դժվարություն ունեք և ցանկանում եք խոսել Հանրության սոցիալական ծառայությունների դեպարտամենտի հետ, խնդրում ենք զանգահարել հետևյալ հեռախոսահամարներից ցանկացածին.

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

Եթե հնարավորություն ունեք օգտվել հեռագրատպիչից, **(TTY կամ TDD)**, այս համարները դեպարտամենտի կենտրոնական օգնության գծի ուղիղ TTY համարներն են: Այս համարներն անվճար չեն: Կարող եք օգտվել այդ համարներից երկուշաբթիից ուրբաթ օրերին առավոտյան ժամը 8:00-ից մինչև երեկոյան 5:00-ը:



Օգնության կամ տեղեկատվության կարիք ունե՞ք: Կարող եք զանգահարել 211 ԼԱ շրջանի անվճար համարներով, և աշխատակազմը Ձեր հաղորդագրությունը կուղարկի Հանրության սոցիալական ծառայությունների դեպարտամենտի համապատասխան գրասենյակ.

**(877) 735-2929, կամ 2-1-1** TTY սարքավորում ունեցողներ  
**(800) 735-2922, կամ 7-1-1** TTY սարքավորում չունեցողներ

Այս զանգն անվճար ու կոնֆիդենցիալ է և հասանելի է 24/7

§California Relay Service-ը Կալիֆորնիայի հանրային կոմունալ ծառայությունների հանձնաժողով է, որը հեռախոսակապ ապահովող ընկերություններից պահանջում է խուլ, լսողության կամ խոսակցական խնդիրներ ունեցող անձանց մատուցել հեռահաղորդակցման ծառայություններ:



Եթե թարգմանչական ծառայությունների կարիք ունեք, խնդրում ենք դիմել ընդունարանի աշխատողների օգնությանը:



**បើសិនជា លោកអ្នក...  
ថ្លង់, មានការពិបាកក្នុងការស្តាប់  
សំឡេង, ឬ មានការពិបាកក្នុងការ  
និយាយស្តី នេះគឺជាវិធីធ្វើការទាក់ទង  
ជាមួយនឹងក្រសួងសង្គមកិច្ចសាធារណៈ  
(DPSS)**

បើសិនជា លោកអ្នកថ្លង់, មានការពិបាកក្នុងការស្តាប់សំឡេង, ឬមានការពិបាកក្នុងការនិយាយស្តី ហើយមានបំណងចង់ធ្វើការទាក់ទងជាមួយ  
នឹងក្រសួងសង្គមកិច្ចសាធារណៈ សូមទូរស័ព្ទទៅលេខពាក្យយុត្តិធម៌ក្នុងចំណោមលេខទូរស័ព្ទខាងក្រោមនេះ ៖

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

បើសិនជា លោកអ្នកមានលទ្ធភាពប្រើប្រាស់ទូរស័ព្ទអង្កាញ់លិខិត (Teletypewriter ដូចជា TTY ឬ  
TDD), នេះគឺជាលេខ TTY សំរាប់ហៅផ្ទាល់ទៅលេខកណ្តាលនៃមជ្ឈមណ្ឌលផ្នែកកិច្ចការជួយបំរើ  
អតិថិជននៃក្រសួង ។ **លេខទាំងនេះមិនមែនជាលេខហៅដោយឥតគិតថ្លៃទេ ។** លោកអ្នកអាចហៅទៅ  
លេខទាំងនេះចាប់ពីម៉ោង 8:00 a.m. ដល់ម៉ោង 5:00 p.m. ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ។



តើលោកអ្នកត្រូវការជំនួយ ឬព័ត៌មានផ្សេងៗ? បើ លោកអ្នកត្រូវការ, លោកអ្នកក៏អាចទូរស័ព្ទទៅលេខ  
211 LA នៅខាងក្រោមនេះដោយឥតគិតថ្លៃ ហើយ បុគ្គលិកធ្វើការនឹងបញ្ជូនសាររបស់លោកអ្នកទៅ  
ការិយាល័យពាក់ព័ន្ធ នៅក្នុងក្រសួងសង្គមកិច្ចសាធារណៈ ៖

**(877) 735-2929, ឬ 2-1-1 សំរាប់មនុស្សដែលមានឧបករណ៍ TTY ប្រើ**  
**(800) 735-2922, ឬ 7-1-1 សំរាប់មនុស្សដែលគ្មានឧបករណ៍ TTY ប្រើ**

ការហៅទូរស័ព្ទនេះគឺជាមិនគិតថ្លៃ & រក្សាទុកការសម្ងាត់ ហើយមានដំណើរការ ម្តងម្កាលម្តងម្កាលក្នុង  
មួយថ្ងៃ ប្រាំពីរថ្ងៃក្នុងមួយអាទិត្យ (24/7)

“សេវាបញ្ជូនបន្តនៃរដ្ឋកាលីហ្វ័រនីញ៉ា - California Relay Service” គឺជាគណៈកម្មការត្រួតពិនិត្យផ្នែកទឹក ភ្លើង ទូរស័ព្ទសាធារណៈ ដែលតម្រូវដល់  
ក្រុមហ៊ុនទូរស័ព្ទផ្តល់នូវសេវាទំនាក់ទំនង ដល់មនុស្សថ្លង់, មនុស្សដែលមានការពិបាកក្នុងការស្តាប់សំឡេង, ឬ មានការពិបាកក្នុងការនិយាយស្តី ។



បើសិនជា លោកអ្នកត្រូវការសេវាកម្មផ្នែកការបកប្រែភាសា, សូមសួរទៅបុគ្គលិកផ្នែកកិច្ចការទទួលរៀនសំរាប់ជំនួយនានា!



# 如果你是...

## 耳聾者, 聽力有困難, 或者有語言障礙

### 這裡是教你如何與 公共社會服務局(DPSS) 交談

如果你是耳聾者, 聽力有困難, 或者有語言障礙, 而想要與公共社會服務局 (Department of Public Social Services) 交談, 請打電話給下列這些號碼中的任何一個:

**(562) 908-6650**

**(213) 639-6332**

**(213) 639-6342**

如果你有電傳打字機 (TTY 或 TDD) 可以使用, 這些是直接通到局裡中央幫助線的 TTY 號碼. 這些號碼不是免費的號碼. 你可以撥打這些號碼, 時間從早上 8:00 點到下午 5:00 點. 週一到週五.



你是否需要幫助或資料? 你也可以打電話到下列的 211 洛杉磯縣的免費電話號碼, 接聽的工作人員將會把你的訊息送到在公共社會服務局裡適合的辦公室:

**(877) 735-2929, or 2-1-1** 給有 TTY 裝備的人士

**(800) 735-2922, or 7-1-1** 給沒有 TTY 裝備的人士

這個電話是免費的和守密的, 同時每天 24小時/每週 7天開放

“加州傳遞訊息服務 (California Relay Service)” 是一個由加州公用事業委員會委託的服務, 它要求電話公司給耳聾人士, 有聽力困難, 或者有語言障礙的人士提供溝通的服務.



如果你需要口譯服務, 請洽詢接待員尋求幫助!



**If you are. . .  
DEAF, HARD OF  
HEARING, or HAVE  
TROUBLE TALKING  
here's how to talk to the  
Department of Public  
Social Services**

If you are deaf, hard of hearing, or have trouble talking and want to talk to the Department of Public Social Services please call any of these numbers:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

**If you have access to a Teletypewriter (TTY or TDD),** these are direct TTY numbers to the Department's Central Help Line. **These numbers are not toll-free numbers.** You can call these numbers from 8:00 a.m. to 5:00 p.m. Monday through Friday.



Do you need help or information? You can also call the following 211 LA County toll-free numbers and the staff will send your message to the appropriate office at the Department of Public Social Services:

**(877) 735-2929, or 2-1-1** Persons **with** TTY equipment  
**(800) 735-2922, or 7-1-1** Persons **without** TTY equipment

This call is **free & confidential** and is available 24/7

The "California Relay Service" is a California Public Utilities Commission service which requires telephone companies to provide communication services for persons who are deaf, hard of hearing, or persons with a speech disability.



**If you need interpreter services, please ask the receptionists for help!**



# اگر شما... ناشنوا، کم شنوا و یا مشکل بیان دارید در اینجا نحوه صحبت با اداره خدمات اجتماعی عموم توضیح داده شده است

اگر شما ناشنوا، مشکل شنوائی یا مشکل بیان دارید و میخواهید با اداره خدمات اجتماعی عمومی تماس بگیرید لطفاً با یکی از این شماره ها تماس بگیرید:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

اگر شما دسترسی به تله تایپ (TTY or TDD) دارید اینها شماره های مستقیم TTY خطوط مرکزی کمک اداره است. این شماره ها شماره های رایگان نیستند شما میتوانید بین ساعات 8:00 صبح تا 5:00 بعد از ظهر دو شنبه تا جمعه تماس بگیرید.

آیا شما احتیاج به کمک و یا اطلاعات دارید؟ شما همچنان میتوانید با شماره های رایگان ذیل 211 لوس آنجلس کانتی تماس بگیرید و کارمندان پیغام شما را به دفتر مناسب در اداره خدمات اجتماعی عمومی خواهند فرستاد.



**(877) 735-2929**، یا **2-1-1** اشخاص با تجهیزات TTY  
**(800) 735-2922**، یا **7-1-1** اشخاص بدون تجهیزات TTY

این شماره ها رایگان و محرمانه است و 24/7 در دسترس است.

” سرویس رلی کالیفرنیا“ همان کمیسیون خدمات عمومی کالیفرنیا است که شرکتهای تلفن را ملزم به ارائه خدمات برای افراد ناشنوا، کم شنوا و افراد با ناتوانی بیان میکند.



اگر شما احتیاج به مترجم دارید، لطفاً برای کمک به کارمند پذیرش مراجعه کنید!



만일 당신이...  
청각 장애인이고, 귀가 잘  
안들리며, 말하는데 문제가  
있는 경우 사회복지국  
(DPSS)으로 알리는 방법이  
있습니다.

만일 당신이 청각 장애인이고, 귀가 잘 안들리며, 말하는데 문제가 있고 사회복지국에  
통화하길 원할 경우, 이 중에 어떤 번호로든 전화하십시오:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

만일 당신이 전신타자기 (TTY or TDD) 이용하고 있으면, 이들은  
지역 사무소의 중앙 도움 전화로 직접 연결되는 TTY 번호입니다.  
이 번호들은 무료 전화 번호가 아닙니다. 이 번호들로 월요일에서  
금요일 오전 8시에서 오후 5시까지 전화할 수 있습니다.



도움이나 정보가 필요하십니까? 당신은 또한 다음과 같이 211 LA  
카운티 무료 전화 번호로 전화할 수 있으며 직원이 당신의 메시지를  
사회복지국의 해당 사무소로 보낼 것입니다:

**(877) 735-2929, or 2-1-1** TTY 장치가 있는 사람들  
**(800) 735-2922, or 7-1-1** TTY 장치가 없는 사람들

이 전화는 무료이고 기밀이며 24시간/7일 동안 가능합니다.

“캘리포니아 릴레이 서비스”는 청각 장애인이고, 귀가 어두운 사람, 또는 언어 장애를 가진 사람들을 위하여  
전화국에서 언어소통 서비스를 해주는 가주 공익사업국(Public Utilities Commission) 서비스입니다.



만일 통역 서비스가 필요하시면, 안내직원에게 도움을 요청하십시오!



**Если вы ....  
СТРАДАЕТЕ ГЛУХОТОЙ,  
ИМЕЕТЕ ПРОБЛЕМЫ СЛУХА,  
или ПРОБЛЕМЫ РЕЧИ, то вы  
можете поговорить с  
Управлением соцобеспечения  
(DPSS) следующим образом**

Если у вас проблемы слуха, речи или же вы страдаете глухотой, и хотели бы позвонить и поговорить с сотрудниками Управления соцобеспечения (the Department of Public Social Services ), то позвоните, пожалуйста, по одному из этих номеров:

**(562) 908-6650**

**Если у вас есть доступ к телетайпу (Teletypewriter -TTY or TDD),** то это - прямые номера системы ТТУ, соединяющие вас

**(213) 639-6332**

Центральной службой помощи Управления (the Department's Central Help Line).

**(213) 639-6342**

**Это не бесплатные номера.** Вы можете звонить по ним с 8:00 утра до 5:00 дня, с понедельника по пятницу.



Нуждаетесь в помощи или информации? Вы можете позвонить также по следующим бесплатным номерам 211 округа Лос-Анджелес (LA County toll-free numbers) и сотрудники службы перешлют ваше сообщение в соответствующее отделение Управления соцобеспечения:

**(877) 735-2929, or 2-1-1**

для лиц, **имеющих**  
оборудование ТТУ

**(800) 735-2922, or 7-1-1**

для лиц, **не имеющих**  
оборудования ТТУ

Звонки по этим номерам являются **бесплатными и конфиденциальными**, и доступны в любое время (24/7)

Служба "California Relay Service" («Эстафета Калифорнии») - это сервис Службы коммунальных услуг штата Калифорния (California Public Utilities Commission), который требует, чтобы телефонные компании предоставляли специализированные услуги связи для лиц, имеющих глухоту, плохо слышащих или имеющих дефекты речи.



**Если вы нуждаетесь в услугах переводчика, сообщите об этом сотруднику службы приема населения!**



**Si usted es . . .  
SORDO, TIENE DIFICULTAD  
PARA OIR y/o HABLAR, así  
es cómo puede comunicarse  
con el Departamento de  
Servicios Sociales Públicos  
(DPSS)**

Si usted es sordo, tiene dificultad para oír y/o hablar y desea comunicarse con el Departamento de Servicios Sociales Públicos por favor, llame a cualquiera de estos números:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

**Si usted tiene acceso a un Teletipo (TTY o TDD)**, estos son números directos TTY para la Línea central de Ayuda del Departamento. **Estos números no son gratuitos.** Usted puede llamar a estos números desde las 8:00 a.m. a 5:00 p.m. lunes a viernes.



¿Necesita ayuda o información? Usted también puede llamar a los siguientes números gratuitos 211 del Condado de Los Angeles y el personal enviará su mensaje a la oficina apropiada en el Departamento de Servicios Sociales Públicos:

**(877) 735-2929, ó 2-1-1** Personas **con** equipo TTY  
**(800) 735-2922, ó 7-1-1** Personas **sin** equipo TTY

Esta llamada es **gratuita y confidencial** y está disponible 24 horas los 7 días a la semana (24/7)

El "Servicio de Retransmisión de Telecomunicaciones de California" es un servicio de la Comisión de Servicios Públicos de California que requiere que las compañías telefónicas proporcionen servicios de comunicación para las personas que son sordas, que tienen dificultad para oír, o las personas con discapacidad del habla.



**¡Si usted necesita los servicios de un intérprete, por favor pida ayuda a los recepcionistas!**





**Kung ikaw ay . . .  
BINGI, HIRAP SA PAGDINIG,  
o MAY PROBLEMA SA  
PAGSASALITA  
narito kung paano makaka-  
usap ang Kagawaran ng  
Pampublikong Serbisyong  
Panlipunan (DPSS)**

Kung ikaw ay bingi, hirap sa pagdinig, o may problema sa pagsasalita at nais makipag-usap sa Kagawaran ng Pampublikong Serbisyong Panlipunan mangyaring tumawag sa alinman sa mga numerong ito:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

**Kung ikaw ay may akses sa isang Teletypewriter (TTY o TDD),** ang mga ito ay direktang numero ng TTY sa Sentral ng Linya ng Tulong ng Departamento (Department's Central Help Line). **Ang mga numerong ito ay hindi libreng-tol.** Maaari mong tawagan ang mga numerong ito mula 8:00 n.u. hanggang 5:00 n.h Lunes hanggang Biyernes.



Kailangan mo ba ng tulong o impormasyon? Maaari mo ring tawagan ang sumusunod na libreng-tol na mga numero ng 211 LA County at ang mga katulong na kawani ay ipapadala ang iyong mensahe sa kinauukulang tanggapan sa Kagawaran ng Pampublikong Serbisyong Panlipunan:

**(877) 735-2929, or 2-1-1** Mga taong **may** gamit na TTY  
**(800) 735-2922, or 7-1-1** Mga taong **walang** gamit na TTY

Ang tawag ay **libre at kompidensiyal** at maaaring gawin 24 oras/7 araw (24/7)

Ang "Serbisyong Maghatid ng California (California Relay Service)" ay isang serbisyo ng Komisyon ng Mga Palingkurang Bayan ng California (California Public Utilities Commission) na nag-aatas sa mga kompanya ng telepono na magkaloob ng mga serbisyong pang-komunikasyon para sa mga taong bingi, hirap sa pagdinig, o mga taong may kapansanan sa pagsasalita.



**Kung kailangan mo ang serbisyo ng isang interprete, pakihingan ng tulong ang mga resepsiyonista!**



LOS ANGELES COUNTY  
DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)



# Nếu quý vị bị. . . **Điếc, Lãng Tai, hoặc Nói Năng Khó Khăn,** sau đây là cách thức liên lạc nói chuyện với **Sở Dịch Vụ Xã Hội Công Cộng (DPSS)**

Nếu quý vị bị điếc, bị lãng tai, hoặc gặp khó khăn khi nói năng, và quý vị muốn nói chuyện với Sở Dịch Vụ Xã Hội Công Cộng (Department of Public Social Services – DPSS), xin quý vị gọi cho bất kỳ số điện thoại nào sau đây:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

Nếu quý vị có phương tiện sử dụng **Máy Điện Báo Ghi Chữ (Teletypewriter [TTY hoặc TDD])**, đây là những số điện thoại TTY (dành cho người điếc, lãng tai, hoặc nói năng khó khăn) trực tiếp nối liền với Đường Dây Giúp Đỡ Trung Ương của Sở. **Những số này không miễn phí.** Quý vị có thể gọi cho những số này từ 8g00 sáng tới 5g00 chiều, từ Thứ Hai đến Thứ Sáu.



Quý vị có cần được giúp đỡ hoặc muốn có thêm thông tin không? Quý vị cũng có thể gọi cho những số miễn phí 211 của Quận-Hạt LA sau đây, và nhân viên tại đó sẽ chuyển lời nhắn của quý vị tới văn phòng thích hợp tại Sở Dịch Vụ Xã Hội Công Cộng:

**(877) 735-2929, hoặc 2-1-1** Những người có thiết bị TTY  
**(800) 735-2922, hoặc 7-1-1** Những người không có thiết bị TTY

Loại điện đàm này **miễn phí & được giữ kín**, và có thể được sử dụng 24/7

“Dịch Vụ Tiếp Âm California” (California Relay Services) là một dịch vụ thuộc Ủy Ban Tiện Nghi Công Cộng California (California Public Utilities Commission) đòi hỏi các công ty điện thoại phải cung cấp các dịch vụ liên lạc cho người điếc, người lãng tai, hoặc người nói năng khó khăn.



**Nếu quý vị cần người thông dịch, xin hỏi nhân viên tiếp tân để được giúp đỡ!**



DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF PROGRAM, POLICY, RESEARCH & EVALUATION

Administrative Memorandum

NUMBER	01-25	DATE	10/17/01
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SUBJECT: "CAN WE HELP YOU"...FREE INTERPRETER SERVICES POSTER

REFERENCE: CDSS Manual-CFC/Reg. 21-107.23/21-115.15

CANCELS: FILE IN: BAP Handbook  
BSO Handbook  
Section: IV-Appendices

SPECIAL ATTENTION:  
 All DPSS & Contracted  
Public Contact Staff

REPORT REQUIRED YES  NO   
SURVEY REQUIRED YES  NO

PURPOSE/BACKGROUND

The purpose of this Administrative Memorandum is to release policy and instructions for the posting of the "Can We Help You" poster. The poster contains information that conveys the message of equal access to programs and services by people of different races and national origins, which is in accordance with State mandates. All of the threshold languages have been listed on the poster which are: Armenian, Cambodian, Chinese, English, Korean, Spanish, Russian and Vietnamese. In addition, the languages Farsi, Laotian and Tagalog have been included.

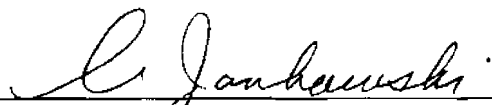
The poster was developed to enhance the Department's customer service efforts and ensure adherence to Civil Rights mandates protecting equal access of programs/services to the non-English speaking and Limited English Proficient (LEP) population. Moreover, the placing of this poster in public waiting areas ensures that applicants/participants will be informed of their right to free interpreter services. For example, when a non-English speaking or (LEP) person obtains and uses a Language Identification Card (commonly referred to as the "I Speak" Card) to find his or her primary language, the poster will direct the person to the information window for free interpreter assistance.

POLICY/INSTRUCTIONS

DPSS is committed to providing equal access to everyone; therefore, the posting of this poster is mandatory and must be prominently displayed in all public waiting areas concurrently with other State mandated posters per existing procedures. This includes all

DPSS district/regional offices, Refugee Immigrant Training & Employment (RITE) sites and the regional offices for contractors-Maximus/Lockheed Martin. The initial distribution will include one poster for each of the aforementioned locations. Future poster requests may be ordered from Assets Management via the Supply Requisition form (PA-16).

Administrative staff may direct questions regarding this release to the Civil Rights & Language Services Section at 12860 Crossroads Parkway South, City of Industry, CA 91746-3411.



ANN JANKOWSKI, DIRECTOR  
BUREAU OF PROGRAM, POLICY, RESEARCH & EVALUATION

CLEARANCE/APPROVAL

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> BAS   | <input checked="" type="checkbox"/> BWS                                     |
| <input checked="" type="checkbox"/> BHNSS | <input checked="" type="checkbox"/> BPPRE                                   |
| <input checked="" type="checkbox"/> DCSS  | <input checked="" type="checkbox"/> Kate Meiss, Neighborhood Legal Services |
|   | <input checked="" type="checkbox"/> Dennis Kao, APLC                        |

AJ:MR

RF:JR:jr

T:\Jkr:BPPRE ADMIN MEMO CAN WE HELP YOU POSTER

Attachment

Lists I, II, III & IV



DEPARTMENT OF PUBLIC SOCIAL SERVICES




BUREAU OF SPECIAL OPERATIONS

July 6, 2009

TO: Office Heads

**CIVIL RIGHTS MEMO**

09 - 04

FROM:   
Robert Miletich, Director  
Civil Rights Section

SUBJECT: FEDERAL "JUSTICE FOR ALL" (REV. 12/1999) POSTER

Reference: Manual Letter 298 Advance dated June 17, 2002

This is to remind the Civil Rights Liaisons of the Food Stamp Certification and Issuance District Offices to ensure that the Federal "Justice For All" (Revision Date: December 1999) poster must always be prominently displayed in their respective offices' waiting rooms and reception areas. This poster has the English and Spanish version. However, the United States Department of Agriculture, Food and Nutrition Services – Office of Civil Rights has the translations of this poster in other languages and must be pasted at the very bottom of the poster, without covering any of the English or Spanish written information.

