

**WASHINGTON COUNTY  
COMMUNITY SERVICES**

**CIVIL RIGHTS PLAN**

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## **Washington County Community Services**

14949 62<sup>nd</sup> Street North  
P.O. Box 30  
Stillwater, MN 55082-0030  
Telephone: 651-430-6455  
TTY: 651-430-6524  
Fax: 651-430-6605  
Email: [webmaster@co.washington.mn.us](mailto:webmaster@co.washington.mn.us)

### **Overview**

Washington County Community Services works with the Minnesota Department of Human Services (DHS) and other providers to help eligible individuals and families meet basic human needs. To make services possible, Washington County receives funding from federal agencies. As a recipient of federal funding, we must treat applicants and clients fairly. (Civil Rights Assurance Agreement found in Part 1, Appendix 4) Minnesota also has laws to assure freedom from discrimination in public services.

To prevent discrimination, Washington County Community Services has a civil rights plan which includes an equal opportunity policy and procedures for handling complaints of discrimination, including a contact person to call to speak to about civil rights matters. In addition this plan includes Washington County's policy to assure that all programs, services, and activities are accessible to and usable by qualified persons with disabilities. Washington County Community Services' Limited English Proficiency (LEP) plan, which is included, sets out Washington County Community Services' procedures to assure that no person will be denied access to Washington County Community Services program information or programs because he/she does not speak English or communicates in English on a limited basis.

### **Civil Rights Plan Contact:**

Patrick Singel  
Deputy Director  
Washington County  
Community Services  
14949 62<sup>nd</sup> Street North  
P.O. Box 30  
Stillwater, MN 55082-0030  
Telephone: 651-430-6455  
TTY: 651-430-6524  
Fax: 651-430-6605  
Email: [patrick.singel@co.washington.mn.us](mailto:patrick.singel@co.washington.mn.us)

# PART I

## CIVIL RIGHTS PLAN

### A. Non-Discrimination

#### **Equal Opportunity Policy**

Washington County is committed to providing equal access to programs and services. No otherwise qualified applicant for services or client shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability, or status with regard to public assistance.

Washington County Community Services complies with:

Federal Laws:

**Title VI of the Civil Rights Act of 1964** which protects persons from discrimination based on their *race, color, or national origin* in programs and activities that receive Federal financial assistance. This includes Medicaid, other health care, or human services.

**Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA)** which protect qualified individuals with *disabilities* from discrimination in the provision of benefits or services or the conduct of programs or activities on the basis of their disability.

**Age Discrimination Act of 1975** which prohibits discrimination on the basis of *age* in programs or activities receiving Federal financial assistance.

**Food Stamp Act of 1977** and Food and Nutrition Service regulations which prohibits discrimination in the Food Stamp Program based on reasons of *race, color, national origin, age, sex, disability, political beliefs or religion*.

Minnesota Law:

**Minnesota Human Rights Act** which assures freedom from discrimination in public services because of race, color, creed, religion, national origin, sex, disability, sexual orientation, and status with regard to public assistance.

See additional laws at DHS Bulletin #06-89-01.

([http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS\\_id\\_056460.pdf](http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_056460.pdf))

## **B. Complaints**

### **Enforcement Agencies:**

There are three primary enforcement agencies that handle discrimination complaints. They are: the Minnesota Department of Human Rights, the U.S. Department of Health and Human Services Office for Civil Rights and the U.S. Department of Agriculture for the Food Stamp Program. Any person who wishes to file a complaint may directly contact these agencies as listed below.

### **Filing a Complaint with Washington County Community Services:**

Washington County Community Services uses the Department of Human Services (DHS), Office of Equal Opportunity, to resolve complaints of discrimination. Any person who wishes to file a complaint with Washington County Community Services will be provided the form (see appendices 1 and 2) and information necessary to file the complaint with the DHS Civil Rights Coordinator as listed below. Staff in the office of the Civil Rights Coordinator will help complainants fill out the complaint form, provide interpreters and translators for non-English speakers and provide reasonable accommodation for a disability such as a sign language interpreter, Braille or large print materials. To make a complaint or arrange for an interpreter, a translator or a reasonable accommodation, contact the office of the DHS Civil Rights Coordinator as listed below.

### **Non-Retaliation:**

If a person files a complaint, our staff will not punish them in any way. This protection also applies to anyone who gives information about a complaint. Retaliation for filing a complaint may be reported to the enforcement agencies.

### **County Complaint Notification to the State:**

Washington County Community Services is required to notify the Department of Human Services, in writing, of all service delivery discrimination complaints filed against it within 90 days of the date the complaint is filed. The form in appendix 3 is used for this purpose. (This form is used by county staff. It is not a complaint form for the public.)

1. Complaints about any form of discrimination may be made to:

DHS Civil Rights Coordinator  
Department of Human Services  
Office for Equal Opportunity  
P.O. Box 64997  
St. Paul, MN 55164-0997  
(651) 431-3040 (voice)  
(651) 431-3041 (tty)  
(651) 431-7444 (fax)

2. The **Office for Civil Rights at the U.S. Department of Health and Human Services (DHHS)** carries out federal laws that protect you from discrimination in human services programs receiving funds from DHHS. You have 180 days after the unfair treatment to file a complaint with OCR. For more information call or write to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Region V  
233 N. Michigan Avenue  
Suite 240  
Chicago, IL 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY/TDD)

3. The **U.S. Department of Agriculture (USDA)** carries out the Food Stamp Program. The USDA accepts complaints regarding discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs or disability which occur within its programs. All discrimination complaints must be filed within 180 days of the alleged discriminatory action. To file a complaint of discrimination, write:

U.S. Department of Agriculture (USDA)  
Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410  
(202) 720-5964 (Voice and TTY/TDD)

4. The **Minnesota Department of Human Rights (MDHR)** carries out the state human rights act. This law protects people from discrimination in employment, housing, education, public accommodations and public services. You have one year after the unfair treatment to file a complaint with MDHR.

Minnesota Department of Human Rights  
190 E. Fifth Street  
St. Paul, MN 55101  
(800) 657-3704 (Voice)  
(651) 296-1283 (TTY/TDD)

5. In addition, if you believe that Washington County is not complying with the Americans with Disabilities Act (ADA), you may file a grievance with the county's ADA Coordinator as described in the following section. Other avenues

of complaint include the Office for Civil Rights of DHHS and DHS as listed above.

**C. PROGRAM ACCESSIBILITY under ADA TITLE II**

(Washington County Policy #5024, with addition in italics)

**PERSONS COVERED**

A qualified person with a disability, as defined by the Americans with Disabilities Act, means an individual with a disability who, with or without reasonable modification to rules, policies or practices, the removal of architectural, communication, or transportation barriers or the provision of auxiliary aids and services meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity. A disability means that the individual has:

1. A physical or mental impairment that substantially limits that person in one or more major life activities; or
2. Has a record of such physical or mental impairment; or
3. Is regarded as having such a physical or mental impairment.

Discrimination against qualified persons with disabilities on the basis of their disability is prohibited.

Qualified persons with disabilities shall not be excluded from participating in or be denied the benefits of any program, service or activity offered by Washington County.

**SERVICES COVERED**

All programs, services, and activities must be readily accessible to and usable by qualified persons with disabilities. Washington County employees, volunteers, and contractors, will communicate effectively with persons with speech, vision, and hearing impairments and provide auxiliary communications aids to qualified persons with disabilities participating in or benefiting from our programs, services, or activities to afford equal opportunity.

**REQUESTS FOR INFORMATION, REASONABLE ACCOMMODATIONS AND GRIEVANCE PROCEDURE**

Persons who wish to review the self evaluation done under Section 504, the ADA or its interpretive regulation, ask questions about their rights and remedies under the ADA, request a modification to Washington County's policies, practices, or procedures, or file a written

grievance with Washington County alleging noncompliance with the ADA, should contact the county's ADA Coordinator.