To ensure compliance with this requirement, attached is the *Armenian, Cambodian, Chinese, Hmong, Korean, Russian, Tagalog and Vietnamese* versions of this Federal poster. These versions must be pasted at the very bottom of the poster, without covering any of the English or Spanish written information.

Requests for this Federal poster may be forwarded to Materials Management Section using the Supply Requisition (PA -16) form. Requests for the translated version of this poster in languages other than Spanish may be forwarded to Civil Rights Section, at (562) 908-8501. Electronic copy of the translated versions will be provided. Administrative staff may direct their questions regarding this matter to Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

Attachment

c: Division Chiefs



**“AND**



**JUSTICE**



**FOR ALL”**



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, religión, creencias políticas, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Համաձայն Դաշնային օրենքի և Գյուղատնտեսության ԱՄՆ դեպարտամենտի քաղաքականության՝ սույն հաստատությանն արգելվում է խտրականություն ցուցաբերել ռասայի, գույնի, ազգության, սեռի, տարիքի, կրոնի, քաղաքական համոզմունքների կամ հաշմանդամության հիման վրա: (Ոչ բոլոր արգելված հիմքերն են վերաբերում բոլոր ծրագրերին):

Խտրականության բողոք ներկայացնելու համար այն կարող եք հղել հետևյալ հասցեով. USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 կամ զանգահարել (202) 720-5964 (ձայնային և TDD): USDA-ը հանդիսանում է հավասար հնարավորություններ տրամադրող գործատու:

Armenian



ដោយអនុលោមទៅតាមច្បាប់សហព័ន្ធ និង គោលការណ៍ច្បាប់នៃក្រសួងកសិកម្មនៃសហរដ្ឋអាមេរិក (U.S), ស្ថាប័នសហព័ន្ធមួយនេះហាមប្រាមមិនអោយមានការរើសអើងដោយយោងទៅលើសាសន៍, ពណ៌សម្បុរ, ជាតិកំណើតដើម, ភេទ, អាយុ, ជំនឿសាសនា, នយោបាយ ឬ ភាពពិការឡើយ ។ (ការហាមប្រាមទាំងនេះមិនយកមកអនុវត្តលើគ្រប់កម្មវិធីឡើយ។)

សូមដាក់ពាក្យបណ្តឹង ដោយសរសេរសំបុត្រទៅ USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, ឬ ដោយទូរស័ព្ទទៅលេខ (202) 720-5964 (ជាសម្លេង និង ដោយប្រើ TDD) ។ USDA គឺជាអ្នកផ្តល់ និង ជានិយោជកដែលអនុលោមលើគោលការណ៍ផ្តល់ឱកាសឲ្យស្មើៗគ្នា ។









Sang-ayon sa batas Pederal at patakaran ng Kagawaran ng Agrikultura ng Estados Unidos, ang institusyong ito ay pinagbabawalang magtangi nang batay sa lahi, kulay, pinagmulang bansa, kasarian, gulang, pananampalataya, paniniwalang pampulitika, o pagkainutil. (Hindi lahat ng ipinagbabawal na batayan ay nalalapat sa lahat ng programa.)

Para magharap ng isang reklamo ng diskriminasyon, sumulat sa USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o tumawag sa (202) 720-5964 (boses at TDD). Ang USDA ay isang tagapagkaloob ng pantay na oportunidad at patrabaho.

FORM AD-475B (REVISED 12-99) TAGALOG



DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF SPECIAL OPERATIONS

July 6, 2009



TO: Office Heads

**CIVIL RIGHTS MEMO**

09 - 06

A handwritten signature in black ink, appearing to read "Robert Miletich".

FROM: Robert Miletich, Director  
Civil Rights Section

SUBJECT: "IF YOU ARE..DEAF, HARD OF HEARING, OR HAVE TROUBLE  
TALKING HERE'S HOW TO TALK TO THE DEPARTMENT OF PUBLIC  
SOCIAL SERVICES" (REV. 07/08) POSTER

Reference: Administrative Memorandum 08-03 dated July 29, 2008

This is to remind District/Regional Office Civil Rights Coordinators to ensure that the latest version of the above-mentioned mandated Civil Rights poster is prominently displayed at all times in their respective offices' waiting rooms and reception areas in all DPSS threshold languages. To ensure compliance with this requirement, attached is the July 2008 version of this Civil Rights Poster in all DPSS threshold languages (*Armenian*, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese). Outdated versions of this Civil Rights poster must be discarded immediately.

Due to current budget issues, requests for this Civil Rights poster may be forwarded to Civil Rights Section, at (562) 908-8501 or via Lotus Notes. Electronic copy will be provided. Administrative staff may direct their questions regarding this matter to Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

Attachment

c: Division Chiefs





**If you are. . .  
DEAF, HARD OF  
HEARING, or HAVE  
TROUBLE TALKING  
here's how to talk to the  
Department of Public  
Social Services**

If you are deaf, hard of hearing, or have trouble talking and want to talk to the Department of Public Social Services please call any of these numbers:

**(562) 908-6650**  
**(213) 639-6332**  
**(213) 639-6342**

**If you have access to a Teletypewriter (TTY or TDD),** these are direct TTY numbers to the Department's Central Help Line. **These numbers are not toll-free numbers.** You can call these numbers from 8:00 a.m. to 5:00 p.m. Monday through Friday.



Do you need help or information? You can also call the following 211 LA County toll-free numbers and the staff will send your message to the appropriate office at the Department of Public Social Services:

**(877) 735-2929, or 2-1-1** Persons **with** TTY equipment  
**(800) 735-2922, or 7-1-1** Persons **without** TTY equipment

This call is **free & confidential** and is available 24/7

The "California Relay Service" is a California Public Utilities Commission service which requires telephone companies to provide communication services for persons who are deaf, hard of hearing, or persons with a speech disability.



**If you need interpreter services, please ask the receptionists for help!**



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF SPECIAL OPERATIONS



February 9, 2011

**CIVIL RIGHTS MEMO**

11-03

**TO:** Office Heads

**FROM:** Gloria Easley, Director  
Civil Rights Section

**SUBJECT: PROMINENTLY DISPLAYING OF MANDATORY CIVIL RIGHTS POSTERS IN THE WAITING ROOMS OR RECEPTION AREAS**

**Reference:** Civil Rights Memo #09 – 05 dated July 6, 2009

The purpose of this memo is to remind staff that the California Department of Social Services Division 21 Regulations require that mandatory Civil Rights posters shall be displayed in prominent areas of District/Regional Office waiting rooms and reception areas at all times. Posters dealing specifically with nondiscrimination in the CalFresh Program shall be displayed in prominent locations in all certification and issuance offices.

District/Regional Office Civil Rights Coordinators must ensure the latest versions of the mandated Civil Rights posters are prominently displayed at all times. Outdated versions of the Civil Rights posters must be discarded immediately.

Requests for mandatory Civil Rights posters may be forwarded to Materials Management Section using the Supply Requisition (PA-16) form, or your staff may call the Civil Rights Section, at (562) 908-8501. Administrative staff may direct their questions regarding this matter to Margaret Muniz, Acting HSA I at (562) 908-8358.

GE:MM:la

Attachment

c: Division Chiefs

## MANDATORY CIVIL RIGHTS POSTERS

<u>CIVIL RIGHTS POSTERS</u>	<u>DESCRIPTION</u>
<ul style="list-style-type: none"> <li>• Everyone Is Different But Equal Under The Law <i>Revision Date: March 2007</i></li> </ul>	<p>This State poster must have the following information:</p> <p style="text-align: center;"><b>Gloria Easley</b>  <b>DPSS Civil Rights Coordinator</b>  <b>12860 Crossroads Parkway South</b>  <b>City of Industry, CA 91746</b>  <b>(562) 908-8501</b></p>
<ul style="list-style-type: none"> <li>• And Justice For All <i>Revision Date: December 1999</i></li> </ul>	<p>This Federal poster for the Food Stamp Program must be prominently posted in all certification and issuance offices only. This poster is available in English and Spanish only. However, translation of this poster in other DPSS threshold languages (<i>Armenian, Cambodian, Chinese, Korean, Russian, Tagalog and Vietnamese</i>) is available and must be posted in the district/regional offices.</p>
<ul style="list-style-type: none"> <li>• If You Are...DEAF, HARD OF HEARING, or HAVE TROUBLE TALKING ... <i>Revision Date: July 2008</i></li> </ul>	<p>This DPSS TTY/TDD poster is available and must be prominently displayed in all DPSS threshold languages (<i>English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese</i>).</p>
<ul style="list-style-type: none"> <li>• Can We Help You? <i>Revision Date: October 2001</i></li> </ul>	<p>This is a DPSS poster for free interpreter services.</p>
<ul style="list-style-type: none"> <li>• Notice Of Civil Rights Settlement Under Title VI of the Civil Rights Act of 1964 <i>Dated: December 15, 2003</i></li> </ul>	<p>An attachment to the Resolution Agreement between Department of Health and Human Services – Office of Civil Rights and DPSS and must be posted in <u>all</u> translated languages (<i>English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese</i>).</p>

Each District/Regional Office Head is requested to designate a lobby monitor who will ensure that the latest version of the above mentioned Civil Rights posters are prominently displayed at all times. Outdated versions of the Civil Rights posters must be discarded immediately.

# **APPENDIX I**

## **Civil Rights Forms**

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

## MANUAL LETTER

DPSS FORMS MANUAL LETTER

Number: **4683**

Date: **06/21/06**

SUBJECT: LARGE PRINT PUB 13 - YOUR RIGHTS UNDER **CALIFORNIA WELFARE**  
PROGRAMS PAMPHLET

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PURPOSE: This Manual Letter releases the Large Print PUB 13 "Your Rights Under California Welfare Programs" pamphlet, developed by the California Department of Social **Services** (CDSS) in order to better serve those individuals who are visually impaired. The Large Print PUB 13 is being released in the following threshold languages: Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, and Vietnamese. **This** Forms Manual Letter is effective immediately upon receipt.

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**SUPPLIES:** A supply of the PUB 13 is being delivered concurrently with this release for immediate dissemination. Additional copies may be requested from Materials Management via a PA 16 - Supply Requisition Form.

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CANCELS: None

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STAFF AFFECTED: This Material is of primary concern to the following **district/regional** offices and contract personnel:

District Directors	<b>GAIN Services Supervisors</b>
Deputy District Directors	<b>GAIN Services Workers</b>
Eligibility Supervisors	GROW Supervisors
Eligibility Workers	GROW Case Managers
Customer <b>Service</b> Representatives	REP Contract Managers
Lobby Receptionists	REP Supervisors
Chief Clerks	REP Case Managers
Stock Room Clerks	<b>MAXIMUS</b> Contract Managers
Regional Administrators	<b>MAXIMUS</b> Supervisors
Deputy Regional Administrators	<b>MAXIMUS</b> Case Managers
<b>Social Services</b> Supervisors	All Program Staff
Social Workers	

---

QUESTIONS: Administrative Staff may direct **questions** regarding this release to Alma Calvelo, HSA I, at (562) 908-8355.

  
HENRY E. ELDER, DIRECTOR  
BUREAU OF SPECIAL OPERATIONS

CLEARANCE/APPROVAL

(X) BAS      (X) BWS      (X) BSO      (X) BPP  
(X) BCTS

HEF:STD:  
GE:AO:ao

Lists I, II, III, IV

- FILING INSTRUCTION -

Revision #'s 29286 thru 29295

Follow

Revision #'s 27835 (M/L #4580)  
Issued 1/4/05 and precede  
Revision 21452 Issued 7/17/96 .

Cross out Revision #'s 29286 thru 29295 on your Revision Records.





# **LARGE PRINT PUB 13 -YOUR RIGHTS UNDER CALIFORNIA WELFARE PROGRAM**

## **PREPARATION**

None

## **PROCEDURES**

All public contact offices shall make available the Large Print PUB 13 "Your Rights Under California Welfare Programs" in waiting rooms and reception areas as required by CDSS Manual, Section 21-107.22. This pamphlet shall be made accessible to the applicants/participants in their primary language.

## **FILING**

Not Applicable

## **RETENTION**

Not applicable

## **AT THE HEARING**

If you have notified the State Hearings Division before your hearing that you need language services, a state-approved interpreter will be present at your hearing to assist you and the other participants. You should be prepared to present your best case at the hearing. You will have an opportunity to tell the Administrative Law Judge why you disagree with the county's action and the county representative will have an opportunity to explain why the action was taken. It is up to the county to prove that its action is correct. You and the county representative may question each other and any witnesses who are present. The Administrative Law Judge may also ask questions to bring out all the facts.

State law requires that all hearings are to be tape recorded. The recording is for use in making the decision and is kept in case there is a dispute about the decision.

## **THE DECISION**

After the hearing is completed, the Administrative Law Judge will either send a proposed decision to the Director of the California Department of Social Services or Health Services or will issue a final decision on behalf of the Director. If a proposed decision is sent to the Director, the facts presented during the hearing will be studied and the Director will either adopt the proposed decision, order a further hearing, or issue his/her own decision. If the Director issues his/her own decision, that decision is binding, but you will also receive a copy of the Administrative Law Judge's original proposed decision. Immediately upon receipt of a decision, the county must comply with the decision even if a rehearing is requested. If the decision is a denial, any aid pending which you had been receiving will stop. In addition, the county can demand repayment of excess cash aid or food stamps which were paid as aid pending. If you disagree with the decision, you may request a rehearing by following the instructions on the first page of the State Hearing decision you receive.

If you disagree after receiving either a decision or a rehearing decision, you can seek judicial review by appealing to Superior Court. The request for judicial review must be filed with the court within one year after receiving notice of the Director's final decision.

## **WITHDRAWING FROM A STATE HEARING**

You may withdraw (cancel) your request for a State Hearing any time before the Director has issued a decision by sending a written request to the State Hearings Division in Sacramento. If you withdraw before the hearing, it will be cancelled. If you withdraw after the hearing, no decision will be issued. In both cases, the county's action will take effect. If you received aid at a level greater than you should have received if you had not requested the hearing, and you later withdraw before the decision is issued, the county has a right to demand repayment of the overpaid amount of cash aid or food stamps. The result is the same as a written decision supporting the county's action.

## **RECORDS ARE IMPORTANT**

Every hearing is different. The Administrative Law Judge will want to see papers or records which give facts and provide verification regarding your case. You should bring to the hearing records that will prove or disprove a fact upon which you and the county disagree. Records relating to the specific disputed matter are often required to correctly resolve a case. Examples are:

- Records relating to real property, such as tax receipts, deeds, contracts and mortgages.
- Records relating to personal property, such as bank books, insurance policies, automobile ownership papers, stocks, bonds, notes and contracts.
- Records relating to disability, such as medical reports, hospital records, or doctor's notes.
- Records regarding money you receive, such as: wage stubs; award letters showing how much you receive from Social Security; Unemployment Insurance; Veterans Benefits; court-ordered support payments; student financial aids; from property rental; boarders; roomers; stocks; bonds; or payments made on your behalf, including gifts, etc.
- Bills and receipts showing the amount you are paying for housing, utilities (including telephone), medical care (including health insurance and medical transportation), union dues, attendant and child care, school tuition and fees, disaster and casualty losses.

## **Discrimination**

Under State law, welfare agencies may not, on the basis of race, color, national origin, age, disability, religion, sex, sexual orientation, political affiliation or marital status, provide aid, benefits or services to an individual or group which is different from that provided to others. Federal laws also prohibit discrimination on several, although not all, of the bases listed above.

Federal law prohibits: (1) delaying or denying the placement of a child for adoption or into foster care on the basis of the race, color or national origin of the adoptive or foster parent, or the child involved; (2) denying to any individual the opportunity to become a foster or adoptive parent on the basis of the race, color or national origin of the individual or child involved.

If you believe you have been discriminated against by the welfare agency, you may take any of the following actions:

1. Speak to the County Welfare Department's Civil Rights Representative. The county will investigate the complaint and inform you of the outcome.
2. You may file a discrimination complaint with CDSS by e-mail, writing or calling:  
  
California Department of Social Services  
Civil Rights Bureau (CRB)  
P.O. Box 944243, M.S. 15-70  
Sacramento, CA 94244-2430  
Call (916) 654-2107 or toll free 1-866-741-6241  
E-Mail: [crb@dss.ca.gov](mailto:crb@dss.ca.gov)  
  
TDD/TTY Users may call direct at (916) 654-2098 or collect by calling (800) 688-4486 or you may call via the California Relay Service operator at (800) 735-2929.
3. If your complaint involves the Food Stamp Program, you may file a federal discrimination complaint with:

USDA , Director  
Office for Civil Rights  
Room 326-W, Whitten Building  
14<sup>th</sup> and Independence Avenue, SW  
Washington, D.C. 20250-9410  
1-800-795-3272 (voice)  
(TTY) 202-720-6382

4. If your complaint involves assistance programs other than Food Stamps, and if you believe that the alleged discriminatory action was based on race, color, national origin, age, or disability, you may file a federal discrimination complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
1-800-368-1019

A complaint must be filed within 180 days of the occurrence of the alleged discrimination. In your complaint, state the basis of discrimination (e.g., race, disability, sex), what happened, why you believe that the action was taken, and the resolution you are seeking.

If you disagree with the county's decision on your discrimination complaint, you may appeal the finding to the California Department of Social Services or, if it involves the Food Stamp program, to the U.S. Department of Agriculture. **THE DISCRIMINATION COMPLAINT PROCESS DIFFERS FROM THE STATE HEARING PROCESS. YOU HAVE THE RIGHT TO REQUEST A STATE HEARING IF YOU BELIEVE THAT THE COUNTY MADE AN INCORRECT DECISION ON YOUR BENEFITS IN ADDITION TO FILING A DISCRIMINATION COMPLAINT.**

## **In Conclusion**

If you have any question about the information in this paper—your rights or what you should do if you think your rights have been violated—ask someone in your county welfare department or talk with someone at Public Inquiry and Response, California Department of Social Services.

Also, it may be helpful to obtain written information which explains the public assistance for which you are applying or receiving. It is available at your county welfare department. If a leaflet about the program is not offered to you, ask for it. **One way to ensure that you are treated fairly is to know what you are entitled to receive.**



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

**This publication is available in large print and also on audio tape upon request from your county.**

**You should tell the county if you have a disability and need help applying for or continuing to receive aid, benefits, and services.**

PUB 13 (3/07)



★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
If you are applying for, receiving, or have received public assistance in California, you have specific rights.

This brochure describes your rights and explains what you can do if you have a complaint. The information is for persons applying for, receiving, or who have received aid or services in any of the following assistance programs:

- Adoption Assistance Program (AAP)**
- Alcohol and Drug Program**
- California Food Assistance Program (CFAP)**
- California Medical Assistance (Medi-Cal)**
- California Work Opportunity and Responsibility to Kids (CalWORKs)**
- CalWORKs Child Care**
- CalWORKs Welfare to Work Program**
- Cash Assistance Program for Immigrants (CAPI)**
- Child Welfare Services**
- Denti-Cal**
- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)**
- Food Stamps**
- Foster Care**
- In-Home Supportive Services (IHSS)**
- Kinship Guardian Assistance Payment (Kin-GAP)**
- Mental Health**
- Multipurpose Senior Service Program (MSSP)**
- Personal Care Services Program (PCSP)**
- Refugee Cash Assistance**
- Social Services**

If you have a complaint concerning a grant issued by the county (general assistance/general relief), you must file a request with the county in order to get your complaint resolved.

If you have a complaint concerning the Supplemental Security Income/State Supplementary Program, you must discuss the problem with someone at the Social Security Administration Office nearest your home. The Social Security Administration handles complaints and conducts hearings in the aid programs for aged, blind and disabled persons.

## Multi-Lingual Services

**If you or someone you know has problems applying for or receiving public assistance because you or that person do not speak English, ask for help from someone who speaks your language. You have a right to interpreter services provided by the county. If your county welfare office does not have an employee with whom you can talk, call 1-866-741-6241 for help. You will not have to pay for the call.**

## Your Rights

As a person applying for or receiving public assistance in California, you have the right:

- ★ **To receive a written explanation of the decision on your application.**
- ★ **To receive a written explanation when any change is made in your eligibility, benefits or services plan.**
- ★ **To appeal any decision on your eligibility, benefits or service plan.**
- ★ **To see any information related to your eligibility which you provide to the county. You may inspect your entire case record if you request a State Hearing (see the “What You Can Do” section of this brochure).**
- ★ **To file a complaint when you believe you have been discriminated against because of race, color, religion, sex, sexual orientation, national origin, political affiliation, disability, marital status or age.**
- ★ **To be treated with courtesy, consideration and respect.**
- ★ **To be given the same consideration and treatment as all other applicants or recipients regardless of race, color, religion, sex, sexual orientation, national origin, political affiliation, disability, marital status or age.**
- ★ **To have the information in your case record kept confidential except as otherwise stated by State and federal law.**
- ★ **To have personal privacy. However, certain personal information is required to determine your eligibility and need for public assistance.**

When applying for or receiving public assistance, your rights must be respected by all persons and organizations, including county welfare departments, boarding homes and institutions, day nurseries, work or training program personnel, hospitals, nursing homes, doctors, dentists and druggists.



**A Telecommunication Device for the Deaf (TDD) is available at the California Department of Social Services (CDSS). If you have a complaint about public assistance services, you may contact us using a TDD by calling toll free 1-800-952-8349.**

## What You Can Do

If you don't agree with an action on your application, public assistance benefits or service plan, you can do any or all of the things listed below.

1. Talk with someone at your county welfare department. Explain why you disagree and ask for help.
2. File a formal complaint against the county with the California Department of Social Services. To do so, call toll free or write:  
**Public Inquiry and Response**  
**P.O. Box 944243, M.S. 6-23**  
**Sacramento, California 94244-2430**  
**Phone 1-800-952-5253 (Voice)**  
**1-800-952-8349 (TDD)**  
**FAX 1-916-229-4110**
3. Request a State Hearing before an Administrative Law Judge. **YOU MUST MAKE YOUR REQUEST FOR THE STATE HEARING WITHIN 90 DAYS (NOT THREE MONTHS) OF THE COUNTY'S ACTION.** The 90-day period applies even though you have filed a complaint. The 90-day period begins to run when the county mails you a notice of action.