## **RESPONSIBILITIES**

County policy for implementing the ADA Title II (Program Accessibility) will be implemented by the County Board, ADA coordinator and department heads.

The ADA Coordinator is appointed by the County Administrator and is responsible for communication of the county ADA policy, distribution of forms and notices, and receipt and determination of grievances.

Department heads have authority and responsibility in their areas to implement and maintain compliance with the Americans with Disabilities Act (ADA) and county policies for compliance with the ADA. Department heads are responsible for providing appropriate ADA training for departmental staff.

## **GUIDELINES**

Notices to the public should be posted on bulletin boards and in brochures available in county departments, at all main entrances to all county facilities and be made available in alternative formats.

A form for accommodation requests is attached. This form may be modified for departmental use. Requests for accommodations beyond the scope of departmental authority should be submitted to the ADA coordinator.

Language on public notices should include: "If you need a reasonable accommodation or assistance please contact...." (Insert contact name and related information.)

***In Community Services locations, the Minnesota Department of Human Services ADA brochure will also be posted. This brochure provides required disability rights information for the public.***

## **ADA TITLE II PROGRAM ACCESSIBILITY**

### **NOTICE TO THE PUBLIC**

Washington County does not discriminate on the basis of an individual's disability status. This non-discrimination policy involves every aspect of all county's functions including one's access to, participation, or treatment in its programs or activities.

If you need information or forms to request a reasonable accommodation or to file a grievance, please contact:

**Julie Sorrem, Risk Manager**  
**Washington County Human Resources**  
**Address: 14949 62<sup>nd</sup> Street North**  
**P.O. Box 6**  
**Stillwater, MN 55082-0006**

**Telephone Numbers:**  
**Voice (651) 430-6083**  
**Text (TDD) (651) 430-6000**



Minnesota Department of Human Services  
**Do you have a disability?**

DHS-4133-ENG 2-05

## Do you have a disability?

*If you have a serious health problem or a disability you have special rights*

If you have a disability that makes it harder for you to do the things we ask you to do **please tell us!** A disability is a physical or mental condition that limits one or more life activities.

These conditions may include:

- Diseases (i.e. diabetes, epilepsy, heart)
- Learning disabilities (i.e., a problem reading, writing or doing math)
- Mental retardation
- Depression or other mental health problems
- Limited ability to walk or stand
- Hearing or vision loss
- History of drug or alcohol addiction; illegal drug use is not a disability.

If you are applying for or getting services or benefits through your human service agency, the agency will determine if you have a disability based on information they get from medical, psychological, vocational and rehabilitation experts.

## Help is available

If you tell us you have a disability, we can help you by:

- Calling or visiting if you are not able to come to the office
- Meeting you at a different location in our building if you are not able to take the stairs or elevator
- Giving you forms or letters in other formats (i.e. large print or audiotape)
- Telling you what the letters we send to you mean
- Helping you complete a form
- Helping you make a plan that allows you to work even though you have a disability
- Referring you to services to help you
- Helping you appeal if you disagree with a decision we make.

## Federal law protects people with disabilities

The Americans with Disabilities Act (ADA) is a federal law that says people with disabilities have the same rights to benefits or services from the Minnesota Department of Human Services (DHS) or county human service agencies as other people. You will not be denied benefits and services because of your disability. If you have a condition that makes it hard for you to do what we ask, your human service agency will help you find a way to get the benefits and services available to you. **If you need help tell us.**

## Your right to file a complaint

If you feel the County or Minnesota Department of Human Services treated you differently in the handling of a public assistance application or payment because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability (including access to buildings or programs), you may file a complaint with one or more of these agencies:

Minnesota Department of Human Services  
Office for Equal Opportunity, Affirmative  
Action, and Civil Rights  
444 Lafayette Road  
St. Paul, MN 55155-3812  
(651) 296-7562 (Voice)  
(651) 296-8758 (TTY/TDD)

Minnesota Department of Human Rights  
190 East 5th Street, Suite 700  
St. Paul, MN 55101  
(800) 657-3704 (Voice)  
(651) 296-1283 (TTY/TDD)