If you decide to request a State Hearing because your aid is going to be reduced or stopped, **you may continue to receive the same aid you have been getting until the hearing, if you make your request for hearing before the effective date of the action. Your food stamps can continue unchanged only until the end of your current certification period. If the hearing decision is not in your favor, an overpayment may occur in the amount of excess cash aid and extra value of food stamps you received while the hearing was pending.**

Also, it is a good idea to save the envelope from the Notice of Action to show to the Administrative Law Judge. The date is important.

**To make a request for a State Hearing**, fill in the “Request for State Hearing” space on the back of the Notice of Action form. If you have trouble understanding English, tell us your language and dialect. You may write a letter which explains the county action which you believe was incorrect and your need for language help. Send your hearing request to the county welfare department at the address indicated on the Notice of Action.

A request for a State Hearing may also be made orally. This can be done by telephoning the toll free number at 1-800-952-5253 or if you are hearing impaired call 1-800-952-8349 (TDD).

## State Hearings

This is a hearing with you, an Administrative Law Judge from the California Department of Social Services, and a representative of the county. It is not a court hearing. You may, if you wish, have a lawyer or other representative present with you at your cost. You may bring witnesses. The Administrative Law Judge is in charge of the hearing, which is not open to the public.

### TIME AND PLACE OF HEARING

At least 10 days before your hearing, the California Department of Social Services will send you a letter with the exact date and place of the hearing. In some counties, you will also be told an exact time for the hearing. In other counties, you will be scheduled for either a morning or afternoon time slot. Most hearings will begin at either 8:30 a.m. or 1:00 p.m. Because several hearings will be scheduled to begin at these times, you should anticipate that there may be some delay before your hearing actually starts. There is no child care provided at the hearing location.

Hearings are usually held at public buildings in the county. If you are unable to attend the hearing at the hearing location for reasons of poor health or disability, the hearing may be held in your home, in another agreed upon location, or by telephone with your agreement. To have a home hearing, medical verification may be required. If you believe you may qualify for a home hearing or wish to have a telephone hearing, call or write the State Hearings Division to explain your reason(s):

State Hearings Division  
P.O. Box 944243 MS 19-37  
Sacramento, CA 94244-2430  
1-800-743-8525

If you move after requesting a State Hearing but before it is heard or a decision issued, you should notify the State Hearings Division of your new address by calling toll free 1-800-743-8525 (Voice/TDD).

If you are no longer a resident of the State of California, arrangements will be made to conduct your hearing by telephone. Instructions concerning telephone hearing procedures will be sent to you in advance of the hearing.

### POSITION STATEMENTS

You are allowed to have a copy of the county's typewritten Position Statement before the hearing. This is a typewritten statement which explains what the county has done and the reasons for the county action. You may pick up this statement any time during business hours in the two working days before your date of hearing unless the county is not involved with the hearing. You may call your county appeals unit to make sure that these papers are ready.

If the papers are not ready, or if the county substantially changes the papers after giving them to you, you have the right to have the hearing postponed for good cause. This means that your hearing will be rescheduled and any aid pending the hearing will be continued. You may pick up the statement from the Appeals Worker at the County Welfare Department.

At the hearing you also may submit a written statement explaining your position on the issue to be considered by the Administrative Law Judge. Both the county's Position Statement and your written statement will become part of the hearing record and will be reviewed by the Administrative Law Judge.

### POSTPONEMENTS

If you want to postpone the hearing and your hearing involves the Food Stamp program, you may request and will receive an automatic first postponement. In any other case in which you wish to receive a postponement, you must notify the state prior to the hearing and present a good reason for the postponement. Send a written request to the State Hearings Division or call toll free at 1-800-743-8525 (Voice/TDD).

If you do not appear at a scheduled hearing and still want a hearing, you must request that the hearing be reopened within 10 days from the date of the scheduled hearing and show a good reason why you did not attend your scheduled hearing.

### BEFORE THE HEARING

**You must either attend the hearing yourself or authorize someone to appear for you.** If you plan to have someone appear for you, send the name, address and telephone number of your representative to the State Hearings Division before your scheduled hearing date. You may obtain a list of legal services representatives, voluntary legal service persons, or welfare rights organizations from the county. You must also sign a written statement authorizing your representative to appear on your behalf. This statement should be sent to the county and to the State Hearings Division.

You may go to the hearing with your representative and you may ask others who know the facts to be present at the hearing to tell the Administrative Law Judge what they know about the case. If you want to have a person or papers important to your case at your hearing, you may request that a subpoena be issued. To request a subpoena **before** the date of the hearing, write or call the office listed below which is closest to you:

**State Hearings Division**  
**P.O. Box 944243**  
**M.S. 19-44**  
**Sacramento, CA 94244-2430**  
**Phone (916) 229-4187**

**State Hearings Division**  
**Bay Area Regional Office**  
**1515 Clay Street, #1203**  
**Oakland, CA 94612**  
**Phone (510) 622-4000**

**State Hearings Division**  
**811 Wilshire Boulevard,**  
**Suite 1118**  
**Los Angeles, CA 90017**  
**Phone (213) 833-2200**

**State Hearings Division**  
**355 West Grand Ave.,**  
**Suite 4**  
**Escondido, CA 92025-2649**  
**Phone (760) 735-5070**

**State Hearings Division**  
**2550 Mariposa Mall,**  
**#3088**  
**Fresno, CA 93721**  
**Phone (559) 445-5775**

Tell us the name of the person or describe the documents you want subpoenaed, and tell why they are important to your hearing. The Presiding Administrative Law Judge will determine if a subpoena should be issued. It will be your responsibility to serve the person you want subpoenaed, or the custodian of the records if you want to obtain a document.

You have a right to look at your case records and the regulations before the hearing. Call your county appeals unit to arrange this review.

# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF SPECIAL OPERATIONS

February 26, 2007



TO: Office Heads

**CIVIL RIGHTS MEMO**

07 - 03

FROM:   
Gail Esfahaniha, Director  
Civil Rights Section

SUBJECT: "YOUR RIGHTS UNDER CALIFORNIA WELFARE PROGRAM" (PUB 13 FORM) - LARGE PRINT, BRAILLE AND COMPACT DISC VERSIONS FOR VISUALLY IMPAIRED APPLICANTS AND PARTICIPANTS

In accordance with the California Department of Social Services (CDSS) Division 21 Regulations, Section 21-107.221, the pamphlets supplied by CDSS entitled "Your Rights Under California Welfare Programs" (PUB 13), are now available in large print, Braille and compact disc (CD) versions. These versions of the PUB 13 shall be made available in all waiting rooms and reception areas for visually impaired individuals.

LARGE PRINT

BRAILLE

COMPACT DISC (CD)

Armenian	Russian
Cambodian	Spanish
Chinese	Tagalog
English	Vietnamese
Korean	

English

Chinese  
English  
Russian  
Spanish  
Vietnamese

Please sign the enclosed transmittal to acknowledge receipt of the enclosed copies of the PUB 13 in large print, Braille and CD versions and return to:

*Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, CA 91746*

**Attention: Thanh Nguyen, Civil Rights Investigator**

One portable CD player will be distributed to each District/Regional office by Materials Management Section. This CD player should be kept readily available for visually impaired applicants/participants use in listening to the CD version of the PUB 13. Additional requests for large print PUB 13 may be forwarded to Materials Management Section using the Supply Requisition (PA-16) form. Administrative staff may direct their questions regarding this matter to Alma Calvelo, Civil Rights Manager at (562) 908-8355.

GE:AC:jam

c: Division Chiefs

Enclosures



## CIVIL RIGHTS INFORMATION NOTICE

### YOUR CIVIL RIGHTS

#### WHAT ARE CIVIL RIGHTS?

Civil Rights are laws that protect individuals from being discriminated against. The Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other federal and State regulations say that discrimination is against the law in programs receiving federal and state financial aid.

#### WHO DO THEY PROTECT?

If you are applying for or receiving cash assistance, Medi-Cal, Food Stamps, or Social Services in Los Angeles County, you are protected under the law against discrimination regarding these benefits and you have specific rights:

You have the right to receive the same services, consideration, and equal treatment given to all other applicants or participants regardless of race, color, religion, sex, national origin (this covers speaking a different language other than English), political affiliation, disability, marital status, ethnic group identification, sexual orientation or any other factor. You have the right:

- to receive free interpreter services if you need help to apply for or to keep receiving benefits from us; and
- to be given a bilingual worker for your case who speaks your language if you speak one of the following languages: Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese; and
- to receive free interpreter services for your case even if you speak a language other than those listed above; and
- to call the office and have an English Notice that you received, translated and explained to you.

#### HOW TO FILE A CIVIL RIGHTS COMPLAINT

If you believe you have been discriminated against because of race, color, religion, sex, national origin, political affiliation, disability, age, marital status, ethnic group identification, sexual orientation or any other factor, you may take one or all of the following actions:

You may ask to speak with the local office Civil Rights Liaison. He or she can help you resolve your complaint and/or explain your rights. This includes assisting you with obtaining a PA 607, "Complaint of Discriminatory Treatment," and helping you complete the form. You may also contact the Los Angeles County Department of Public Social Services (DPSS) Civil Rights Section or the State directly at the addresses and telephone numbers listed in the next column.

You may request an investigation from the DPSS Civil Rights Section either verbally or in writing by contacting the Civil Rights Unit. You may use the PA 607 to document your complaint. The PA 607 is available to any person or organizational representative in the community requesting it. You may complete the form or ask the Civil Rights Liaison to complete it for you. The Civil Rights Unit will contact you within 20 days of receipt of your complaint for more information. The Civil Rights Unit will investigate the complaint and inform you of their findings in writing. If you disagree with the County's findings, you may appeal to the California Department of Social Services, or if it involves the Food Stamp Program, to the U.S. Department of Agriculture.

**Your complaint must be filed within 180 days from the date that you believe you were discriminated against.**

You may file your complaint with one or all of the following applicable County, State and federal agencies: the California Department of Social Services, the U.S. Department of Agriculture or the U.S. Department of Health and Human Services.

#### County Office

Department of Public Social Services  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, California 91746  
Telephone No. : (562) 908-8501

#### State Office

California Department of Social Services  
Civil Rights Bureau  
744 "P" Street, M-S. 8-16-70  
Sacramento, California 95814  
Telephone No. : (866) 741-6241

#### Federal Office

U.S. Department of Health and Human Services  
Office for Civil Rights  
907<sup>th</sup> Street, Suite 4-100  
San Francisco, California 94102  
Telephone No. : (800) 368-1019

#### Food Stamp Program

U. S. Department of Agriculture  
Food and Nutrition Services  
Office of Civil Rights - Western Region  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, California 94108  
Telephone No. : (888) 271-5983

INSTRUCTIONS FOR STATE HEARING ON REVERSE

(REVERSE SIDE)

**STATE HEARING**

If you need to seek further help regarding the County's action on your application for assistance or your public assistance benefits, you may take the following action:

File a State Hearing within 90 days of the County's action. The 90-day period applies even though you have filed a Civil Rights complaint. Aid Paid Pending may be received if you file your request for a hearing before the effective date of the action.

To ask for a hearing:

By telephone, please call (800) 952-5253. This number is often busy.

By mail, fill out the back of any Notice of Action (letter) from the welfare office or write a letter (keep a copy), and send your request to Appeals and State Hearings, P.O. Box 18890, Los Angeles, CA 90018

Additional Civil Rights and State Hearing information is available in the reception areas of District/Regional offices. You may ask for the State pamphlet, Your Rights Under California Welfare Programs (PUB 13), which is available in all reception areas.

Instructions

- To be given and explained to applicants/participants at time of application and recertification/redetermination or mailed to applicants/participants if a face-to-face contact is not required.
- Filing/Retention – Not Applicable

### COMPLAINT OF DISCRIMINATORY TREATMENT

TO : DEPARTMENT OF PUBLIC SOCIAL SERVICES  
CIVIL RIGHTS AND LANGUAGE SERVICES SECTION  
12860 CROSSROADS PARKWAY SOUTH  
CITY OF INDUSTRY, CALIFORNIA 91746

**CASE NAME :** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

I, \_\_\_\_\_, hereby file this complaint of discriminatory treatment  
(Please print your name) and request that an investigation be conducted.

I believe I was discriminated against because of my:

<input type="checkbox"/> RACE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> COLOR
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> SEX	<input type="checkbox"/> AGE
<input type="checkbox"/> POLITICAL AFFILIATION	<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> DISABILITY

**DATE OF OCCURENCE :** \_\_\_\_\_

**NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (DATE) ADDRESS : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_

DEPARTMENT OF PUBLIC SOCIAL SERVICES



BUREAU OF SPECIAL OPERATIONS

July 6, 2009

TO: Office Heads

**CIVIL RIGHTS MEMO**  
09 - 07

FROM:

  
Robert Miletich, Director  
Civil Rights Section

SUBJECT: **AVAILABILITY OF REQUIRED CIVIL RIGHTS FORMS IN WAITING ROOMS OR RECEPTION AREAS**

Reference: Civil Rights Memo #07 – 01 dated February 8,2007

This memo is to remind staff that the California Department of Social Services Division 21 Regulations require that all mandated Civil Rights forms (see attachment) must be made available in waiting rooms or reception areas in all DPSS public contact offices.

District/Regional office Civil Rights Coordinators must ensure the latest versions of the mandated Civil Rights forms are in the waiting rooms or reception areas at all times. Outdated versions of Civil Rights forms must be discarded immediately. A supply of Civil Rights forms should be maintained by each district/regional offices in all translated languages.

Requests for these mandatory Civil Rights forms may be forwarded to Materials Management Section using the Supply Requisition (PA -16) form. Administrative staff may direct their questions regarding this matter to Alma Calvelo, HSA I at (562) 908-8355.

RSM:AC:la

Attachment

c: Division Chiefs



## REQUIRED CIVIL RIGHTS FORMS TO BE DISPLAYED IN RECEPTION

<u>CIVIL RIGHTS FORMS</u>	<u>DESCRIPTION</u>
<ul style="list-style-type: none"> <li>• Your Rights Under California Welfare Programs (PUB 13) <i>Revision Date: March 2007</i></li> </ul>	<p>This State form must be available in the languages translated by the State and DPSS. <i>Regular Print: Arabic; Armenian; Cambodian; Chinese; English; Farsi; Hmong; Korean; Laotian; Russian; Spanish; Tagalog; and Vietnamese.</i> <i>Large Print: Armenian; Cambodian; Chinese; English; Korean; Russian; Spanish; Tagalog; and Vietnamese.</i></p> <ul style="list-style-type: none"> <li>- Braille</li> <li>- Audio Version with the CD player</li> </ul>
<ul style="list-style-type: none"> <li>• Civil Rights Information Notice (PA 2457) <i>Revision Date: December 2005</i></li> </ul>	<p>This DPSS form must be available in the languages translated by DPSS (<i>Armenian; Cambodian; Chinese; English; Korean; Russian; Spanish; Tagalog; and Vietnamese</i>).</p>
<ul style="list-style-type: none"> <li>• Complaint of Discriminatory Treatment (PA 607) <i>Revision Date: July 2001</i></li> </ul>	<p>This DPSS form must be available in the languages translated by DPSS (<i>Armenian; Cambodian; Chinese; English; Korean; Russian; Spanish; Tagalog; and Vietnamese</i>).</p>
<ul style="list-style-type: none"> <li>• Language Identification Card</li> </ul>	<p>A list of languages most frequently encountered and/or commonly spoken.</p>

Each District/Regional Office Head is requested to designate a lobby monitor who will ensure that the latest version of the above mentioned Civil Rights forms are prominently displayed at all times. Outdated versions of the Civil Rights forms must be discarded immediately.




# Language Identification Card

As a Language Line Services customer you have access to over-the-phone interpretation 24 hours a day, 7 days a week. Use this Language Identification Card in a face-to-face situation, to determine which language a person speaks. The Language ID Card lists the languages most frequently encountered in North America, grouped by the geographical region where they are commonly spoken.

- To use the Language ID Card efficiently, locate the geographical region where you believe the non-English speaker may be from. (Pacific Islands, Europe, etc.)
- Show the person the languages listed for that region. The message underneath each language says: “Point to your language. An Interpreter will be called.”


Sample:


00 **English** English   
Point to your language.  
An Interpreter will be called.


- Refer to your Quick Reference Guide (QRG) to access an interpreter through Language Line Services. In most cases, an interpreter is available within seconds.
- If you are unable to identify the language, our representative will help you.


*Please note: Listing of languages within this card does not guarantee availability of interpreters in these languages. Language Line Services interprets from English into more than 140 languages, only the most requested languages are listed here. This list is subject to change based upon demand.*


## Europe


70 **Albanian** Shqip   
Tregoni me gisht gjuhën që flitni.  
Do të gjejme një përkthyes për ju.


72 **Armenian** Հայերէն   
Ցոյց տուէք ո՞ր սէկ լեզուն կը խօսիք՝  
որպէսզի թարգմանիչ յը կանչել տանք.


136 **Basque** Euzkera   
Zeure izkuntza atzamarragaz erakutzi.  
Euzkeratzail bateri deituko deutsagu.


69 **Bulgarian** Български език   
Посочете Вашия език.  
Ние ще извикаме преводач за Вас.


132 **Catalan** Català   
Assenyali amb el dit el seu idioma.  
Es trucarà a un intèrpret.


67 **Croatian** Hrvatski   
Molim Vas, pokažite nam Vaš jezik.  
Zvat ćemo tumača za Vas.


63 **Czech** Češky   
Ukažte, který je váš jazyk.  
Zavoláme tlumočnicka.

55 **Danish** Dansk   
Peg på dit sprog.  
En tolk vil blive tilkaldt.


56 **Dutch** Nederlands   
Wijs uw taal aan.  
Wij zullen u een tolk geven.


77 **Estonian** Eesti Keel   
Näidake oma emakeelele.  
Me muretseme teile tõlgi.


52 **Finnish** Suomi   
Osoittakaa teidän kielenne.  
Tulkki kutsutaan auttamaan teitä.


58 **French** Français   
Montrez-nous quelle langue vous parlez.  
Nous vous fournirons un/e interprète.


57 **German** Deutsch   
Zeigen Sie auf Ihre Sprache.  
Wir rufen einen Dolmetscher an.


71 **Greek** Ελληνικά   
Δείξτε ποιά γλώσσα μιλάτε και  
θα κληθεί ένας διερμηνέας.

65 **Hungarian** Magyar   
Válassza ki az ön által beszélt nyelvet.  
Kapcsoljuk a tolmácsot.


133 **Icelandic** Íslenska   
Bentu á þitt tungumál.  
Það verður hringt í túlk.


59 **Italian** Italiano   
Faccia vedere qual è la sua lingua.  
Un interprete sarà chiamato.


75 **Lithuanian** Lietuvių Kalba   
Parodyk tavo kalbamą kalbą.  
Vertėjas bus pakviestas.


68 **Macedonian** Makedonski   
Posočete molim Vaš jezik.  
Ke vikame prevodilac Vas da doide.


54 **Norwegian** Norsk   
Pek på ditt språk.  
En tolk vil bli tilkalt.


62 **Polish** Polski   
Proszę wskazać na swój język ojczysty.  
Tłumacz zostanie poproszony do telefonu.

61 **Portuguese** Português   
Aponte seu idioma.  
Providenciaremos um intérprete.


66 **Romanian** Românește   
Indicați limba pe care o vorbiți.  
Veți fi pus în legătură cu un interpret.


78 **Russian** Русский Язык   
Укажите, на каком языке Вы говорите.  
Сейчас Вам вызовут переводчика.


148 **Serbian** Српски   
Молим Вас, покажите нам Ваш језик.  
Зваћемо тумача за Вас.

64 **Slovak** Slovensky   
Ukážte na vašu reč.  
Zavoláme tlmočnicka.


60 **Spanish** Español   
Señale su idioma.  
Se llamará a un intérprete.


53 **Swedish** Svenska   
Peka ut Ert språk.  
En tolk kommer att tillkallas.

76 **Ukrainian** Українська Мова   
Покажіть, якою мовою ви говорите.  
Зараз викличуть вам перекладача.


135 **Yiddish** ייִדיש   
ווייזט אן אויף איינער שפראך.  
מע וועט אַנקלינגען אן איבערזעצער.


## Pacific Islands


120 **Aklan** Aklanon   
Ituro mo ro atong hambae.  
Magtawag kami et mag-interprete.


127 **Fijian** Kaiviti   
Dusia na nomu vosa.  
Ena qai kacivi edua mi vakavaka dewa.


113 **Ilocano** Ilokano   
Itudom iti saom.  
Umayab kam iti interprete.

50 **Indonesian** Bahasa Indonesia   
Tunjukkan bahasamu.  
Jurubahasa akan disediakan.


51 **Malay** Bahasa Malaysia   
Tunjukkan yang mana bahasa anda.  
Seorang jurubahasa akan diberitahu.


126 **Samoan** Gagana Samoa   
Tusi lou 'a'ao i lau gagana.  
O le a vala'auina se tasi e fa'amatala 'upu mo 'oe.


117 **Tagalog** Tagalog   
Pakituro mo nga ang iyong wika.  
Magpapatawag ako ng interprete.


128 **Tongan** Tonga   
Tuhu kihe lea 'oku ke lea 'aki.  
'E fetu'utaki kihe fakatonulea.


## North America, South America, and Caribbean

58 **French** Français   
Montrez-nous quelle langue vous parlez.  
Nous vous fournirons un/e interprète.

129 **Haitian Creole** Kreyòl Ayisyen   
Montre lang ou-a.  
Yap voye chèche yon entèprèt.

144 **Navajo** Diné   
Saad béé honisinígíí nílá' bee bik'idiíłnítłh.  
Ata' halne'è łá' nábich'į' hodoonih.

61 **Portuguese** Português   
Aponte seu idioma.  
Providenciaremos um intérprete.

60 **Spanish** Español   
Señale su idioma.  
Se llamará a un intérprete.