U.S. Department of Health  
& Human Services  
Office for Civil Rights - Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY/TDD)

U.S. Department of Agriculture  
Director - Office of Civil Rights  
Room 326-W; Whitten Building  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
(202) 720-5964 (Voice or TTY/TDD)

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

# Appendix 1 - Civil Rights Complaint Form

DHS-2807-ENG 2-06



## Civil Rights Complaint Form: Discrimination in Service Delivery

### Client/complainant information

CLIENT'S NAME			
CLIENT'S STREET ADDRESS	CITY	STATE	ZIP CODE
CLIENT'S TELEPHONE NUMBER	Name, address and telephone number of someone who will know how to reach you (optional)		

### Information about discriminating agency and/or parties

Agency name and/or person's name	AGENCY TELEPHONE NUMBER		
AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE

### Information about discrimination (circle as many as apply)

Race, color, national origin, sex, creed, religion, political beliefs, age, disability, public assistance status, sexual orientation
If you filed this charge with any other agency, please give the name, address and telephone number of the agency and the name of the investigator assigned to the case.

### Details of discrimination

<p>Explain what happened to you, including the following points:</p> <ul style="list-style-type: none"> <li>• Explain why you believe you were treated differently.</li> <li>• Explain how you were treated differently from other people.</li> <li>• Give the date(s) of the incident(s).</li> <li>• Give the name(s) of the people who were directly involved.</li> <li>• If there were any witnesses, give their name(s) and explain what information they can provide.</li> </ul> <p>If you need more space, attach additional pages.</p>	
Signature	Date

This information is available in other forms to people with disabilities by contacting us at (651) 431-3040 (voice).  
 TTY/TDD users can call (651) 431-3041 (TTY/TDD) or the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to Speech Relay, call (877) 627-3848.

Office for Equal Opportunity  
 Contact: civil rights coordinator  
 (651) 431-3040 (voice)  
 (651) 431-7444 (fax)  
 (651) 431-3041 (TTY/TDD)

**You may get this document in English, Spanish, Somali, Russian, Serbo-Croatian, Arabic, Oromo, Hmong, Lao, Vietnamese or Cambodian/Khmer. Contact the DHS civil rights coordinator.**

**Arabic** اللغة العربية

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-ARA>

**English**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-ENG>

**Hmong**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-HMN>

**Khmer (Cambodian)** ខ្មែរ

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-KHM>

**Lao** ລາວ

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-LAO>

**Oromo(Oromiffaa)**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-ORM>

**Russian** Русский

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-RUS>

**Serbo-Croatian/Bosnian(Hrvatski)**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-SCR>

**Somali(Af Soomaali)**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-SOM>

**Spanish(Español)**

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-SPA>

**Vietnamese** Tiếng Việt

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2807-VIE>

**Appendix 3**

**COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM  
COMPLAINTS ALLEGING DISCRIMINATION  
IN  
SERVICE DELIVERY**

**AUTHORITY:** U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1.

**REQUIREMENT:** County human service agencies must notify the DHS Civil Rights Coordinator of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

Provide the following information to the DHS Civil Rights Coordinator within 90 days of the date the complaint is filed:

1. Name, address, telephone number of complainant:

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2. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:

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3. Type of discrimination alleged:

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4. Brief description of the alleged discriminatory act(s):

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**COMPLAINT NOTIFICATION FORM**  
**PAGE 2**

5. If a policy or procedure had a discriminatory effect on applicants or clients, identify the policy/procedure and describe the discriminatory effect it had:

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6. Identify any witnesses to the alleged discrimination. Witnesses are people who observed the alleged discrimination. Provide their names, addresses, telephone numbers and titles:

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7. Give the dates when the alleged discrimination happened and if it was continuing, give the duration of each incident:

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8. Investigation findings:

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9. If applicable, corrective action recommended and taken:

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**CONTACT INFORMATION:**  
DHS Civil Rights Coordinator  
Minnesota Department of Human Services  
Office for Equal Opportunity  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice)  
651-431-7444 (fax)  
651-431-3041 (TTY/TDD)