## India, Pakistan, and Southwest Asia

84	<b>Bengali</b> আপনি কোন ভাষায় কথা বলেন - জানান। আপনার সেবার জন্যে একজন অনুবাদক আসবেন।	বাংলা 🗣️
85	<b>Bhojpuri</b> रीआके मातृभासा का बा ? रोआलेल एगो दुभाषिया बोलादेल जाईत।	भोजपुरी 🗣️
83	<b>Gujarati</b> તમારી ભાષા ઈશ્વારથી ખતારો. તમારા માટે ભાષાંતર કરનાર ખોલાવી આપશે.	ગુજરાતી 🗣️
82	<b>Hindi</b> अपनी भाषा इशारे से दिखाइये। आपके लिए दुभाषिया बुलाया जाएगा।	हिन्दी 🗣️
88	<b>Malayalam</b> നിങ്ങളുടെ ഭാഷയിൽ എന്തെങ്കിലും സന്ദേശം എഴുതുക. അതിനു തുല്യമായി മറ്റൊരാൾക്ക് അറിയിക്കാം.	മലയാളം 🗣️
81	<b>Nepali</b> आफ्नो भाषा चिनाउनु होस्। तपाईंको भाषा बोल्ने व्यक्ति बोलाइने छ।	नेपाली 🗣️
80	<b>Punjabi</b> ਅਪਣੀ ਬੋਲੀ ਦਿਖਾਏ ਠਾਕ ਦਸੇ। ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਇਆ ਜਾਏਗਾ।	ਪੰਜਾਬੀ 🗣️
89	<b>Sinhalese</b> මමේ නාසාවට වෙසින් වෙස්වන්න, සිංහල කරා කරන කෙනෙක් නොයනව!	සිංහල 🗣️
137	<b>Tamil</b> எந்த மொழியில் துவிபாலிகள் வேண்டுமோ அதை விரலால் காண்பித்தகவும். தகுந்த துவிபாஷிகளுடன் இணைவு விரைவில் செய்யப்படும்.	ஆங்கிலம் 🗣️
79	<b>Urdu</b> آپ کون سی زبان میں بات کرنا پسند کریںگی؟ آپ کی مدد کیلئے ابھی کی ترجمان کو بلایا جائے گا.	اُردو 🗣️

## Africa

27	<b>Amharic</b> ሙዩ ቋንቋዎ ያመልክቱ ስከተረን ሚኒሲጣኑ	አማርኛ 🗣️
90	<b>Arabic</b> أشر الى لغتك وسننادي المترجم حالاً.	اللغة العربية 🗣️
19	<b>Bambara</b> I bolo da i fakan kan. An benna kuma yelemabaga do wele.	Bamanankan 🗣️
58	<b>French</b> Montrez-nous quelle langue vous parlez. Nous vous fournirons un/e interprète.	Français 🗣️
22	<b>Hausa</b> Nuna yàrenkà/yàrenkì. A à kirà tafintà.	Hausa 🗣️
59	<b>Italian</b> Faccia vedere qual è la sua lingua. Un interprete sarà chiamato.	Italiano 🗣️
61	<b>Portuguese</b> Aponte seu idioma. Providenciaremos um intérprete.	Português 🗣️
141	<b>Portuguese Creole</b> Ponta pa bu lingua. Un intrepeto ta ser chumado.	Cabo Verdiano 🗣️
142	<b>Somali</b> Tilmaan afka aad ku hadasho. Tarjumaan ayaa la wacayaaye.	Afsomali 🗣️
26	<b>Swahili</b> Onyesha lugha yako. Tutamwita mtu atakayekufasiria.	Kiswahili 🗣️
28	<b>Tigrinya</b> ናብ ቋንቋ ስልጠና ክትሰጡ ተረጓጊኪ ሙዩ ስለኛ	ቶጊኒኛ 🗣️
20	<b>Wolof</b> Wan ñu sa làkk. Negal dinañu la wutal ab tekkikat.	Wolof 🗣️
21	<b>Yoruba</b> Tọka si èdè rẹ. À ó pe ògbifọ wà.	Yorùbá 🗣️

## Middle East

90	<b>Arabic</b> أشر الى لغتك وسننادي المترجم حالاً.	اللغة العربية 🗣️
72	<b>Armenian</b> Տոյց տու՛լէ որք սէլ լեզու՛ն կը խօսիք՝ դրպէսզի թարգմանիչ սը կանչել տամք.	Հայերէն 🗣️
139	<b>Assyrian</b> ܬܨܝܒܝܢܝܘܢ. ܕܕܠܚܘܬܐ ܕܥܘܕܬܐ.	ܐܘܪܝܝܬ 🗣️
111	<b>Dari</b> شما بکدام زبان گپ میزنید؟ یگ ترجمان میاید.	دری 🗣️
107	<b>Farsi</b> بربانی که صحبت میکنید نشان دهید. برای شما مترجم میآوریم.	فارسی 🗣️
106	<b>Hebrew</b> הצבע על השפה שלך נקרא למתרגם מיה.	עברית 🗣️
140	<b>Kurdish</b> زمانی خۆت دەسنیشان بکە تەرجومانیکت بۆ بانگ دەکەینە سەر تەلهفون	کوردی 🗣️
110	<b>Pashto</b> خپله ژبه وپینه. ژوبه ترجمان در سره خبری وکړی.	پښتو 🗣️
112	<b>Turkish</b> Kendi anadilinizi gösterin. Size bir tercüman çağırıyoruz.	Türkçe 🗣️

## Asia

	<b>China</b>	請指認您的語言 以便為您請翻譯	请指认您的语言 以便为您请翻译	
31	<b>Cantonese</b>	廣東話	广东话	🗣️
38	<b>Chaochow</b>	潮州話	潮州话	🗣️
32	<b>Fukienese</b>	福建話	福建话	🗣️
35	<b>Mandarin</b>	國語	国语	🗣️
37	<b>Shanghai</b>	上海話	上海话	🗣️
33	<b>Taiwanese</b>	台灣話	台湾话	🗣️
36	<b>Toishanese</b>	台山話	台山话	🗣️

## Asia

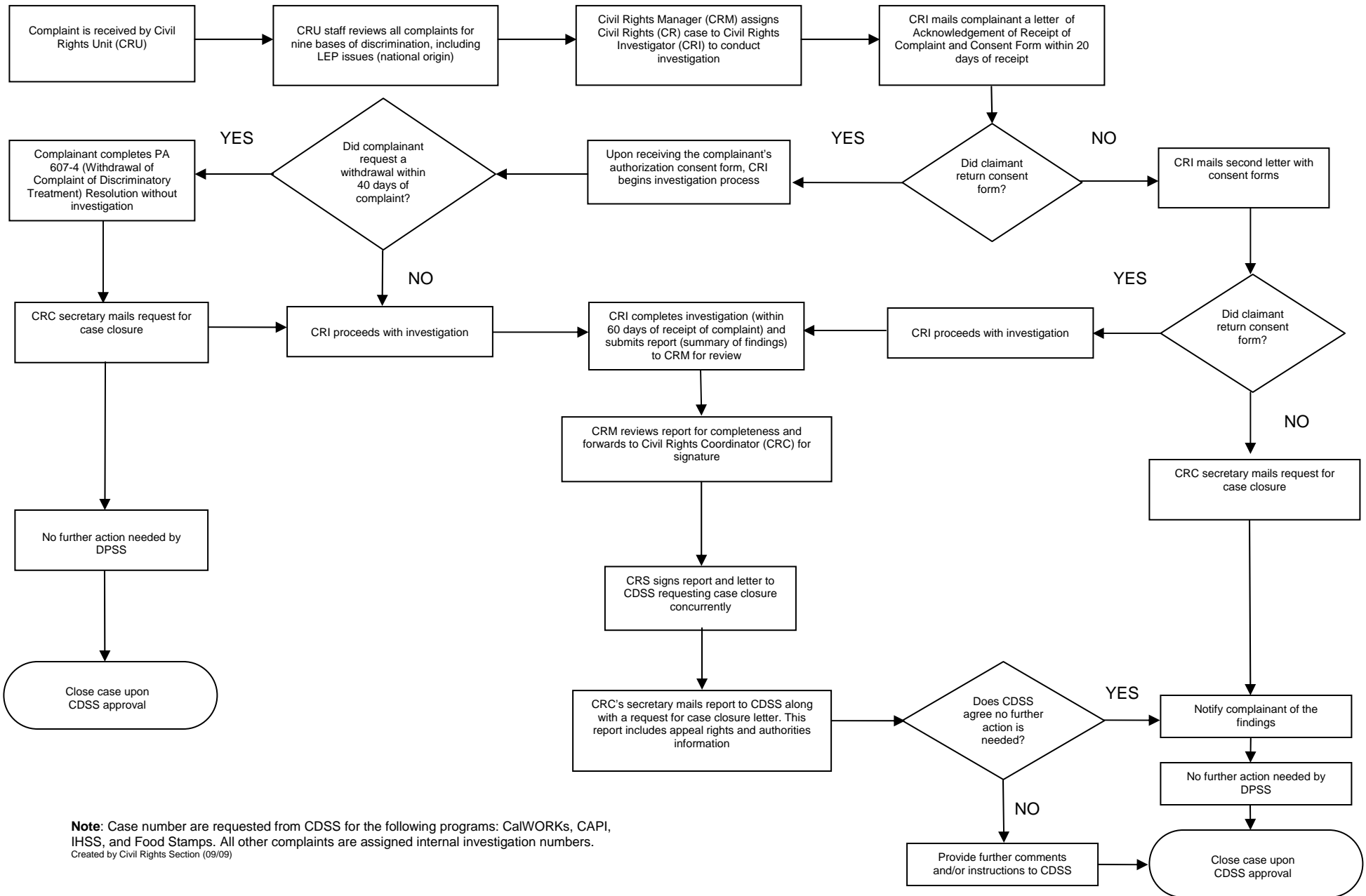
42	<b>Burmese</b> ခင်ဗျာ်ဂ့ၤဘာသာဝကံးဂ့ၤဝေၤလံၤဂြၢ်ဝါ။ ဝကံးဂြၢ်ဒိၣ်ဒိၣ်ပေးမယ်။	မြန်မာစကား။ 🗣️
48	<b>Cambodian</b> សូមផ្ដល់ភាសាផ្ដេក យើងនឹងសេ្វរ្យាភក្ដិប្រមេកជូន	ភាសាខ្មែរ 🗣️
46	<b>Hmong</b> Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj.	Hmoob 🗣️
50	<b>Indonesian</b> Tunjukkan bahasamu. Jurubahasa akan disediakan.	Bahasa Indonesia 🗣️
40	<b>Japanese</b> あなたの話す言葉を指さしてください。 通訳を呼びます。	日本語 🗣️
41	<b>Korean</b> 당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다.	한국말 🗣️
43	<b>Laotian</b> ຊື້ຍອກພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້	ພາສາລາວ 🗣️
51	<b>Malay</b> Tunjukkan yang mana bahasa anda. Seorang jurubahasa akan diberitahu.	Bahasa Malaysia 🗣️
45	<b>Mien</b> Nuqv meih nyei waac mbuox yie liuz, yie heuc faan waac mienh bun meih oc.	Mienh 🗣️
47	<b>Thai</b> ช่วยชี้ให้เราดูหน่อยว่าภาษาไหนคือภาษาที่ท่านพูด แล้วเราจะจัดหาลำดับให้ท่าน	ภาษาไทย 🗣️
49	<b>Vietnamese</b> Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyện với bạn ngay.	Tiếng Việt 🗣️

**Language Line Services also offers Document Translation**  
For more information contact us:  
Phone: 1 888 763-3364 • Fax: 1 800 648-0170  
E-mail: translation@languageline.com  
Web: www.LanguageLine.com

# **APPENDIX J**

## **Civil Rights Investigation**

# Department of Public Social Services Civil Rights Complaint Investigation Process



**Note:** Case number are requested from CDSS for the following programs: CalWORKs, CAPI, IHSS, and Food Stamps. All other complaints are assigned internal investigation numbers.  
Created by Civil Rights Section (09/09)



COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

**MANUAL LETTER**

NUMBER 4284

DATE 10/15/01

DPSS FORMS MANUAL

**PA 607, COMPLAINT OF DISCRIMINATORY TREATMENT**

This Manual Letter revises the PA 607 by changing the address of the DPSS Civil Rights Section and by making minor enhancements to its overall content. Departmental Civil Rights policies and procedures are now administered by the Civil Rights and Language Services Section (CR&LS) located at the DPSS Administrative Headquarters. This Manual Letter also releases the PA 607 in the following threshold languages: Armenian, Cambodian, Chinese, Korean, Russian, Spanish, and Vietnamese. Existing procedures for use of the PA 607 are unchanged.

A supply of the PA 607 shall be kept in all district and regional office reception/lobby areas for public use.

This Manual Letter is effective upon receipt. An initial supply of the revised PA 607 in all threshold languages is being distributed to all district/regional offices with this Manual Letter. Additional supplies may be ordered from the Assets Management Section on a PA 16 Supply Requisition form.

This Manual Letter cancels:

<u>DPSS FORMS MANUAL LETTER NO.</u>	<u>REVISIONS</u>	<u>DATED</u>
2597	12374 thru 12375	8/30/85

The PA 607-1 PA 607-2, PA 607-3, PA 607-8, PA 607-9, PA 607-11 and PA 607-13, released with Manual Letter 2597, dated 8/30/85 are no longer used by CR&LS. Existing supplies of these forms are to be recycled according to existing procedures in the DPSS Operations Handbook.

This Manual Letter is of primary interest to the following district/office personnel (including ACS State and Local Solutions, Inc., Maximus and RITE):

Deputy District Directors  
Social Services Supervisors  
WtW Services Supervisors (GAIN,  
RITE, Contract)  
GROW Supervisors  
Eligibility Supervisors  
District Monitors  
Chief Clerks  
RITE Case Managers

Deputy Regional Services Administrators  
Social Workers  
WtW Case Managers (GAIN, RITE,  
Contract)  
GROW Case Managers  
Eligibility Workers  
Lobby Receptionists  
Stock Room Clerks  
ACS State and Local Solutions, Inc./Maximus-  
Case Managers

**COMPLAINT OF DISCRIMINATORY TREATMENT - PA 607****PREPARATION/PROCEDURE:**

The PA 607 is completed by the complainant (the person filing the complaint) or his/her representative. Complaints are filed with the DPSS Civil Rights and Language Services Section, as indicated on the form.

The Civil Rights Investigator, upon assignment of a complaint, shall conduct an investigation of the alleged discriminatory treatment, in accordance with existing procedures.

**FILING:**

The original PA 607 is filed in the case folder created for the individual filing the complaint.

**RETENTION:**

The physical case is retained for five (5) years.



**COMPLAINT OF DISCRIMINATORY TREATMENT FORM - PA 607**

**PURPOSE**

The PA 607 is used by the applicant/participant to file a complaint of discriminatory treatment and to request that an investigation be conducted.

County of Los Angeles Department of Public Social Services

**COMPLAINT OF DISCRIMINATORY TREATMENT**

TO: DEPARTMENT OF PUBLIC SOCIAL SERVICES  
CIVIL RIGHTS AND LANGUAGES SERVICES SECTION  
12840 CROSSROADS PARKWAY SOUTH  
CITY OF INDOLENO, CALIFORNIA 91746

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ hereby file this complaint of discriminatory treatment and request that an investigation be conducted.  
(Please print your name)

I believe I was discriminated against because of my:

<input type="checkbox"/> RACE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> COLOR
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> SEX	<input type="checkbox"/> AGE
<input type="checkbox"/> POLITICAL AFFILIATION	<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> DISABILITY

DATE OF OCCURRENCE: \_\_\_\_\_

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME:  
\_\_\_\_\_  
\_\_\_\_\_

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I WISH TO HAVE THE FOLLOWING CORRECTIVE ACTION TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

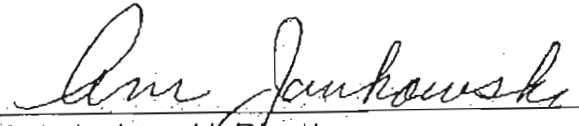
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PA-607 (REVISED 7/91)

**ONE (1) SIDED FORM**  
**ADDITIONAL SUPPLIES MAY BE ORDERED ON A PA 16**

Questions regarding this release may be directed to Rita Figueroa, Director of the Civil Rights and Language Services Section, at (562) 908-8473.



Ann Jankowski, Director  
Bureau of Program, Policy, Research and Evaluation

AJ:MR:RF

RM:lg

J. Lazarow Manual Letter for PA 607 version 2.wpd

Attachment

Lists I, II, III, & IV

Clearance/Approval

BAS       BPPRE  
 BWS       BHNS  
 SVF Neigh. Legal Services

DCSS/RITE  
 APALC

**-FILING INSTRUCTIONS-**

Revision# 24740 thru #24748

replace

Revisions #21705 thru #21707 (which follow Revision #5782 issued 8/1/78 and precede Revision #21708 issued 1/14/97)

Cross out Revision Numbers #24740 and #24748 on your Revision Records.

# **APPENDIX K**

## **Important Contact Information**

## IMPORTANT CIVIL RIGHTS CONTACT INFORMATION

### County Office

Department of Public Social Services  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
Telephone No.: (562) 908-8501

### State Office

California Department of Social  
Services  
Civil Rights Bureau  
744 "P" Street, M-S 8-16-70  
Sacramento, CA 95814  
Telephone No.: (800) 866-6241

### Federal Office

U.S. Department of Health & Human  
Services  
Office for Civil Rights  
907<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94102  
Telephone No.: (800) 368-1019

### Food Stamp Program

U.S. Department of Agriculture  
Food and Nutrition Service  
Office of Civil Rights-Western Region  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, CA 94102  
Telephone: (888) 271-5983  
or (415) 705-1322 ext. 519

**ADDENDUM – LADPSS COORDINATORS:**

The following LADPSS managers were designated to ensure:

1. Availability of LADPSS forms:

**Robert O’Sullivan,**  
**LADPSS Forms Coordinator**  
**LADPSS Materials Management Section**  
**2700 South Garfield Avenue**  
**Commerce, California 90040**  
**(323) 838 – 4577**  
[rosullivan@dpss.lacounty.gov](mailto:rosullivan@dpss.lacounty.gov).

2. Accessibility of LEADER Programs forms in LADPSS threshold languages:

**Cristina Contreras,**  
**LADPSS Client Correspondence Coordinator**  
**LEADER Application Development Section**  
**9320 Telstar Avenue**  
**El Monte, California 91731**  
**(626) 312 – 6137**  
[cristinacontreras@dpss.lacounty.gov](mailto:cristinacontreras@dpss.lacounty.gov).

3. Accessibility of non-LEADER Programs forms in LADPSS threshold languages:

**David Ahia,**  
**LADPSS Portal Coordinator**  
**System Development & Integration Section**  
**14714 Carmenita Road**  
**Norwalk, California 90650**  
**(562) 623 – 2087**  
[davidahia@dpss.lacounty.gov](mailto:davidahia@dpss.lacounty.gov).

# **APPENDIX L**

## **Civil Rights Monitoring**

DEPARTMENT OF PUBLIC SOCIAL SERVICES



BUREAU OF SPECIAL OPERATIONS

February 14, 2008

TO: Office Heads

**CIVIL RIGHTS MEMO**

08 - 01

FROM:   
Gail Esfahaniha, Director  
Civil Rights Section

**SUBJECT: MULTI-PURPOSE DOOR PRESSURE/BELT TENSION CHECKERS  
FOR EACH DISTRICT/REGIONAL OFFICE**

To ensure our Department's compliance with the Americans with Disabilities Act (ADA) of 1990, the Civil Rights Section is distributing the "multipurpose door pressure/belt tension checkers" to each District/Regional office. This is to assist your office in maintaining an opening force pressure of not more than five (5) pounds at all times, as required by ADA for all doors accessible to the public.

Please sign the enclosed transmittal to acknowledge receipt of the enclosed door pressure checkers and return to:

*Civil Rights Section*  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
**Attention: Thanh Nguyen, Civil Rights Investigator**

Please have your designated lobby monitor routinely check to ensure the door pressures of your office are maintained at the opening force of not more than five (5) pounds. Additional requests for the door pressure checkers may be forwarded to Materials Management Section using the Supply Requisition (PA-740) form. If you have any questions regarding this matter, your administrative staff may contact Alma Calvelo, Civil Rights Manager at (562) 908-8355 or via Lotus Notes.

GE:AC:tn

c: Division Chiefs  
Robert Miletich

Enclosures

## FACILITY CHECKLIST

Note: The page numbers refer to California Accessibility Reference Manual Code & Checklist (2003), published and distributed by Builder's Book, Inc., Bookstore, 1-800-273-7375.

<b>Parking</b>	<b>Regulation</b>
Is there "unauthorized parking" signage at entrance to off-street accessible parking?	Additional sign shall be posted in conspicuous place at entrances to off-street parking facilities, or adjacent to and visible from each space. Sign shall be 17" by 22" min. in size with lettering 1" min. high, stating: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or license plates issued for persons with disabilities may be towed away at owner's expense. Towed vehicles may be reclaimed at _____ or by telephoning _____." (CA T24 1129B.5) p 133
Location and adequate number of accessible spaces? 1-25 =1 26-50 =2 51-75 =3 76-100=4	Accessible parking spaces shall be located as near as practical to a primary entrance and shall have required spaces according to (CA T24 1129B.1, ADA 4.1.2(5)(a)) p 132
Are there adequate van-accessible spaces?	One in every 8 <b>accessible</b> spaces (no fewer than 1) shall be designated van accessible. (CA T24 1129B.4.2, ADA 4.1.2(5)(b)) pp 135, 136
Parking Garage: Is there 8'2" clearance height?	All entrances to and vertical clearances within parking structures shall have a vertical clearance of 8'2" where required for accessibility to accessible parking spaces. (CA T24 1130B, ADA 4.6.5) p 138 ( <i>hardship exception</i> )
Freestanding sign height (80"), proper signage? Wall-mounted sign height (36" minimum)?	Sign height shall be 80" minimum from bottom of sign to top of finish grade. (CA T24 1129B.5, ADA 4.6.5) p 133 Wall signage shall be centered 36" minimum above grade, ground, or sidewalk at the interior end of space. (CA T24 1129B.5) p 133
Accessible space minimum: 9' wide, 18' long, 5' access?	Length of parking space shall be at least 18' long, 9' wide. (CA T24 1129B.4.1) p 135 Access aisle shall be 18' x 5' minimum for cars. (CA T24 1129B.4.1 & 2, ADA 4.6.3) p 135
Van-Accessible space minimum: 9' wide, 18' long, 8' access on passenger side?	Length of parking space shall be at least 18' long, 9' wide. (CA T24 1129B.4.1) p 135 Van access aisle shall be 18' x 8' minimum on passenger side. (CA T24 1129 B.4.1, ADA 4.6.3) p 135
Clearance access aisle on passenger side of van space?	One in every 8 accessible spaces (p 136) and no less than 1 shall be served by an access aisle 96" wide minimum placed opposite the driver's side and shall be designated Van-Accessible (CA T24 1129.B.4.2, ADA 4.1.2(5)(b)) p 135
Van-accessible signage mounted below ISA and not obscured by vehicle in space?	Van-accessible spaces shall have a sign "Van-Accessible" mounted below the symbol of accessibility. Such signs shall be located so they



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	cannot be obscured by a vehicle parked in the space. (CA T24 1129B.5, ADA 4.6.4) p 133
Signage on pavement clearly depicts a wheelchair w/occupant?	Pavement signage shall be 36" x 36" minimum, white on blue in color, visible and centered. (CA T24 1129B.5.1 & 2) p 133
"No Parking" painted on pavement in access aisles (letters min. 12" high)?	The words "NO PARKING" shall be painted on the ground in each 5' or 8' loading and unloading access aisle in white letters no smaller than 12". (CA T24 1129B.4.1 & 2) p 135
Persons with disabilities forced to go behind cars?	Persons with disabilities shall not be forced to go behind parked cars except their own. (CA T24 1129B.4.3) ( <i>hardship exception, p 136</i> )
Do access aisles connect to the accessible path of travel?	Access aisles (load and unload) must connect to the accessible path of travel, including curb cuts or ramps as needed (CA T24 1129B.4.3, ADA 4.6.3) p 136 Walkways minimum 48" (CA T24 1133B.7.1) p 160
Is parking located as close as possible to entrance?	Located on shortest accessible route. (CA T24 1129B.1.2, ADA 4.3.2(1)) p 131

<b>Route to Main Door</b>	<b>Regulation</b>
Safe route of travel? 48" wide minimum?	Walks and sidewalks subject to these regulations shall have a continuous surface, not interrupted by steps or by abrupt changes in level exceeding ½ inch and shall be a minimum of 48" in width. Surfaces shall be slip resistant. (CA T24 1133B.7.1) p 160
Use of stairs if no accessible elevator or ramp?  Stairs & walkway stable, firm, slip resistant?	Stairways having two or more risers serving any building or portions of a building must have handrails. (CA T24 1003.3.3.1)  All tread surfaces are slip-resistant. (CA T24-1133B.4.5.1, ADA 4.5.1) p 179  Handrail height is 34" – 38" above the nosing of treads. (CA T24 1133B.4.2.1, ADA 4.9.4(5)) p 173  The upper approach and the lower tread of each stair is marked by a strip of clearly contrasting color at least 2" wide placed parallel to and not more than 1" from the nose of the step or landing (CA T24 1133B.4.4 & 1127B.4) p 177
Sidewalk obstructions?	Walkways minimum width is 48". (CA T24 1133B.7.1)
Are there abrupt changes in level?	When change in level is greater than ½ inch the change shall be beveled. (CA T24 1133B.7.4.) p 162
Ramps, slopes no more than 1:12 (8.3%)?	Slope of curb ramp does not exceed 1:12 (8.3% slope) (CA T24 1127B.5.3, ADA 4.8.2)
Ramps longer than 6' have railings on both sides?	If a ramp run has a rise greater than 6" or a horizontal

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Ramps that has a rise greater than 6" have hand railings?	project greater than 6', then it shall have handrails on both sides. (CA T24 1133B.5.5.1, ADA 4.8.5)
Railings 34" – 38" high?	Handrail is mounted 34" to 38" above ramp. (CA T24 1133B.5.5.1, ADA 4.8.5(5))
Hand Railings are 1 ¼" to 1 ½" in Diameter (smooth with no sharp edges)?	Cross section of rails is 1 ¼" to 1 ½" or have a shape that provides an equivalent gripping surface. (CA T24 1133.B.5.5.1, ADA 4.26.2)  Handrail surfaces shall be smooth with no sharp corners. (CA T24 1133B.5.5.1, ADA 4.26.4)
Width of ramp 48"?	The width of ramps is as required for stairways and exits. Pedestrian ramps have a minimum width of 48" (CA T24 1133B.5.2.1)
Ramp landings minimum top 5' x 5', bottom 6' x 6'?	The minimum size of a top landing <u>width</u> is 60" (5'). The minimum landing <u>length</u> is 60". (CA T24 1133B.5.4.2, ADA 4.8.4.3)  The minimum size of a bottom landing width is 72" (6') (CA T24 1133B.5.4.5, ADA 4.8.4 (1))

<b>Main or Alternate Entrance</b>	<b>Regulation</b>
Accessible signage?  Directional signage to accessible entrance, if not main entrance?	A sign with the international symbol of accessibility shall be at every primary entrance and every major junction indicating the direction along or to accessible features. (CA T24 1127B.3, ADA 4.1.3(16B), CA T24 1117B.5.8.1.2) pp 183, 353
ISA signs – non-glare finish, color contrast?	Characters, symbols and their backgrounds have a non-glare finish. Characters and symbols contrast with their background, either light characters on a dark background or dark characters on a light background. (CA T24 1117B.5.2, ADA 4.30.5) p 355
Door entrances 32" wide?	Clear width, minimum clearance of a door must be 32" (CA T24 1133B.2.2 and 1003.3.1.3, ADA 4.13.5, CA T24 1133B.1.1.1.1) pp 191, 181
Door Pressures (5 lbs. or less, 15 lbs. for fire door)?	Force to open doors, exterior and interior is 5 pounds maximum (CA T24 1133B.2.5, ADA 4.13.11(2)(a) & (b)) p 195  Force to open fire door, minimum allowable not to exceed 15 pounds maximum (CA T24 1133B.2.5, ADA 4.13.11(1)) p 195
Level landing of 60" if door swings into the landing; 48" if door swings away from the landing?	Floor/Landing: There shall be a floor or landing on each side of the door, regardless of occupancy. Level and clear area in direction of door swing a minimum of 60" in length. Level and clear area in opposite direction of door swing minimum 48" in length. (CA T24 1133B.2.4.2, ADA 4.13.6) p 193

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Threshold beveled 1/2" or less?	Landings or floors are no more than ½" lower than top of threshold. (CA T24 1133B.2.4.1, ADA 4.13.8) p 201
Mats and carpeting interfere with traffic?	Recessed doormats shall be adequately anchored to prevent interference with wheelchair traffic. (CA T24 1133B.1.1.1.3) [couldn't find this, so intend to remove unless someone else can find it]  Carpets are securely attached, have a level or textured loop, level cut pile or level cut/uncut pile texture. (CA T24 1124B.3, ADA 4.5.3) p 201
Door handles can be opened w/closed fist and not higher than 48"?	Locking/Latching doors, if hand operated, are to be operative with a single effort (e.g., lever, panic bar, push/pull). (CA T24 1133B.2.5.2, ADA 4.13.9) p 197
3-second closure?	Door Closer (if present) must be set so it takes at least 3 seconds to close from an open position of 70 degrees to a point 3" from the latch. (CA T24 1133B.2.5.1, ADA 4.13.10) p 199
Bottom 10" of door (except auto & sliding) is smooth, uninterrupted surface that allows door to open by wheelchair foot-rest?	The bottom 10" of all doors except automatic and sliding shall have a smooth, uninterrupted surface to allow the door to be opened by a wheelchair footrest without creating a trap or hazardous condition. (CA T24 1133B.2.6) p 198
Interior accessible route 36" to all areas?	Wheelchair passage width: minimum clear width required for a single wheelchair is 32" at a point (e.g., at a door); and continuous length is 36" (at a corridor). (CA T24 1118B.1, ADA 4.2.1) p 217
5-foot circle or 5-foot T-shaped space for person to turn around?	Wheelchair Turning Space is a minimum space for a wheelchair to turn 180 degrees in a 60" diameter or T-shaped space. (CA T24 1118B.3, ADA 4.2.3) p 217

<b>Lobby</b>	<b>Regulation</b>
Traffic aisles 36" wide?	Circulation aisles and pedestrian ways shall be sized according to functional requirements and in no case shall be less than 36" wide. (CA T24 1105B.3.6.1) p 60
Knee spaces at tables at least 27" high, 30" wide, and 19" deep?	Minimum seating knee space is 27" high, 30" wide and 19" deep. (CA T24 1122B.3, ADA 4.32.3) p 349
Accessible counter (28 – 34" high)? Accessible Tables (28 – 34")?	Height of accessible tables or counters is between 28" – 34" from floor finish. (CA T24 1122B.4, ADA 4.32.4) p 349
Place to park wheelchair?	The minimum clear floor or ground space required to accommodate a single, stationary wheelchair and occupant is 30" x 48". (CA T24 1118B.4)
Posters: And Justice for All (# 475B) Everyone is Different, but Equal under the Law	Current: 12/99 1/05, with current CRC information (Div 21-107.211)

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Pub13 in all required languages? Spanish, Russian, Farsi, Korean, Armenian, Chinese, Hmong, Lao, Vietnamese, Cambodian	Current: 05/01 or 01/04 (Div 21-107.221)
Pub 13 05/01 available in large print, Braille, audio?	(Div 21-107.221)

Miscellaneous	Regulation
<b>Protruding Objects in interior accessible route:</b> Does it reduce the clear width of 48"? (Low hanging door closers, signs, lights, stairways)  (Note: if the water cooler, etc., is lower than 27" and can be detected by a cane, it's okay).	Protruding objects do not reduce the clear width of an accessible route or maneuvering space. (CA T24 1133B.8.6.1, ADA 4.4.1)  Wall-mounted protruding objects from 27" to 80" high have a maximum projection of 4" (CA T24 1133B.8.6.1, ADA 4.4.1)
<b>Client Interview Rooms and Booths</b>	<b>Regulation</b>
Entrance door 32" wide?	Clear width, minimum clearance of a point is 32" (CA T24 1118B.1, ADA 4.2.1) p 217
If there is signage, is the signage compliant?	Where permanent identification is provided for rooms and spaces, signs are installed on the wall adjacent to the latch outside of the door. (CA T24 1117B.5.7, ADA 4.30.6) p 357  Mounting height is 60" above the finished floor to the center of the sign. (CA T24 1117B.5.7, ADA 4.30.6) p 357
Turnaround in room (5' turnaround, 36" wide pathway, floor, clear entrance for person with cane)?	Wheelchair Turning Space is a minimum space for a wheelchair to turn 180 degrees in a 60" diameter or T-shaped space. (CA T24 1118B.3, ADA 4.2.3) p 217
Seating at table or desk (min. 27" high knee clearance, min. 30" wide, 19" depth underneath)?	Minimum seating knee space is 27" high, 30" wide and 19" deep. (CA T24 1122B.3, ADA 4.32.3) p 349

Emergency alarms	Regulation
If audible, is it also visual?	If emergency warning systems are required, they shall activate a means of warning the hearing impaired. (CA T24 1114B.2.4, ADA 4.28.1) p 221
<b>Directional and Informational Signage</b>	<b>Regulation</b>
Available in threshold languages?	Div 21.107-212
<b>Stairs – if not serviced by elevator or ramp</b>	<b>Regulation</b>
Railings (34 – 38" high)?	All tread surfaces are slip-resistant. (CA T24-1133B.4.5.1, ADA 4.5.1) p 179
Contrasting strip on approach & lower tread?	Handrail height is 34" – 38" above the nosing of treads. (CA T24 1133B.4.2.1, ADA 4.9.4(5)) p 173

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Non-slip surface?	The upper approach and the lower tread of each stair is marked by a strip of clearly contrasting color at least 2" wide placed parallel to and not more than 1" from the nose of the step or landing (CA T24 1133B.4.4 & 1127B.4) p 177
<b>Elevators</b>	<b>Regulation</b>
Audible/Visual indicators?	A visual and audible signal is provided at each hoist way entrance indicating to the prospective passenger the car answering the call and its direction of travel. (CA T24 1116B.1.14, ADA 4.10.4) pp 237, 230
Call button 42" maximum height?	The centerline of the hall call button shall be within 42 inches of the floor. (CA T24 1116B.1.10 and 1116B.1.13, ADA 4.10.3) pp 232, 234
Marked accessible?	Entrances that are accessible to and usable by persons with disabilities are identified with at least 1 International Symbol of Accessibility. Additional directional signs using the symbol are visible along approaching pedestrian ways. (CA T24 1117.B.5.8.1.2) p 229
Door width more than 36"?	Minimum clear width for elevator doors is 36" (CA T24 1116B.1.4 for exceptions as narrow as 32") p 228
Landing jamb signage on both sides indicating floor number at 60" on center, minimum 2" raised characters plus Braille?	Passenger elevator landing jambs on all elevator floors have the number of the floor on which the jamb is located designated by raised characters that are a minimum of 2" in height, Grade 2 Braille, located 60" on center above the floor on the jamb panels on both sides of the door so that they are visible from within the elevator. (CA T24 1116.B.1.15, ADA 4.10.5) p 237
<b>Interior controls</b>	<b>Regulation</b>
Interior control buttons: Are there raised Braille and Arabic numerals to the left of the control buttons?  Are they raised 5/8" high?	Control buttons are illuminated, have square shoulders, and are activated by a detectable mechanical motion. All control buttons are designated by 5/8" minimum alphabet character, Arabic numeral, or standard raised symbol immediately to the left of the control button. Characters are white on a black background. (CA T24 1116B.1.9, ADA 4.10.12(2)) p 235
Floor button height: Are the floor buttons no higher than 54" for a side reach and 48" for a front approach?	The centerline of elevator floor buttons shall be no higher than 54" above the finish floor for side approach and 48" for front approach. . . emergency controls, including the emergency stop and alarm, shall be grouped in or adjacent to the bottom of the panel and shall be no lower than 2' 11" from the floor. (CA T24 1116B.1.8, ADA 4.10.12(3)) p 231
Emergency controls?	Controls and emergency equipment identified by raised symbols shall include, but not limited to, door open, door close, alarm bell, emergency stop and telephone. (CA T24 1116B.1.9) p 235

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<p>Elevator dimension is not less than 80" x 54" for center-opening doors (not less than 51" deep from back wall to return panel)?</p> <p>Elevator dimension is not less than 68" wide x 54" deep for side-slide opening doors (not less than 51" deep from back wall to return panel)?</p>	<p>The minimum clearance between walls or between wall and door, excluding return panels, is not less than 80" by 54" (or 51" between walls and return panels) for center-opening doors, and 68" x 54" for side-slide doors. (CA T24 1116B.1.8, ADA 4.10.9) p 229</p>
<p><b>Drinking Fountain</b></p>	<p><b>Regulation</b></p>
<p>Does drinking fountain protrude less than 4" into passageway? Does it have knee space minimum of 27" from floor?</p>	<p>Protruding objects <u>in alcoves</u> can not project more than 4" into walls, corridors, passageways, or aisles. ( CA T24 1117B.1.2) p 213</p> <p>If it would create an unreasonable hardship, the water fountain may project into the path of travel under the following conditions:</p> <p style="padding-left: 40px;">The floor path shall be textured to be identifiable by a blind person using a cane. The minimum textured area shall extend from the wall supporting the water fountain to 12" beyond the front edge of the water fountain and 12" beyond each side of the water fountain., or</p> <p style="padding-left: 40px;">Wing walls project from the supporting wall at least as far as the water fountain to within 6" of the surface of the path of travel with a min. 32" clearance between the walls." ( CA T24 1117B.1.2) p 213</p>
<p>Fountain: spout no higher than 36"?</p>	<p>The spout is located within 6" of the front edge and 36" of the floor. The water stream is parallel to the front edge of the fountain. (CA T24 1115B.2.1.5.3, ADA 4.15.2) p 213</p>
<p>Controls used by closed fist?</p>	<p>Controls and operating mechanisms shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. The force required to activate controls shall be no greater than 5 lbf. (ADA 4.27.4) p 214</p>
<p><b>Public Telephone</b></p>	<p><b>Regulation</b></p>
<p>If public pay phones are provided, is at least one telephone accessible?</p> <p>If 4 or more phones, is at least one TTY?</p>	<p>If there is one or more single units, one or at least 50% of telephone unit(s) per floor must be accessible. (CA T24 1117B.2.1, ADA 4.1.3(17)(a)) p 251</p> <p>Phone bank (2 or more adjacent phones): See pp 251, 253</p> <p>When more than 4 phones, at least one must be TTY accessible: See p 257</p>
<p>Is there clear floor space minimum 30" x 48" in front of the telephone?</p>	<p>Minimum clear floor space 30" x 48" to allow forward or parallel approach. (CA T24 1117B.2.2, ADA 4.31.2 &amp; 4.2.4.1) p 251</p>
<p>Are operable parts maximum 48" front approach, or</p>	<p>Forward Reach Telephone: highest operable part</p>

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54" side approach?	maximum 48" above the floor. (CA T24 1118B.5, ADA 4.31.3 and 4.2.5) p 351 Side Reach Telephone: the highest operable part shall be 54" maximum above the floor (CA T24 1117B.2.6 & 1118B.6, ADA 4.31.3 & 4.2.6) p 251
<p>Does the telephone enclosure protrude from the wall?</p> <p>Does it reduce the required clear width, path or maneuvering space?</p> <p>If the telephone enclosure is wall mounted from 27" to 80" high, then is maximum projection 4"?</p> <p>Is the telephone enclosure wall mounted at or below 27"? (then there is no limit on projection)</p> <p>Is there a maximum 12" projection from 27" to 80" above the floor?</p>	<p>No reduction in the required clear width or path or maneuvering space. (CA T24 1121B.1, ADA 4.31.2) p 255</p> <p>The telephone wall mounted from 27" to 80" high, has a maximum projection of 4". (CA T24 1121B.1, ADA 4.31.2) p 255</p> <p>The telephone wall mounted at or below 27", there is no limit on projection. (CA T24 1121B.1, ADA 4.31.2) p 255</p> <p>There shall be a maximum 12" projection from 27" to 80" above the floor. (CA T24 1121B.1, ADA 4.31.2) p 255</p>
Is the phone equipped with push button controls?	Telephone shall have push button controls, where service for such equipment is available (CA T24 1117B.2.10, ADA 4.31.6) pp 254, 256
<b>Public Pay Telephone</b>	<b>Regulation</b>
If public pay phones are provided, does at least one (or 25%) have volume control? Is it hearing-aid compatible with a sign showing a handset with radiating sound waves?	At least one in each telephone bank and a minimum of 25% of the total number of public telephones shall be equipped with a volume control and shall be hearing aid compatible. (CA T24 1117B.2.8, ADA 4.1.3.17(b)) p 253 Telephones with volume control shall be hearing aid compatible and identified with a sign. (CA T24 1117B.2.8 & 1117B.5.8.3, ADA 4.1.3.17(b)) p 253
<b>Text Telephone</b>	<b>Regulation</b>
At least one TTY in building if 4 or more public telephones?	If a total of four or more public pay telephones are provided at the interior and exterior of a site, and if at least one of the total is in an interior location, then at least one interior public text telephone shall be provided (CA T24 1117B.2.9.1, ADA 4.1.3(17)(c)(i)) p 257
Is there proper TTY signage for the telephone?	Appropriate signage should be installed identifying location and availability of text telephone. (CA T24 1117B.2.9.3, ADA 4.30.7(3)) p 257 Signage includes the international TTY symbol (CA T24 1117B.2.9.3 & 1117B.5.10, ADA 4.31.9(1)) p 257
<b>Men's Restroom</b>	<b>Regulation</b>
<p>Accessible Signage?</p> <p>Is signage on the door, and on the wall, adjacent to the latch side of the door?</p>	<p>Door sign and wall sign shall be 60" above the floor.</p> <p>For permanent identification, the sign shall be installed on the wall adjacent to latch outside of door. If there is no space, including at double leaf doors, the sign shall</p>

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	<p>be placed on nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p 263</p> <p>Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 1117B.5.5.1, ADA 4.30.4) p 263</p>
<p>Door: Can door be opened with a closed fist?</p> <p>Door 32" wide?</p> <p>Door pressure 5 lbs. or less?</p>	<p>Locking/Latching Doors: If hand-operated, to be operable with a single effort (e.g.; lever, panic bar, push/pull) (CA T24 1133B.2.5.2, ADA 4.13.9) p 197</p> <p>Clear Width: Minimum clearance width of exit way must be 32" (CA T24 1133B.2.2 and 1003.3.1.3, ADA 4.13.5) p 191</p> <p>Interior Door will have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11(2)(b)) p 195</p>
<p>Adequate turning space? There must be a 36" minimum traffic way. There shall be a 60" minimum circular turning diameter.</p>	<p>There shall be a 36" minimum t-shaped traffic way. (CA T24 1118B.3) p 273</p> <p>There shall be a 60" minimum circular turning diameter. (CA T24 1115B.7.11) p 273</p>
<p>Accessible urinal less than 17" high, flush control can be used with one hand and does not require tight grasping, pinching or twisting of the wrist, with less than 5 lb. force?</p> <p>Is there a clear space of 30" wide x 48" deep in front of the urinal?</p>	<p>Rim height shall be a maximum of 17" in height above the floor. (CA T24 1115B.2.1.1.1, ADA 4.18.2) p 265</p> <p>Urinals: Where there are urinals provided, at least one (1) shall provide a clear floor space of 30" wide x 48" deep in front of the urinal to allow for a forward approach. This clear space may extend 6" maximum under the urinal if the urinal has a 9" minimum toe clearance from the floor to the urinal's bottom. (CA T24 1115B.9.4, ADA 4.18.3 &amp; 4.22.5) p 265</p>
<p>Sink: Space in front of sink 30" wide x 48" long?</p> <p>Knee space: 30" wide, 19" deep, 27" high?</p> <p>Rim height: counter or rim no higher than 34"</p> <p>Pipes under sink securely insulated?</p> <p>Faucet work with one hand with 5 lbs. maximum force?</p>	<p>Sink: A clear floor space of 30" by 48" is provided with clear floor space and an accessible route. (ADA 4.24.5) p 311</p> <p>A minimum knee clearance of 27" high, 30" wide, and 19" deep is provided underneath sinks. (ADA 4.24.3) p 311</p> <p>Sink is mounted with a counter or rim no higher than 34". (ADA 4.24.2 &amp; 4.19.2) pp 311, 267</p> <p>Hot water and drain pipes are insulated or covered. No sharp or abrasive surfaces under lavatories. (CA T24 1115B.2.1.2.2, ADA 4.19.4) p 267</p> <p>Faucet controls and operating mechanisms are operable with one hand and do not require tight grasping, pinching, or twisting of the wrist. If self closing valves are used, faucet remains open a minimum of 10 seconds. (CA T24 1115B.2.1.2.1., ADA 4.27.4, CA T24 1115B.2.1.2.1, ADA 4.19.4) p 267</p>