## Appendix 4

### MINNESOTA DEPARTMENT OF HUMAN SERVICES 2006 CIVIL RIGHTS ASSURANCE AGREEMENT

ASSURANCE OF COMPLIANCE FOR MINNESOTA COUNTY HUMAN SERVICES AGENCIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1993, THE AGE DISCRIMINATION ACT OF 1975 AND THE FOOD STAMP ACT OF 1977

The county agency provides this assurance in consideration of and for the purpose of maintaining its receipt of federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The county agency agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance and that it is binding upon the county agency, its successors, transferees and assignees for a period of two years, January 2006 through December 2007, during which the assistance is provided.

THE COUNTY AGENCY AGREES THAT IT WILL COMPLY WITH:

1. *Title VI of the Civil Rights Act of 1964* (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 80). In accordance with Title VI and its implementing regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
2. *Section 504 of the Rehabilitation Act of 1973* (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 84). In accordance with Section 504 and the regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
3. *The Age Discrimination Act of 1975* (Pub. L. 94-195), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 91). In accordance with the Age Discrimination Act and the regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
4. *The Food Stamp Act of 1977* (Pub. L. 95-113), as amended, and all requirements imposed by or pursuant to the Food and Nutrition Service (FNS) Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities of the Department of

Agriculture which derives authority from the Food Stamp Act, the Department of Agriculture regulation implementing Title VI (7 C.F.R. Part 15 Subpart A and Subpart C) and the regulations implementing Section 504 and the Age Discrimination Act. In accordance with the Food Stamp Act and FNS Instruction 113-1, the Food Support Program is committed to assuring that no person in the United States shall, on the ground of race, color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Food Support Program. FNS Instruction 113-1 requires that each local agency obtain a written civil rights assurance of compliance, and to assure compliance, Department of Agriculture personnel must be allowed access to county agency records, books and accounts as needed during normal work hours.

5. Pursuant to the Civil Rights Plan for the Minnesota Department of Human Services (DHS), DHS shall have access to private and/or confidential data maintained by the county agency or other sub-recipient of federal financial assistance to the extent necessary to conduct a full and complete investigation into any complaint of discrimination. DHS agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or thereafter.

The person whose signature appears below is authorized to sign this assurance agreement and commit the county agency to the above provisions.

County Human Services Agency: Washington County Community Services

Name: Daniel Papin

Title: Director

Date: \_\_\_\_\_

I certify that the signatory for the county agency has lawful authority to bind the county agency to the terms of this civil rights assurance agreement.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Attorney for County Agency

## **PART II**

### **WASHINGTON COUNTY COMMUNITY SERVICES**

#### **LIMITED ENGLISH PROFICIENCY PLAN**

# WASHINGTON COUNTY COMMUNITY SERVICES LIMITED ENGLISH PROFICIENCY PLAN

## I. Purpose and Legal Authority

The following document serves as Washington County Community Services' plan to meet the legal obligation of limited English proficiency requirements in compliance with:

- Title VI of the Civil Rights Act of 1964; 42 U.S.C. § 2000 et seq; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance Through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Office of Civil Rights Policy Guidance, 65 Fed. Reg. 52762 (2000), Department of Health and Human Services, Office of Civil Rights, Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons With Limited English Proficiency (August 30, 2000); Ocr Website: [www.hhs.gov/ocr/lep/](http://www.hhs.gov/ocr/lep/)
- Department of Justice Regulation, 28 CFR § 42.405(d)(1), Department of Justice, Coordination of Enforcement of Nondiscrimination in Federally Assisted Programs, Requirements for Translation.
- Bilingual Requirements in the Food Stamp Program, 7 CFR §272.4 U. S. Department of Agriculture, Food And Consumer Service
- Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. Information that is collected regarding our customers is considered private data. Except in emergency situations, this data may not be released to anyone other than the customer, our employees, or others authorized by the court or federal law, without the customers' written consent.