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<p>At least one dispenser/disposal/mirror 40" high? (Note: operable part needs to be at 40")</p> <p>Soap dispenser Toilet protector Shelf Mirror base at 40" maximum Waste receptacle Paper towel dispenser Disposal fixture Other: _____</p>	<p>If towel, sanitary napkins, waste receptacles, and other similar dispensing and disposal fixtures are provided, at least one of each type is located with all operable parts, including coin slots, at a maximum height of 40". (CA-ACRM 1115B.9.2 and CA-ACRM 1115B.9.1.2, ADA 4.19.6) p 269</p>
<p><b>Accessible stall</b></p>	<p><b>Regulation</b></p>
<p>Does it have 48" in front of the toilet and opening to the stall, or 60" if it is a side opening stall?</p>	<p>Clear space in front of water closet is minimum of 48" if the compartment has end opening (facing water closet) or minimum of 60" if compartment has side opening. (CA T24 1115B.7.1.3, ADA 4.17.3) p 285</p>
<p>Accessible Toilet 17" -19" max. height?</p>	<p>Height of water closet is 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat. (CA T24 1115B.2.1, ADA 4.16.3) pp 293, 285</p>
<p>Grab bars side and back, 33 – 36" high, 1¼ to 1½" in diameter?</p>	<p>The height of grab bar is 33" above and parallel to floor except that where a tank-type toilet used obstructs the 33" placement, the grab bar may be as high at 36". Grab bar is securely attached. (CA T24 1115B.8.1, ADA 4.17.6, CA T24 1115 B.8.2, CADA 4.26.2) p 303</p>
<p>Is the toilet tissue dispenser located within 12" of the front edge of toilet and 19" minimum in height?</p>	<p>Toilet tissues dispensers are located on the wall within 12" of front edge of toilet seat. (CA-ACRM 1115B.9.3) pp 275, 269</p> <p>Toilet paper dispenser minimum height from floor is 19". (ADA 4.16.6) pp 275, 269</p>
<p>Does the T.P. dispenser allow continuous flow of paper?</p>	<p>Dispensers that control delivery or that do not permit continuous paper flow are not used. (CA-ACRM 1115B.9.3, ADA 4.16.6) pp 275, 269</p>
<p>Does the toilet flush easily and operable with one hand at a maximum 5 lb. pressure?</p>	<p>Controls are operable with one hand, and do not require tight grasping, pinching or twisting of the wrist. Maximum 5 lbs. pressure. (CA T24 1115B.2.1.2, ADA 4.27.4) p 279</p>
<p><b>Women's Restroom</b></p>	<p><b>Regulation</b></p>
<p>Accessible Signage?</p> <p>Is signage on the door, and on the wall, adjacent to the latch side of the door?</p>	<p>Door sign and wall sign shall be 60" above the floor.</p> <p>For permanent identification, the sign shall be installed on the wall adjacent to latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p 263</p> <p>Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 1117B.5.5.1, ADA 4.30.4) p 263</p>

## FACILITY CHECKLIST

<p>Door: Can door be opened with a closed fist?</p> <p>Door 32" wide?</p> <p>Door pressure 5 lbs. or less?</p>	<p>Locking/Latching Doors: If hand-operated, to be operable with a single effort (e.g.; lever, panic bar, push/pull) (CA T24 1133B.2.5.2, ADA 4.13.9) p 197</p> <p>Clear Width: Minimum clearance width of exit way must be 32" (CA T24 1133B.2.2 and 1003.3.1.3, ADA 4.13.5) p 191</p> <p>Interior Door will have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11(2)(b)) p 195</p>
<p>Adequate turning space? There must be a 36" minimum traffic way. There shall be a 60" minimum circular turning diameter.</p>	<p>There shall be a 36" minimum t-shaped traffic way. (CA T24 1118B.3) p 273</p> <p>There shall be a 60" minimum circular turning diameter. (CA T24 1115B.7.11) p 273</p>
<p>Sink: Space in front of sink 30" wide x 48" long?</p> <p>Knee space: 30" wide, 19" deep, 27" high?</p> <p>Rim height: counter or rim no higher than 34"</p> <p>Pipes under sink securely insulated?</p> <p>Faucet work with one hand with 5 lbs. maximum force?</p>	<p>Sink: A clear floor space of 30" by 48" is provided with clear floor space and an accessible route. (ADA 4.24.5) p 311</p> <p>A minimum knee clearance of 27" high, 30" wide, and 19" deep is provided underneath sinks. (ADA 4.24.3) p 311</p> <p>Sink is mounted with a counter or rim no higher than 34". (ADA 4.24.2 &amp; 4.19.2) pp 311, 267</p> <p>Hot water and drain pipes are insulated or covered. No sharp or abrasive surfaces under lavatories. (CA T24 1115B.2.1.2.2, ADA 4.19.4) p 267</p> <p>Faucet controls and operating mechanisms are operable with one hand and do not require tight grasping, pinching, or twisting of the wrist. If self closing valves are used, faucet remains open a minimum of 10 seconds. (CA T24 1115B.2.1.2.1., ADA 4.27.4, CA T24 1115B.2.1.2.1, ADA 4.19.4) p 267</p>
<p>At least one dispenser/disposal/mirror 40" high? (Note: operable part needs to be at 40")</p> <p>Soap dispenser</p> <p>Toilet protector</p> <p>Shelf</p> <p>Mirror base at 40" maximum</p> <p>Waste receptacle</p> <p>Paper towel dispenser</p> <p>Disposal fixture</p> <p>Other: _____</p>	<p>If towel, sanitary napkins, waste receptacles, and other similar dispensing and disposal fixtures are provided, at least one of each type is located with all operable parts, including coin slots, at a maximum height of 40". (CA-ACRM 1115B.9.2 and CA-ACRM 1115B.9.1.2, ADA 4.19.6) p 269</p>
<p><b>Accessible stall</b></p>	<p><b>Regulation</b></p>
<p>Does it have 48" in front of the toilet and opening to the stall, or 60" if it is a side opening stall?</p>	<p>Clear space in front of water closet is minimum of 48" if the compartment has end opening (facing water closet) or minimum of 60" if compartment has side opening. (CA T24 1115B.7.1.3, ADA 4.17.3) p 285</p>
<p>Accessible Toilet 17" – 19" max. height?</p>	<p>Height of water closet is 17" to 19" measured from the</p>

## FACILITY CHECKLIST

	floor to the top of a maximum 2" high toilet seat. (CA T24 1115B.2.1, ADA 4.16.3) pp 293, 285
Grab bars side and back, 33" – 36" high, 1¼ to 1 ½" in diameter?	The height of grab bar is 33" above and parallel to floor except that where a tank-type toilet used obstructs the 33" placement, the grab bar may be as high at 36". Grab bar is securely attached. (CA T24 1115B.8.1, ADA 4.17.6, CA T24 1115 B.8.2, CADA 4.26.2) p 303
Is the toilet tissue dispenser located within 12" of the front edge of toilet and 19" minimum in height?	Toilet tissues dispensers are located on the wall within 12" of front edge of toilet seat. (CA-ACRM 1115B.9.3) pp 275, 269  Toilet paper dispenser minimum height from floor is 19". (ADA 4.16.6) pp 275, 269
Does the T.P. dispenser allow continuous flow of paper?	Dispensers that control delivery or that do not permit continuous paper flow are not used. (CA-ACRM 1115B.9.3, ADA 4.16.6) pp 275, 269
Does the toilet flush easily and operable with one hand at a maximum 5 lb. pressure?	Controls are operable with one hand, and do not require tight grasping, pinching or twisting of the wrist. Maximum 5 lbs. pressure. (CA T24 1115B.2.1.2, ADA 4.27.4) p 279



# CIVIL RIGHTS OFFICE/LOBBY REVIEW



OFFICE	CIVIL RIGHTS LIAISON	CIVIL RIGHTS INVESTIGATOR	DATE OF AUDIT
<b>RECEPTION/LOBBY AREA</b>		<b>STOCKROOM</b>	
“Your Rights Under California Welfare Programs” (PUB 13) is readily available in the following languages: <u>Regular Print:</u> (Rev. 03/07) <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <u>Large Print:</u> (Rev. 12/06 or 03/07) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English (03/07) <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish (03/07) <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese  If needed, is PUB 13 Audio Version Available? <input type="checkbox"/> Yes <input type="checkbox"/> No If needed, is PUB 13 Braille Version Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	“Your Rights Under California Welfare Programs” (PUB 13) is readily available in the following languages: <u>Regular Print:</u> (Rev. 03/07) <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <u>Large Print:</u> (Rev. 12/06 or 3/07) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English (03/07) <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish (03/07) <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant
“Civil Rights Information Notice” (PA 2457) is readily available in the following languages: (Rev. 12/05) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A	“Civil Rights Information Notice” (PA 2457) is readily available in the following languages: (Rev. 12/05) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A
“Complaint of Discriminatory Treatment” (PA 607) is readily available in the following languages: (Rev. 07/01) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A	“Complaint of Discriminatory Treatment” (PA 607) is readily available in the following languages: (Rev. 07/01) <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A
Language Identification Cards (Language Line Services)	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A	Language Identification Cards (Language Line Services)	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> N/A
Instructional Signs properly displayed in threshold languages?	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<b>CIVIL RIGHTS LIAISON PROVISIONS</b>	
Have a Designated Lobby Monitor? If so, Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CIVIL RIGHTS POSTERS</b>		Civil Rights Liaison has the following readily available: Civil Rights Discrimination Complaint Log: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Language Line Services Log: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Civil Rights Handbook: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	
“Everyone is Different But Equal Under The Law” (Rev. 03/07) <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant “And Justice For All” (Rev. 3/98) <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant “Services For Persons Who Are Deaf, Hard Of Hearing, Or Have A Speech Disability” (Rev. 7/05) <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant “Can We Help You?” (Rev. 10/01) <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant “Notice Of Civil Rights Settlement Under Title VI Of The Civil Rights Act of 1964” (Rev.12/03) <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant		<b>NOTICE OF ACTION QUEUE &amp; PROPERTY MANAGEMENT REQUEST</b>	
		Number of pending NOA’s in Queue: _____  Property Management Requests Initiated by Office: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, have Property Management requests been completed: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, reason for delay: _____ _____ _____	







CIVIL RIGHTS SECTION
PUBLIC CONTACT QUESTIONNAIRE

Name: Title: Office:

General Questions:

- 1. How long have you been employed at this office?
2. Have you participated in Civil Rights Training within the past 12 months? Yes/No

Awareness of Civil Rights Forms:

- 1. How do you inform applicants/participants of their civil rights?
2. Are there brochures/publications/posters readily available to participants explaining their civil rights? Yes/No
3. Are Civil Rights posters prominently displayed in the lobby or waiting rooms? Yes/No
4. Is the Complaint of Discriminatory Treatment Form (PA 607) readily available to staff and applicants/participants? Yes/No

Discrimination Complaint Process:

- 1. Do you know if there is a Civil Rights Liaison in your office? Yes/No
2. What is the name of the DPSS Civil Rights Coordinator?
3. What information/forms will you provide to an applicant/participant who wishes to file a civil rights complaint? What is the procedure in filing a civil rights complaint?

Documentation and Processing of non-English or Limited English Proficient (LEP) Applicants/ Participants:

- 1. How is an applicant's/participant's primary language determined?
2. How are services to non-English/LEP applicants/participants documented?
3. How do you communicate with an applicant/participant in your office who does not speak one of the threshold languages?
4. Are you aware that Language Line Services are available to staff? Yes/No

Processing of a Special Needs Applicant/Participant:

- 1. What are the accommodations that your office have for applicants/participants who are physically, visually, or audibly impaired?
2. Is the Large Print, audio or Braille version of the PUB 13 readily available to staff in assisting special needs applicants/participants? Yes/No
If so, where are they located?

CALWORKs and FOOD STAMPS Staff Only

Accessing Forms in LEADER:

- 1. Do you know if there are DPSS forms such as Notices of Actions available in LEADER in all DPSS threshold languages? Yes/No
2. Please show me how to access in LEADER the following non-English forms: QR 7, DFA 285-A1 & A2. Able/Unable/N/A
3. If able, in what languages? Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, Vietnamese.



### CIVIL RIGHTS SECTION

### PUBLIC CONTACT QUESTIONNAIRE (CONTRACTED AGENCY)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Office: \_\_\_\_\_

**General Questions:**

- 1. How long have you been employed at this office?  
\_\_\_\_\_
- 2. Have you participated in Civil Rights Training within the past 12 months? Yes/No  
If NO, when was the last time you participated in Civil Rights Training?  
\_\_\_\_\_

**Awareness of Civil Rights Forms:**

- 1. How do you inform applicants/participants of their civil rights?  
\_\_\_\_\_
- 2. Are there brochures/publications/posters readily available to participants explaining their civil rights? If Yes, can you describe/name the materials? Yes/No  
\_\_\_\_\_
- 3. Are Civil Rights posters prominently displayed in the lobby or waiting rooms? Yes/No
- 4. Is the Complaint of Discriminatory Treatment Form (PA 607) readily available to staff and applicants/participants? If Yes, where is the PA 607 form located? Yes/No  
\_\_\_\_\_

**Discrimination Complaint Process:**

- 1. Do you know if there is a Civil Rights Liaison in your office? If Yes, who is that person? Yes/No  
\_\_\_\_\_
- 2. What is the name of the DPSS Civil Rights Coordinator?  
\_\_\_\_\_
- 3. What information/forms will you provide to an applicant/participant who wishes to file a civil rights complaint? What is the procedure in filing a civil rights complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation and Processing of non-English or Limited English Proficient (LEP) Applicants/Participants:**

- 1. How is an applicant's/participant's primary language determined?  
\_\_\_\_\_
- 2. How are services to non-English/LEP applicants/participants documented?  
\_\_\_\_\_
- 3. How do you communicate with an applicant/participant in your office who does not speak one of the threshold languages?  
\_\_\_\_\_
- 4. Are you aware that Language Line Services are available to staff? Yes/No
- 5. In your opinion, is there a sufficient number of qualified bilingual staff to provide high-quality services to non-English or LEP's applicants/participants at your office? If No, please explain: Yes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Processing of a Special Needs Applicant/Participant:**

- 1. What are the accommodations that your office have for applicants/participants who are physically, visually, or audibly impaired?  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Is the Large Print, audio or Braille version of the PUB 13 readily available to staff in assisting special needs applicants/participants? Yes/No  
If so, where are they located? \_\_\_\_\_



CIVIL RIGHTS ANNUAL PLAN UPDATE FY 2011-2012  
First Supervisorial District

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
BELL, 5460 Bandini Blvd. GAIN Region VI	Yes	Leased	Yes
COMMERCE, 2700 South Garfield Avenue Materials Management	N/A	Leased	No
CUDAHY, 8130 South Atlantic Avenue Cudahy District, CalWORKs, Medi-Cal, Food Stamps	Yes	County Owned	Yes
EL MONTE, 3216 Rosemead Blvd. GAIN Region III	Yes	Leased	Yes
EL MONTE, 3220 Rosemead Blvd.-BSO	Yes	Leased	Yes
EL MONTE, 3350-52 Aerojet Avenue El Monte/San Gabriel Valley District, CalWORKs, Medi-Cal, Food Stamps & General Relief	Yes	Leased	Yes
EL MONTE, 3400 Aerojet Avenue IHSS, Medi-Cal, Customer Service, Child Care Center	Yes	Leased	Yes
EL MONTE, 9320 Telstar Avenue ESD, Leader Division, Unisys/DHS/DCFS	Yes	Leased	No
INDUSTRY, 12820 Crossroads Pkwy South - West Administrative Office	N/A	Leased	No
INDUSTRY, 12860 Crossroads Pkwy South - Main Administrative Office	N/A	Leased	No
INDUSTRY, 12900 Crossroads Pkwy So.- East Administrative Office; Child Care Center	N/A	Leased	No
INDUSTRY, 17171 East Gale Avenue Medi-Cal LTC	Yes	Leased	Yes
LOS ANGELES, 813-833 East Fourth Place GR/GROW /Food Stamps	Yes	County Owned	Yes
LOS ANGELES, 1740 East Gage Avenue CalWORKs, Medi-Cal & Food Stamps	Yes	County Owned	Yes
LOS ANGELES, 6369 Holmes Avenue-VACANT	N/A	County Owned	No
LOS ANGELES, 2855 East Olympic Blvd. Metro East District, CalWorks, General Relief, GROW	Yes	County Owned	Yes
LOS ANGELES, 2200 North Humboldt Street Metro East GROW Center	Yes	Leased	Yes
LOS ANGELES, 4077 North Mission Road Lincoln Heights District, CalWORKs, Medi-Cal, Food Stamps	Yes	County Owned	Yes
LOS ANGELES, 2910 West Beverly Blvd. GAIN Sub-Office	Yes	Leased	Yes
LOS ANGELES, 5445 Whittier Blvd. Bevedere District, CalWORKs, Medi-Cal, Food Stamps	Yes	County Owned	Yes

\*All facilities listed are ADA Accessible; however, not all facilities are regularly accessed by the public

CIVIL RIGHTS ANNUAL PLAN UPDATE FY 2011-12  
First Supervisorial District (cont.)

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
LOS ANGELES, 2615 South Grand Avenue Metro Family District, CalWORKs, Medi-cal, Food Stamps	Yes	County Owned	Yes
LOS ANGELES, 2707 South Grand Avenue Metro Special District, General Relief, Food Stamps, Medi-Cal & GROW	Yes	County Owned	Yes
LOS ANGELES, 2415 West Sixth Street Wilshire Special District, General Relief, Food Stamps, Medi-Cal & GROW	Yes	Leased	Yes
POMONA, 2040 West Holt Avenue Pomona District, CalWORKs, General Relief, Food Stamps & Medi-Cal	Yes	Leased	Yes
POMONA, 360 E. Mission Boulevard IHSS	Yes	Leased	Yes
POMONA, 416 North Garey Avenue GROW Center	Yes	Leased	Yes
POMONA, 2255 North Garey Avenue GAIN III Sub Office/Pomona Career Center	Yes	Leased	Yes
SOUTH GATE, 2701 Firestone Blvd. South Central District GROW Center	Yes	Leased	Yes

\*All facilities listed are ADA Accessible; however, not all facilities are regularly accessed by the public

CIVIL RIGHTS ANNUAL PLAN UPDATE FY 2011-12  
Second Supervisorial District

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
COMPTON, 211 East Alondra Blvd. Compton District, CalWORKs & Medi-Cal	Yes	County Owned	Yes
HAWTHORNE, 12000 Hawthorne Blvd. WFP&I, IHSS, Medi-Cal	Yes	Leased	Yes
HAWTHORNE, 4300A West 120 <sup>th</sup> Street Child Care Center/APS	Yes	Leased	Yes
INGLEWOOD, 923 East Redondo Blvd. - VACANT	Yes	County Owned	Yes
INGLEWOOD, 9800 S. La Cienega Customer Service Center II	Yes	Leased	Yes
LOS ANGELES, 10728 South Central Avenue South Central District, CalWORKs, Medi-Cal, & Food Stamps	Yes	County Owned	Yes
LOS ANGELES, 3833 South Vermont Avenue Expo Park District, CalWORKs & GAIN	Yes	Leased	Yes
LOS ANGELES, 1819 West 120 <sup>th</sup> Street Southwest Special District, General Relief, GROW, & Medi-Cal	Yes	Leased	Yes
LOS ANGELES, 2601 Wilshire Blvd. Metro North District, CalWORKs, Medi-Cal, & Food Stamps	Yes	Leased	Yes
LOS ANGELES, 3435 Wilshire Blvd. Fiscal Operations/Special Operations/HRD	N/A	Leased	No
LOS ANGELES, 8300 Vermont Southwest Family District, CalWORKs, Medi-Cal, Food Stamps	Yes	Leased	Yes
RANCHO DOMINGUEZ, 17600 A Santa Fe Ave. South Family District, CalWORKs, Medi-Cal, Food Stamps	Yes	Leased	Yes
RANCHO DOMINGUEZ, 17600 B. Santa Fe Ave. South Special District, General Relief, Food Stamps	Yes	Leased	Yes
RANCHO DOMINGUEZ, 2959-2961 Victoria Street Paramount District, GAIN Region V, CalWORKs, Medi-Cal, Food Stamps, & GAIN	Yes	Leased	Yes

\*All facilities listed are ADA Accessible; however, not all facilities are regularly accessed by the public

CIVIL RIGHTS ANNUAL PLAN UPDATE FY 2011-12  
Third Supervisorial District

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
LOS ANGELES, 11110 West Pico Blvd. Rancho Park District, CalWORKs, Food Stamps, IHSS, General Relief, GROW & Medi-Cal	Yes	Leased	Yes
PANORAMA CITY, 14545 Lanark Street East Valley District, CalWORKs, Medi-Cal & Food Stamps	Yes	County Owned	Yes
SUN VALLEY, 9188 Glenoaks Blvd. General Relief/GROW	Yes	Leased	Yes

Fourth Supervisorial District

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
LOS ANGELES, 5200 West Century Blvd. GAIN Region I	Yes	Leased	Yes
NORWALK, 12727 Norwalk Blvd. Norwalk District, CalWORKs, Medi-Cal & Food Stamps	Yes	Leased	Yes
NORWALK, 14714 Carmenita Road Information Technology Division	N/A	Leased	No
NORWALK, 12440 East Imperial Hwy Property & Emergency Management Section DPSS Academy	N/A	Leased	No
SAN PEDRO, 1851 North Gaffey Street, Ste. GAIN	Yes	Leased	Yes

\*All facilities listed are ADA Accessible; however, not all facilities are regularly accessed by the public

CIVIL RIGHTS ANNUAL PLAN UPDATE FY 2011-12  
Fifth Supervisorial District

FACILITY & PROGRAMS	PUBLIC TRANSPORTATION AVAILABLE	COUNTY-OWNED OR LEASED	PUBLIC ACCESS*
BURBANK, 3307 North Glenoaks Blvd. IHSS, MAXIMUS-Contract Staff	Yes	Leased	Yes
NORTHRIDGE, 9451 Corbin Avenue Medi-Cal	Yes	Leased	Yes
CHATSWORTH, 21415-21615 Plummer Street West Valley District, IHSS, CalWORKs, Medi-Cal & Food Stamps	Yes	Leased	Yes
CANYON COUNTRY, 27233 Camp Plenty Road CalWORKs, Medi-Cal & Food Stamps & GAIN	Yes	Leased	Yes
GLENDALE, 4680 San Fernando Road Glendale District, CalWORKs, Medi-Cal & Food Stamps & General Relief	Yes	Leased	Yes
LANCASTER, 349-B East Avenue K-6 Lancaster District, CalWORKs, Medi-Cal & Food Stamps	Yes	Leased	Yes
LANCASTER, 335-C East Avenue K-6 IHSS	Yes	Leased	Yes
LANCASTER, 337 E. Avenue K-10 GROW	Yes	Leased	Yes
PALMDALE, 1050 East Palmdale Blvd, GAIN/MAXIMUS-Contract Staff	Yes	Leased	Yes
PASADENA, 955 North Lake Avenue Pasadena District, CalWORKs, Medi-Cal & Food Stamps & General Relief	Yes	Leased	Yes
PASADENA, 978 North Lake Avenue GROW	Yes	Leased	Yes

\*All facilities listed are ADA Accessible; however, not all facilities are regularly accessed by the public

# **APPENDIX M**

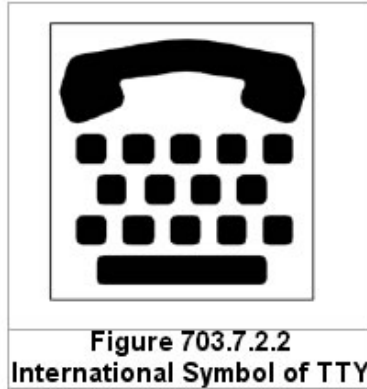
## **Samples of International Graphic Symbols**

The **International Symbol of Access (ISA)**, also known as the (International) Wheelchair Symbol, consists of a [blue square](#) overlaid in [white](#) with a stylized image of a person using a [wheelchair](#).

The symbol is often seen where access has been improved, particularly for wheelchair users, but also for other mobility issues. Frequently, the symbol denotes the removal of environmental barriers, such as steps, to help also older people, parents with baby carriages, and travelers. [Universal design](#) aims to obviate the need for such symbols by creating products and facilities that are accessible to nearly all users from the start. The wheelchair symbol is "International."



## The International Symbol of TTY



## International Symbol of Access for Hearing Loss



Assistive listening systems shall be identified by the International Symbol of Access for Hearing Loss

## Restroom





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**CIVIL RIGHTS  
NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**

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**CIVIL RIGHTS  
NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**

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**CHAPTER 21-100 NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS****21-101 PURPOSE****21-101**

The purpose of Division 21 is to effectuate the provisions of the following laws: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Title II of the Americans With Disabilities Act of 1990; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977, as amended; and California Civil Code, Section 51 et seq., as amended; California Government Code, Section 11135 et seq., as amended; and California Government Code, Section 4450; and other applicable federal and state laws and their implementing regulations to ensure that the administration of public assistance and social services programs are nondiscriminatory, and that no person shall, because of race, color, national origin, political affiliation, religion, marital status, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance. Administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of these regulations are prohibited.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 51, California Civil Code; Sections 4450 and 11135, California Government Code; Title II of the American With Disabilities Act of 1990, Public Law (P.L.) 101-336; 42 USCA 2000d; and Title VI of the Civil Rights Act of 1964, P.L. 88-352.

**21-103 SCOPE OF DIVISION****21-103**

These requirements shall apply to the California Department of Social Services (CDSS), all county welfare departments and all other agencies receiving federal or state financial assistance through CDSS for the administration of public assistance, food stamps, child support enforcement, fraud investigation and social services.

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When the laws of California prescribe stronger protections and prohibitions than federal laws, the entities covered by this division are subject to the stronger protections and prohibitions.

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- .1 Civil Rights requirements addressing the Child Support Program in the county District Attorney's offices are covered in separate plans of cooperation (see MPP Division 12 (Administrative Standards for State IV-D Agency), Appendix I, Part IX, Civil Rights Component).
- .2 Civil Rights requirements addressing welfare fraud investigations in the county by District Attorney's offices are covered in separate purchase of service agreements and plans of cooperation (see MPP Division 20 (Fraud and Suspected Law Violations), Section 20-007.111).

<b>21-103</b>	<b>SCOPE OF DIVISION</b> (Continued)	<b>21-103</b>
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- .3 CDSS reserves the right to interview staff, review, copy or obtain all data, records, reports, case files and other materials determined necessary in the conduct of discrimination complaint investigations and/or compliance reviews involving all agencies subject to the requirements of this division.
  
- .4 Contractor and Vendor Compliance  
  
Contractors, vendors, consultants and other providers of service who receive federal or state assistance through CDSS or through agencies covered by these regulations shall comply with nondiscrimination requirements of this division.
  
- .5 Written assurances of nondiscrimination in programs and activities receiving federal or state financial assistance shall be required. This requirement is fully applicable to all vendors, contractors, consultants and other providers of service in addition to county welfare departments.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 11135(b), Government Code; Title VI of the Civil Rights Act of 1964, P.L. 88-352; and 28 CFR 42.407.

<b>21-104</b>	<b>DEFINITIONS</b>	<b>21-104</b>
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The following definitions shall apply to the terms used in this Division:

- a. (1) "Accessibility" refers to the usability of public facilities by individuals with disabilities.
- (2) "Assurance of Compliance Agreement" is a legal agreement in which a county welfare department agrees to administer a program or activity covered by this division in accordance with all applicable civil rights laws and their implementing regulations.
- (3) "Authorized representative" An individual or group that has written authorization from the applicant/recipient to act in his/her behalf (see MPP, Division 19, Section 19-005.2).
  
- b. Reserved
  
- c. (1) "Community Organization" is any organization at the local level which interacts with applicants/recipients, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of a community organization (e.g., NAACP) or other similar group.
- (2) "Culturally aware persons" are those who possess knowledge and understanding of cultural environments, religious beliefs, life styles, self-concepts and language characteristics of the populations they serve. Such knowledge is necessary to effectively communicate and provide the same level of service being provided to the welfare population at large.

<b>21-104</b>	<b>DEFINITIONS</b> (Continued)	<b>21-104</b>
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- d. Reserved
- e. Reserved
- f. Reserved
- g. Reserved
- h. Reserved
- i. (1) "International Symbol of Accessibility" is the symbol specified in Title 24 of the California Code of Regulations (Access Code) Section 3105A.(e) used to identify facilities, restrooms, parking spaces, etc. as accessible to individuals with disabilities.
- (2) "Individual with a disability" is any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment.
  - (A) "Physical or mental impairment" means:
    - 1. Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; or
    - 2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.
  - (B) "Major life activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
  - (C) "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
  - (D) "Is regarded as having an impairment" means:
    - 1. Has a physical or mental impairment that does not substantially limit major life activities, but that is treated by the agency as constituting such a limitation;
    - 2. Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or

<b>21-104</b>	<b>DEFINITIONS (Continued)</b>	<b>21-104</b>
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- 3. Has none of the impairments defined in this section but is treated by an agency as having such an impairment.
  
- j. Reserved
  
- k. Reserved
  
- l. Reserved
  
- m. (1) "Major Occupational Group" Groups shall include, but are not limited to, the following general positions/classifications: Social Service Supervisors, Eligibility Supervisors, Social Workers, Eligibility Workers, Welfare Aids, Receptionists, Clerical Employees. Agency personnel whose position/classification is not included, but whose primary duties/responsibilities correspond to any one of the above shall be included in that major occupational group.
  
- n. (1) "Non-English Speaking" persons are defined as those whose primary language is other than English and which language must be used to effectively communicate program information and requirements. Sign language is subject to this definition.
  
- o. Reserved
  
- p. (1) "Public contact positions" include, but are not limited to, the following positions and activities, regardless of particular job classification or title: CWD employees assigned to the front desk or registration counter, telephone operators, eligibility workers/supervisors, social service workers/supervisors, welfare service aides, vocational counselors, homemakers, fraud investigators, and any employee providing interpretive service on a continuing or as needed basis.
  
- q. (1) "Qualified bilingual employee" is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified through a process approved or administered by CDSS to be proficient in oral and/or written communication in the non-English language of the persons to be served. This definition shall also apply to an employee who is certified in the use of sign language to communicate with individuals who are deaf or hearing-impaired.  
  
(2) "Qualified interpreter" means an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
  
- r. Reserved
  
- s. (1) "Sign Language" the use of fingers and hands to communicate with individuals who are deaf or hard of hearing.  
  
(2) "Substantial Number" is defined as five percent or more persons of a program/location who are non-English speaking, deaf, or hearing-impaired (see Section 21-115.12).

<b>21-104</b>	<b>DEFINITIONS (Continued)</b>	<b>21-104</b>
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- t. Reserved
- u. Reserved
- v. Reserved
- w. Reserved
- x. Reserved
- y. Reserved
- z. Reserved

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 11135, et seq., California Government Code; Title II of the Americans With Disabilities Act of 1990, P.L. 101-336; Title VI of the Civil Rights Act of 1964, P.L. 88-352; United States Department of Agriculture (USDA), Food and Nutrition Service, FNS Instruction 113-7 Part IV, B. and K.; 28 CFR 35.104; and Title 24 of the California Code of Regulations (Access Code) Section 3105A(e).

<b>21-107</b>	<b>DISSEMINATION OF INFORMATION</b>	<b>21-107</b>
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.1 General Requirements

Each county welfare department shall take appropriate steps to inform all applicants, recipients, community organizations, and other interested persons, including those whose primary language is other than English, and those with impaired hearing or vision or other disabling conditions, of the provisions of this division and its applicability to the programs and activities for which the county welfare department receives federal or state financial assistance. Such notification shall also identify the name, office telephone number, and office address of the employee(s) responsible for the county welfare department's compliance with this division (see Section 21-201.1). If not immediately available, this information must be provided within ten calendar days of the date requested.

.2 Specific Methods to be Utilized

.21 Posters

- .211 Posters on nondiscrimination provided by CDSS shall be prominently displayed in all waiting rooms and reception areas. The county welfare department shall place on the posters the name, office telephone number, and office address of the person(s) in the CWD who is responsible for processing discrimination complaints. Posters dealing specifically with nondiscrimination in the Food Stamp Program shall be prominently posted in all certification and issuance offices.

**21-107 DISSEMINATION OF INFORMATION**  
(Continued)**21-107**

.212 All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English-speaking applicants/recipients shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language.

.22 Pamphlets

.221 Pamphlets supplied by CDSS entitled "Your Rights Under California Welfare Programs" shall be made available in all CWD waiting rooms and reception areas and shall be distributed and explained to each applicant/recipient at intake and reinvestigation of eligibility. The pamphlets shall be in the primary languages of the CWD's applicant/recipient population including alternate formats (e.g., cassette tapes, large print, etc.).

.23 Photographs and Illustrations

Photographs and other illustrations used to provide program information conveying the message of equal opportunity shall display applicants/recipients of different races, national origin, sexes, disabilities, etc., covered by this division.

.24 Notice

The CWD shall implement procedures to ensure that applicants/recipients, community organizations, and other interested persons, including persons with impaired vision or hearing or other disabling conditions, are notified of and can obtain information about programs or program changes including, but not limited to, the following:

.241 Existence and location of benefits and services and hours or days of operation;

.242 Activities and services accessible to individuals with disabilities;

.243 Basic eligibility requirements for public assistance;

.244 Prohibited acts of discrimination;

.245 Procedures for filing discrimination complaints;

.246 Rights and responsibilities of applicants/recipients; and

.247 The CWD's policy of nondiscrimination.



<b>21-107</b>	<b>DISSEMINATION OF INFORMATION</b>	<b>21-107</b>
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(Continued)

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**HANDBOOK BEGINS HERE**

- .25 Notice may be given by, but not limited to, the following methods: oral group presentations, face-to-face interviews, and printed materials, e.g., posters, pamphlets, etc.

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**HANDBOOK ENDS HERE**

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; United States Department of Agriculture (USDA), Food and Nutrition Service, FNS Instruction 113-7, Part VI, B. 1, 2, and 3; 28 CFR 35.106 and .107; 28 CFR 42.405(c); 45 CFR 80.6(d); 45 CFR 84.8; Title VI of the Civil Rights Act of 1964, P.L. 88-352; and Title II of the American With Disabilities Act of 1990, P.L. 101-336.

<b>21-109</b>	<b>DISCRIMINATORY PRACTICES PROHIBITED</b>	<b>21-109</b>
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- .1 In administering programs to which this division applies, county welfare departments may not, on the basis of race, color, national origin, religion, political affiliation, marital status, sex, age or disability, directly or through contractual, licensing, or other arrangements:
- .11 Provide aid, benefits, or services to an individual or group which is different than that provided to others unless such action is necessary to provide otherwise qualified individuals or groups with aid, benefits, or services that are as effective as those provided to others.

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**HANDBOOK BEGINS HERE**

- .111 The exclusion of an individual or group is not prohibited when the benefits or services of a program or activity are limited by federal statute or executive order to a specific class of individuals or group.

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- .12 Deny an individual any benefit or service.
- .13 Subject an individual to separate treatment in any matter related to his/her receipt of any benefit or service.
- .14 Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others.
- .15 Treat an individual differently, whether he/she satisfies any admission, enrollment, eligibility, or other requirement or condition which individuals must meet in order to be provided any benefit or service.

<b>21-109</b>	<b>DISCRIMINATORY PRACTICES PROHIBITED</b> (Continued)	<b>21-109</b>
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- .16 Deny an individual an opportunity to participate in any program or activity through the provision of services or otherwise afford him/her an opportunity to do so which is different from that afforded others under the program or activity.
  - .17 Use criteria or methods of administration which have the effect of defeating or impairing the objectives of a program or activity.
  - .18 Deny an individual the opportunity to be a member of an advisory board which is an integral part of any program.
- .2 Location of Facilities
- In determining the location of a facility, county welfare departments shall not make selections which have the effect of excluding individuals from, denying them the benefits of, or subjecting them to, discrimination under any programs to which this regulation applies.
- .21 When units of the total available services are relocated to a new facility beyond the present facility's program area, the CWD shall ensure that services are provided in a manner equally as effective as were provided in the central facility.
  - .22 Prior to relocating a facility or units of a facility, a determination shall be made of other alternative services that will remain in the area, and the effect of the proposed relocation on the community.
  - .23 When selecting the location for a facility, the CWD shall consider the availability of transportation (public and private) used by the recipient population.
  - .24 When selecting the location for a public facility, the CWD shall select a building accessible to individuals with disabilities and persons who are elderly.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11135, Welfare and Institutions Code; Section 51, California Civil Code; Section 10000, California Government Code; Title II of the Americans With Disabilities Act of 1990, P.L. 101-336; Title VI of the Civil Rights Act of 1964, P.L. 88-352; and 45 CFR 80.1 and 80.3.

**21-111 ACCESSIBILITY****21-111**

- .1 The CWD shall ensure that programs and activities are readily accessible to individuals with disabilities.

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- .11 The U.S. Department of Justice implementing regulations for Title II of the ADA are contained in 28 CFR Part 35. Appendix A of 28 CFR Part 36 contain the ADA Accessibility Guidelines (ADAAG) which govern the physical accessibility requirements for state and local governments. Title 24 of the California Code of Regulations (CCR), Parts 1, 2, 3, 5, 8, and 12 contains the regulations governing structural accessibility for individuals with disabilities in public facilities in the State of California. The above federal and state regulations provide the accessibility requirements for new construction, alterations, and for existing facilities.
- .111 Some examples of architectural changes in federal and state regulations that would make facilities accessible to individuals with disabilities are:
- (a) Installing ramps and handrails;
  - (b) Making curb cuts in sidewalks and entrances;
  - (c) Widening doors and/or installing accessible door hardware;
  - (d) Creating accessible parking spaces;
  - (e) Installing visual and auditory emergency alarms;
  - (f) Installing exterior signs at all inaccessible facility entrances directing individuals with disabilities to an accessible entrance or to a location where information about accessible facilities can be obtained.
  - (g) Affixing signs of appropriate size and contrast to identify a CWD to assist individuals with a visual impairment in locating offices.

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**HANDBOOK ENDS HERE**

- .12 Each CWD, with instructions and assistance provided by the CDSS, shall evaluate its practices and policies to ensure they do not discriminate on the basis of disability.
- .13 In choosing available methods for meeting the requirements of this section, the CWD shall give priority to those methods that offer programs and activities to individuals with disabilities in the most integrated setting appropriate.

<b>21-111</b>	<b>ACCESSIBILITY</b> (Continued)	<b>21-111</b>
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- .14 Each county welfare department shall establish procedures to ensure that communications with applicants/recipients and members of the public with disabilities are as effective as communications with others (see Section 21-115.41).
  
- .2 When public areas (e.g., reception areas, waiting rooms, interview booths, public restrooms, and public drinking fountains) are provided, they shall be accessible to individuals with disabilities and identified by the international symbol of accessibility in compliance with Title 24 of the California Code of Regulations.
  
- .3 When parking is provided to the general public, it shall be accessible to individuals with disabilities pursuant to local ordinance and/or Title 24 of the California Code of Regulations.
  
- .4 CWDs may provide alternative methods that would be equally effective in making programs and activities accessible to individuals with disabilities, with prior written approval from CDSS.
  - .41 When alternative methods are proposed, the county welfare department director or his/her designee shall submit a written statement supporting their reasons for reaching that conclusion. This statement must be submitted to CDSS for review and approval prior to the implementation of this decision.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 51, California Civil Code; Sections 4450 and 11135, California Government Code; Title 24 of the California Code of Regulations, Parts 1, 2, 3, 5, 8, and 12; Title II of the Americans With Disabilities Act of 1990, P.L. 101-336; Appendix A, 28 CFR Part 36; and 28 CFR 35.150 and .151.

<b>21-115</b>	<b>PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH SPEAKING OR WHO HAVE DISABILITIES</b>	<b>21-115</b>
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County welfare departments shall ensure that effective bilingual/interpretive services are provided to serve the needs of the non-English speaking population and individuals with disabilities. The provision of bilingual/interpretive services shall be prompt without undue delays. This need shall be met as indicated below.

- .1 A sufficient number of qualified bilingual employees shall be assigned to public contact positions in each program and/or location serving a substantial number of non-English-speaking persons. These employees shall have the language skills and cultural awareness necessary to communicate fully and effectively and provide the same level of service to non-English speaking applicants/recipients as is provided to the client population at large.
  - .11 The number of public contact positions in each major occupational group shall be determined for each program and/or location whose non-English language cases equal or exceed five percent of the total cases for each program or location.

**21-115 PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH SPEAKING OR WHO HAVE DISABILITIES** **21-115**  
(Continued)

- .12 In determining this percentage, primary language groups shall be considered individually, rather than cumulatively.
- .13 To determine the percentage of non-English-language cases in any program and/or location, divide the number of ongoing (continuing) non-English-language cases for each primary language group by the total ongoing (continuing) cases in that program and/or location.
- .14 To determine the required number of bilingual employees in a program and/or location, multiply the percentage of non-English-language cases by the number of public contact positions in each major occupational group in that program and/or location.

If application of the formula results in a whole number plus a fraction of less than one-half, it shall be rounded to the next lower number, e.g., 1.49 = 1.0. If the resultant fraction is one-half or greater, it shall be rounded to the next higher number, e.g., 1.50 = 2.0.

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EXAMPLE AFDC Program - Main Office

20	EWs
<u>x.08</u>	Spanish Language Case Percentage
1.60	Equals Two Qualified Spanish Speaking EW Contact Positions

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**HANDBOOK ENDS HERE**

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- .141 When the computation (to determine required bilingual staffing) results in a need for less than one full-time position for a major occupational group in a program and/or location, the agency may provide services through the use of a qualified bilingual employee from another program within the same location.

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EXAMPLE:

District Office

AFDC	NAFS	SOCIAL SERVICES
Spanish Language Cases	Spanish Language Cases	Spanish Language Cases
20%	25%	10%
Total EWs	Total EWs	Total EWs
<u>x1</u>	<u>x2</u>	<u>x1</u>
Required	Required	Required
.2	.50	.1

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**HANDBOOK CONTINUES**

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<b>21-115</b>	<b>PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH SPEAKING OR WHO HAVE DISABILITIES</b> (Continued)	<b>21-115</b>
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**HANDBOOK CONTINUES**

In the example above, one full time Spanish-speaking worker in any program would satisfy the requirements for all programs, provided that the worker would be available to interpret for the other two programs.

**HANDBOOK ENDS HERE**

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- .15 When the percentage of non-English cases in a program and/or location is less than five percent, the agency shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, qualified employees of other agencies or community resources.
  
- .16 Applicants/recipients may provide their own interpreter; however, the CWD shall not require them to do so. Only under extenuating circumstances or at the specific request of the applicant/recipient shall a CWD allow a minor (under the age of 18 years) to temporarily act as an interpreter. This provision does not apply to interpretive services for persons who are deaf.
  
- .2 Forms and other written material required for the provision of aid or services shall be available and offered to the applicant/recipient in the individual's primary language when such forms and other written material are provided by CDSS. When such forms and other written material contain spaces (other than "for agency use only") in which the CWD is to insert information, this inserted information shall also be in the individual's primary language.
  
- .3 Each CWD shall ensure that administrative practices do not have the effect of denying non-English speaking persons and individuals with disabilities equal access to and participation in the available programs and activities.
  
- .4 Auxiliary Aids
  - .41 CWDs shall provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision or manual skills where necessary to afford such persons an equal opportunity to participate in, and enjoy the benefits and services of programs or activities. Auxiliary aids and services may include brailled material, taped text, qualified interpreters, large print materials, telecommunication devices for the deaf (TDDs) and other effective aids and services for persons with impaired hearing, speech, vision or manual skills. Compliance with this section can be accomplished through use of volunteer services from community organizations and individuals who are able to provide prompt effective services without undue delays using qualified interpreters.
  
  - .42 CWDs shall provide an opportunity for individuals with disabilities to request auxiliary aids and services of their choice. CWDs shall give primary consideration to the requests of individuals with disabilities.

<b>21-115</b>	<b>PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH SPEAKING OR WHO HAVE DISABILITIES</b>	<b>21-115</b>
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- .421 28 CFR 35.160 (Section by Section Analysis) provides that public entities, "shall honor the choice [of individuals with disabilities for auxiliary aids and services] unless it can demonstrate that another effective means of communication exists or that use of the means chosen would not be required under [28 CFR Section 35.164]."

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- .43 When telephone contact is necessary CWDs shall use a TDD, or equally effective telecommunications systems, to communicate with individuals with impaired hearing or speech.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Title II of the Americans With Disabilities Act of 1990, P.L. 101-336; Title VI of the Civil Rights Act of 1964, P.L. 88-352; and 28 CFR 35.160 and .161.

<b>21-116</b>	<b>DOCUMENTATION OF APPLICANT/RECIPIENT CASE RECORDS</b>	<b>21-116</b>
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- .1 Each agency shall maintain case record documentation in sufficient detail to permit a reviewer to determine the agency's compliance with the requirements of Division 21.
- .2 Each agency shall ensure that case record documentation identifies the applicant's/recipient's ethnic origin and primary language in accordance with Section 21-201.21. In those cases where the applicant/recipient is non-English speaking, the agency shall:
- .21 Document the individual's acceptance or refusal of forms or other written material offered in the individual's primary language (HANDBOOK: see Section 21-115.2)].
- .22 Document the method used to provide bilingual services, e.g., assigned worker is bilingual, other bilingual employee acted as interpreter, volunteer interpreter was used, or client provided interpreter. When a minor (under 18 years of age) is used as an interpreter, the CWD shall so document the circumstances requiring temporary use of minors in the case record.
- .23 When applicants/recipients provide their own interpreter, the CWD shall ensure that the applicants/recipients are informed of the potential problems for ineffective communication. The CWD shall document in the case record that the applicants/recipients were so informed.
- .24 Consent for the release of information shall be obtained from applicants/recipients when individuals other than CWD employees are used as interpreters and the case record shall be so documented.

<b>21-116</b>	<b>DOCUMENTATION OF APPLICANT/RECIPIENT CASE RECORDS</b>	<b>21-116</b>
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(Continued)

- .3 Upon obtaining information that identifies an applicant/recipient as disabled, each CWD shall ensure that the case record is so documented. The CWD shall document, in writing, an applicant's/recipient's request for auxiliary aids and services (see Section 21-115.4).

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Title II of the Americans With Disabilities Act of 1990, P.L. 101-336; and 28 CFR 35.160(a) and (b)(2).

<b>21-117</b>	<b>STAFF DEVELOPMENT AND TRAINING</b>	<b>21-117</b>
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- .1 Each public contact employee shall receive training in the requirements of Division 21. These requirements of Division 21 shall be incorporated into the content of the CWD's orientation and continuing training programs. This shall include familiarization with the discrimination complaint process. CDSS will provide program guidelines and technical assistance upon request.
- .2 Each CWD shall develop and/or provide cultural awareness training programs for all public contact employees. Cultural awareness training shall pertain to specific cultural characteristics of cultural groups served by the CWD to provide a better understanding of, and sensitivity to, the various cultural groups including individuals with disabilities to ensure equal delivery of services. Whenever possible, training shall involve community organizations familiar with a specific culture.

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- .21 In presenting materials relating to specific cultural characteristics, all efforts should be made to avoid stereotypes.

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- .3 Appropriate agency staff shall be instructed in the investigation of discrimination complaints.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; 28 CFR 35.160(a) and Subpart B; 80 CFR 80.1; and Title VI of the Civil Rights Act of 1964, P.L. 88-352.



**21-201 COMPLIANCE PROCEDURES AND REPORTING****21-201****.1 Assignment of Resources to Implement Requirements of This Division**

Responsibility for the implementation of nondiscrimination requirements shall be centralized within each agency. Each agency shall designate an employee as the Civil Rights Coordinator, and shall allocate adequate personnel and resources to implement the provisions of this division and ensure nondiscrimination in the delivery of services. Methods and staff used to meet Division 21 requirements may vary from county to county. To determine agency compliance, the following factors will be considered:

- .11 Level and quantity of personnel assigned to activities related to this division.
- .12 Comparison of the civil rights unit's workload, actual or anticipated, to the workload of other administrative units.
- .13 Extent to which the existence and responsibilities of the civil rights unit has been publicized within the agency and to the public.
- .14 Comparison of physical space and equipment assigned to civil rights personnel with that assigned to other offices of similar level in the agency.

**.2 Compliance Reports**

Each CWD shall keep timely and accurate compliance records. This information shall be submitted to CDSS whenever, and in such form as, CDSS may determine necessary. The information includes, but is not limited to, the following:

- .21 Each CWD shall collect primary language and ethnic origin data by district offices in all AFDC, nonassistance food stamps and social services programs covered by this division. This data shall be collected for each head of household or, in social services cases, each primary recipient.
  - .211 Ethnic origin and primary language shall be determined by the applicant/recipient completing the appropriate section of the application forms. Should he/she decline to make a self-declaration, the worker will make a visual determination and record the information in the appropriate place on the form.
  - .212 Each CWD shall submit this information by countywide total to CDSS annually. Source data substantiating the compliance report is to be maintained by the district office.

**.22 County Civil Rights Plans**

All county welfare departments shall submit to CDSS an initial Civil Rights Plan and subsequent annual updates. Each plan shall function as a guide in developing the CWD's policy of providing equal delivery of benefits and services. The Civil Rights Plan and updates will be in such format and will contain such information as CDSS may determine necessary.

<b>21-201</b>	<b>COMPLIANCE PROCEDURES AND REPORTING</b> (Continued)	<b>21-201</b>
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.23 County Civil Rights Impact Studies

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- .231 The USDA requires that civil rights impact studies be completed "[b]efore making decisions that would substantially alter individual's access to [county] welfare offices..." to ensure against discrimination. This requirement is outlined in the USDA Administrative Notice 93-11, State Agency Local Welfare Hours, dated December 4, 1992. The Notice requires that the impact studies be available for review.
- .232 The USDA, Office of Civil Rights Enforcement, issued Departmental Regulation #4300-4, Civil Rights Impact Analysis, dated September 22, 1993. The Regulation requires county welfare departments "...to establish internal systems to identify and address the civil rights implications of proposed policy actions before those actions are approved and implemented." The regulation identifies "policy actions" as those actions including but not limited to reorganizations, office consolidations, closures or relocations. "Major civil rights implications" are defined as "...those consequences of proposed policy actions which, if implemented, will negatively or disproportionately affect minorities, women, or persons with disabilities who are employees, program beneficiaries or applicants for employment or program benefits in USDA-conducted or assisted programs by virtue of their race, color, sex, national origin, religion, age, disability, marital or familial status."

The Regulation requires agencies to:

- "(1) Identify and address major civil rights impacts of proposed actions on minorities, women, and persons with disabilities before the actions are approved and implemented.
- "(2) Establish internal procedures which implement this policy...[Examples are provided here.]
- "(3) Refer proposed policy actions and supporting documentation which contain major civil rights impacts that cannot be resolved at the agency level to the Office of Advocacy and Enterprise for review...[Examples are provided here as to situations when a referral will be made.]
- "(4) Certify to the Assistant Secretary for Administration that procedures to implement this policy have been established within 90 days of the effective date of this regulation."

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(Continued)

.3 Compliance Reviews

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- .31 In order to ensure compliance with civil rights laws and regulations, CDSS conducts routine on-site reviews of county welfare departments. The review includes, but is not limited to, the following:
- .311 A review of case records for applicants/recipients who are non-English speaking or disabled and other case records as appropriate.
  - .312 Interviews with CWD staff.
  - .313 A contact with at least one community organization.
  - .314 A review of the program's or activity's accessibility to persons with disabilities.
  - .315 A review of program or activity information being provided to applicants/recipients, community organizations, or other interested persons.
  - .316 A review of applications, application instruction sheets, pamphlets, or other materials available to the public.
  - .317 A review of the CWD's complaint log to determine if civil rights complaints are processed in accordance with procedures outlined in Section 21-203.
  - .318 A review of appropriate documents to confirm an assurance of compliance agreement is included.
- .32 On occasion, special compliance reviews may be necessary. These reviews may be unannounced and are conducted when:
- .321 There is a need to follow up on noncompliance findings from a routine review requiring additional information and an in-depth examination of specific aspects of program operations and activities.
  - .322 Statistical data indicates that a particular group of people is not participating in or benefitting from a program or activity to the extent indicated by the population characteristics of that area.
  - .323 The Director of CDSS requests a review.

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<b>21-201</b>	<b>COMPLIANCE PROCEDURES AND REPORTING</b>	<b>21-201</b>
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(Continued)

.324 Reports of noncompliance by federal, state, or other agencies need to be substantiated.

.325 A pattern of complaints of discrimination has developed.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; United States Department of Agriculture (USDA), Food and Nutrition Service, FNS Program Instruction 113-7, Parts V, VII, and VIII; USDA Departmental Regulation, Office for Civil Rights Enforcement, #4300-4, September 22, 1993; USDA, Administrative Notice 93-11, dated December 4, 1992 (State Agency Local Welfare Office Hours); 7 CFR 15.3(b)(3); 28 CFR 35.130(b)(4); 28 CFR 42.406(a), (b), (b)(4), (b)(6), (c), and (d); 28 CFR 42.407(b); 28 CFR 42.410; 45 CFR 80.3(b)(3); 45 CFR 80.6(b); and 45 CFR 84.4(b)(5).

<b>21-203</b>	<b>APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT</b>	<b>21-203</b>
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County welfare departments are responsible for investigating discrimination complaints made by applicants/recipients or by their authorized representatives, and for investigating complaints remanded by CDSS, the U.S. Department of Health and Human Services or the U.S. Department of Agriculture.

An applicant/recipient or his/her authorized representative may file a complaint of discrimination with the state or local county welfare department involved or directly with the appropriate agency of the federal government. Information concerning the complaint process shall be available to applicants/recipients and other interested persons and shall include procedures for filing complaints or appeals with CDSS, the U.S. Department of Health and Human Services or the U.S. Department of Agriculture. The complaint must be received not later than 180 days from the date of the alleged discriminatory act unless the filing date is extended by CDSS or the responsible federal agency.

When CDSS or the CWD lack jurisdiction over a complaint, CDSS or the CWD shall, whenever possible, refer the complaint to the appropriate governmental agency and/or advise the complainant of the lack of jurisdiction and explain the reason why it is outside the jurisdiction.

.1 Complainant's Right to a State Hearing (Fair Hearing)

This regulation does not limit or restrict a complainant's right to request a state hearing in accordance with Division 22. Should the complaint involve program issues, in addition to allegations of discriminatory treatment, program issues may be subject to a state hearing. It is the CWD's responsibility to advise the complainant of his/her right to a state hearing and the necessity to request such a hearing within 90 days as prescribed in Section 22-009, in addition to the filing of a complaint of discriminatory treatment. The complainant shall also be advised of the 10-day limitation for filing a request for a state hearing to receive aid paid pending.

.11 Should a complaint of discrimination arise during a state hearing, the Administrative Law Judge shall remand the complaint to CDSS's Civil Rights Bureau (CRB) to be handled in accordance with Division 21 regulations.

**21-203**     **APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued)**     **21-203**

.2     Procedures for Processing Discrimination Complaints

All complaints of discrimination will be addressed in accordance with the following procedures:

.21     The CWD shall maintain a control log in which all complaints of discrimination are entered by year and date the complaint was received. At a minimum the log shall provide:

.211     Complainant's name.

.212     Date complaint was received.

.213     CDSS/CRB case number, if any.

.214     Program(s) involved.

.215     Basis of discrimination: age, race, sex, etc.

.216     Nature of the complaint.

.217     Resolution: completed investigation, withdrawal, failure to pursue, etc.

.218     Decision: discrimination or no discrimination.

.219     Date investigation completed or date complaint resolved.

.22     A complaint of discrimination shall be filed either verbally or in writing.

.221     The CWD shall be permitted to ask the complainant to fill out a complaint form but shall not make it a condition of filing a complaint.

.222     The CWD shall accept complaints of discrimination filed anonymously.

.223     When a complainant refuses to put their complaint in writing because of fear of retribution or to maintain anonymity, or due to illiteracy, or is physically unable to put their complaint in writing, the person to whom the allegation is being made shall put the elements of the complaint in writing.

.224     The CWD shall make a reasonable effort to make contact with the complainant by mail and/or telephone to follow up on the initial complaint.

<b>21-203</b>	<b>APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued)</b>	<b>21-203</b>
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- .23 Within 20 calendar days of receipt of a complaint, the CWD/CDSS shall acknowledge the complaint by informing the complainant in writing that an investigation will be conducted.
- .24 For those complaints requiring investigation by the CWD, the investigation, including any attempted resolution, shall be completed within sixty (60) calendar days following the receipt of the complaint. Within twenty (20) calendar days following the completion of the investigation, the CWD shall:
  - .241 Inform the complainant in writing of the results of the investigation, clearly stating the reason for the decision.
  - .242 Inform CDSS/CRB of the case resolution and of any corrective actions taken.
  - .243 Forward a complete copy of the investigation report to CDSS/CRB and attach copies of all correspondence sent to the complainant.
- .25 For those complaints not requiring an investigation, the CWD shall:
  - .251 Inform the complainant, in writing, within 40 calendar days of receipt of the complaint that the complaint shall not be investigated and the reason(s).
  - .252 Inform CDSS/CRB of the case resolution, including a copy of the withdrawal form, letter to the complainant, etc.
- .26 The complainant shall be informed of his/her rights as follows:
  - .261 The CWD shall inform the complainant that he/she may appeal a CWD decision to CDSS within 30 calendar days of the date on which the CWD mails, or otherwise provides the complainant with the decision.
  - .262 The CWD shall, in addition to informing the complainant of his/her appeal rights set forth in Section 21-203.261, also inform the complainant that he/she may appeal a CWD decision resulting from a complaint based on race, color, national origin, political affiliation, religion, sex, age or disability to the United States Department of Agriculture (USDA), if the complaint involves the Food Stamp Program, within 30 calendar days of the date on which the CWD mails, or otherwise provides the complainant with the decision.

**21-203**     **APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued)**     **21-203**

- .263     The CWD shall, in addition to informing the complainant of his/her appeal rights set forth in Section 21-203.261, also inform the complainant that, after a CWD decision resulting from a complaint based on race, color, national origin, age or disability he/she may file his/her complaint with the United States Department of Health and Human Services (HHS), if the complaint involves programs other than the Food Stamp Program that receive financial assistance through HHS, within 180 calendar days of the alleged discriminatory act unless the filing date is extended by HHS.
- .264     CDSS shall inform the complainant that a CDSS decision on a complaint or appeal, pursuant to Section 21-203.261, may similarly be appealed to the USDA pursuant to Section 21-203.262 and/or filed with HHS pursuant to Section 21-203.263.
- .27     Nothing in these regulations shall preclude a complainant's pursuing remedies through civil proceedings.

**.3**     **Procedures for Investigation Complaints**

In order to maintain consistency in the conduct of investigations, the following procedures shall apply.

- .31     The CWD/CDSS shall designate an employee to conduct investigations. In no case shall an employee be assigned to investigate a complaint involving actions taken by him/her or by an employee under his/her immediate supervision, or where that designated employee's responsibilities in another program or capacity within CWD/CDSS may result in a conflict of interest.

.32     **Interview with Complainant**

A face-to-face interview shall be conducted by the assigned investigator unless the client and CWD mutually agree it is neither necessary nor practical. When scheduling an interview with the complainant, the complainant shall be advised that a representative or counsel may be present at the interview. In addition, the complainant shall be requested to sign a consent form informing the complainant that the information pertinent to the processing of a complaint will be shared with the appropriate CWD/CDSS and federal civil rights personnel in the investigation of the complaint as necessary.

**21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203**

- .321 Prior to beginning the interview, the person assigned to investigate the case shall explain confidentiality requirements, and make reasonable efforts to ensure that the complainant is able to communicate effectively (refer to Section 21-115.4), using interpreters, readers, etc., if necessary. The following information shall be obtained during the interview:
- (a) Complainant's name, case number, address and telephone.
  - (b) Names of individuals responsible for the action, decision or condition alleged to be discriminatory.
  - (c) Date and place of alleged discriminatory treatment.
  - (d) Basis of discrimination (e.g., race, sex, disability, etc).
  - (e) Nature of the action, decision, or conditions of the alleged discrimination.
  - (f) Information known to the complainant in support of his/her allegation.
  - (g) Possible witnesses whom the complainant wishes to have interviewed.
  - (h) Other information specific to the complaint.
  - (i) Any indications of reprisal, intimidation or harassment as a result of the complaint.
  - (j) Relief sought by the complainant.
- .33 Interview with the employee alleged to have acted in a discriminatory manner.
- When scheduling an interview with the employee, the employee shall be advised of the right to have a representative or counsel present.
- .331 The investigator should identify the complainant and describe the nature of the complaint. The employee's statement should be taken concerning the complaint issues. The employee should be advised that such statements will be available to the complainant as part of the investigation.



<b>21-203</b>	<b>APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued)</b>	<b>21-203</b>
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.34 Review of Issues Specific to the Complaint

In reviewing the issues involved in the applicant/recipient complaint, the investigator shall:

.341 Review Division 21 regulations which pertain to the issues in the complaint and, if necessary, obtain clarification from CDSS.

.342 Review complaint documents concerning the discrimination issues.

.343 Interview witnesses as indicated by circumstances or the nature of the allegation.

.35 Investigation of the General Environment

In evaluating the general environment in which the alleged discriminatory action occurred, the investigator may:

.351 Select and review cases to compare the treatment of individuals with disabilities, members of the same race, national origin, etc., with cases selected from the general welfare population.

.352 Compare the treatment of recipients by the individual who allegedly discriminated with the treatment provided by other employees for a similar group.

.353 Interview the employee alleged to have discriminated.

.354 Interview the supervisor of the employee named in the complaint and survey the general environment in which the complaint arose. Record details which may indicate needed corrective action or exonerate the employees alleged to have discriminated.

.355 Review other supporting documents as appropriate.

.4 Report of Investigation

The investigation report shall address all issues raised by the complainant. Where there is insufficient evidence to make a decision whether discrimination occurred or not, further investigation shall be conducted until a decision can be made. The investigator shall ensure that such issues are fairly represented in the report.

<b>21-203</b>	<b>APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued)</b>	<b>21-203</b>
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.5 Retaliatory Acts Prohibited

No official or employee shall intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege secured by these regulations or because he or she has made a complaint, testified, assisted or participated in any manner in any investigation, proceeding or hearing.

.6 Confidentiality of Information

The identity of any complainant and the employee or official alleged to have discriminated must be confidential, except to the extent necessary to carry out the complaint process including the conduct of any investigation, hearing, or judicial proceeding arising thereunder. (See Division 19.)

.7 Retention

The CWD shall retain the written complaint, a record of its disposition, the investigation report, and related documents for a minimum of three (3) years from final disposition. All such records shall be maintained in a secure location with access limited to personnel assigned to the Civil Rights Program.

.8 Closure of Complaint Files

.81 Once CDSS receives notification of resolution of a discrimination complaint from a CWD, CDSS shall either approve final closure or request further action be taken before closure.

.811 If the CWD obtains a withdrawal of the complaint from the complainant or the complainant fails to cooperate in pursuing the complaint, the CWD may request final closure without a final report of investigation.

.82 The CWD shall not close out a complaint case without the approval of CDSS.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code; Section 51, California Civil Code; Section 11135, California Government Code; USDA, Food and Nutrition Service, FNS Instruction 113-7 Part X (A); 28 CFR 42.408(b), (c) and (d); and Title II of the Americans With Disabilities Act of 1990, P.L. 101-336.

<b>21-205</b>	<b>CORRECTIVE ACTION</b>	<b>21-205</b>
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.1 Corrective action may be required as a result of an investigation, compliance review, or other determination by CDSS that a CWD is not in compliance with the requirements of Division 21.

.11 Such corrective action shall accomplish the following:

.111 Resolution of the problem which initiated, or was discovered as a result of an investigation or compliance review.

.112 Development of a policy or plan to ensure that problems of a similar nature do not reoccur.

.2 A CWD shall implement corrective action determined necessary as a result of an investigation, compliance review, or other determination within a reasonable time, as determined by CDSS after conferring with the CWD. In no event shall initial implementation be extended beyond 60 days.

.3 Sanctions for Noncompliance

Attempts shall be made at the outset to secure compliance by voluntary means, if such method is reasonably possible. The CWD and CDSS shall enter into a voluntary compliance agreement.

When a county welfare department fails to voluntarily comply with the requirements imposed by Division 21 or with applicable sections of state or federal statutes and regulations, fiscal sanctions or other legal remedies may be invoked in accordance with Welfare and Institutions Code Section 10605, or Government Code Sections 11135 through 11139, when state financial assistance is involved, or the issue may be referred to the appropriate federal agency for further compliance action when federal financial assistance is involved.

.31 CDSS may also initiate procedures which include, but are not limited to:

.311 Actions to suspend or terminate CWDs from further program participation when state financial assistance is involved.

.312 Recommending appropriate sanctions to other state or local agencies whose jurisdiction is involved.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553, 10554, and 11475.1, Welfare and Institutions Code; United States Department of Agriculture (USDA), Food and Nutrition Service, FNS Instruction 113-7, Part XI, B and C; and Title VI of the Civil Rights Act of 1964, P.L. 88-352.

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DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF SPECIAL OPERATIONS


July 22, 2009



TO: Office Heads

**CIVIL RIGHTS MEMO**

09 - 02

FROM:   
Robert Miletich, Director  
Civil Rights Section

SUBJECT: **CIVIL RIGHTS VIDEO - LOST IN TRANSLATION**

In order to ensure our ongoing commitment to provide effective bilingual/interpretive services to our non-English and limited English speaking participants, the Civil Rights Section (CRS) is releasing a new training video entitled "Lost in Translation." This 18-minute video was developed as a language translation resource for district office in-house training as well as ongoing DPSS Civil Rights training programs currently conducted at the DPSS Training Academy.

This video is to be presented to all public contact staff as part of your ongoing district office in-house training programs. The video reinforces the following policies and procedures for providing effective language translation services:

- 9 How to use the "Hierarchy of Oral Communication"
- 9 Discussion of "Interpreter Ethics"
- 9 The importance of having "Authorized *Interpreters*"
- The use of **correct** "Notices of Actions by the Threshold Languages"

In addition to the video, we are distributing copies of the following video related reference materials to each **District/Regional** office:

- 9 Civil Rights Desk Reference Guide revision date August 2004
- 9 Forms Manual Letter #4647 dated 3/14/06 - PA 481 Language Designation Form
- 9 Forms Manual Letter #4554 dated 10/04/04 - PA 481A Interpreter Services Statement & Confidentiality Agreement
- Civil Rights poster: "Can We Help You?"

Upon receipt of the video and training materials, **please sign the enclosed transmittal acknowledging receipt and return it to CRS staff.** Requests for additional copies of the video may be requested by contacting CRS Manager, Alma **Calvelo**, at (562) 908-8355 or via Lotus Notes. Requests for additional copies of the training materials may be forwarded to: Materials Management Section using the Supply Requisition (PA-740) form. If you have any questions regarding this matter, please contact me at (562) 908-8473 or via Lotus Notes.

RSM:AC:ac

c: Division Chiefs  
Gerardo Bonilla

Enclosures