## II. Policy and Procedures

### A. Persons Covered by LEP Plan

Washington County Community Services' Limited English Proficiency (LEP) plan is being updated based on an increasing need for interpreter services in an effort to serve our customers, prospective customers, and their families who do not speak English or who speak limited English.

### B. Definitions:

**LEP Person** A person has Limited English Proficiency (LEP) if he/she is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Human Services staff.

**Interpretation** is defined as a spoken or visual explanation provided to enable two or more individuals who do not speak the same language to communicate with each other.

**Translation** is defined as a written version of a document that is provided in a language different than that of the original document.

**C. Commitment to Meaningful Access**

No person will be denied access to Washington County Community Services program information or programs because he/she does not speak English or communicates in English on a limited basis. Washington County will provide assistance to all customers with LEP in obtaining necessary interpreter services in order for him/her to effectively communicate with staff. Customers will be provided with meaningful access to programs and services in a timely manner and at no cost to the customer.

**D. Offering Language Assistance Services**

Signs are posted in our reception area and interview rooms and staff have “I Speak” cards to assist our LEP customers. Staff will initiate an offer for language assistance to customers who have difficulty communicating in English, have difficulty reading their spoken language, or when a customer asks for language assistance. Staff must offer, without charge, interpretation and/or translation services to persons with LEP in a language they understand, in a way that preserves confidentiality, in a timely manner.

Staff will appropriately code the following systems to ensure identification of clients potentially requiring LEP services:

Initial Screening Sheet

Financial Intake Screeners will indicate on the screening sheet if interpreter services are required

MAXIS

Workers will appropriately code the following fields on the STAT/MEMB panel for every person entered into the MAXIS system:

Spoken Language (enter appropriate code from F1 Help)

Written Language (enter appropriate code from F1 Help)

Needs Interpreter Y/N

PRISM

Child Support workers will appropriately code the following fields on the demographics [panel (CPDE or NCDE) for each custodial/noncustodial parent entered into the PRISM system:

Primary Language (enter appropriate code from F1 Help)

Interpreter Needed (enter Y/N)

SSIS

Social Service workers will appropriately code language preference on the client entry screen and in case notes.

## **E. Telephone Interpreter Services**

Staff will use the LLE-Link Language Line Services for interpreter assistance when needed. The telephone number is 1-800-234-0780. Washington County Community Services ID number is 61138 and is available in the attachment document (Attachment B). These instructions are also available in each interview room.

Staff will become familiar with how to use this service. Being familiar with the service will help staff act quickly when customers need interpreter assistance. Our reception staff will act as a resource guide for staff. Training will be provided all new staff. Current staff will each be provided printed materials.

For our hearing impaired customers, Minnesota Relay is available by dialing 711 or you may use the TTY phone. If in-person assistance is needed for our hearing impaired clients, fill out a Request for Interpreter Service form (Attachment C) and submit to Chris Thorsheim.

## **F. In-Person Interpreter Services**

We primarily use well recognized interpreter agencies; they have provided documentation that they will provide competent and experienced interpreters. Competency includes:

- Being bilingual and fluent in both English and the language of the LEP customer
- Accuracy and completeness
- Impartiality
- Confidentiality
- Accreditation when appropriate

Interpreters will have training/orientation that includes:

- The skills and ethics of interpreting
- Basic knowledge in both languages of specialized program terms or concepts
- Sensitivity to the customer's culture

For in-person interpreter services, staff will complete a Request for Interpreter Services form (Attachment C) and submit to Chris Thorsheim three (3) working days before the scheduled interview. Chris will contact Betmar Languages at 763-572-9711 or Garden Translations at [www.gardentranslation.com](http://www.gardentranslation.com) for language interpreters and CSD at 651-224-6548 for hearing impaired to schedule all appointments. If the scheduled appointment is cancelled, staff will contact Chris Thorsheim as soon as possible to cancel the scheduled appointment. Bills received should be submitted to Chris Thorsheim for payment.

## **G. Procedure for Using and/or Distributing Translated Forms**

Washington County Community Services has access to a number of forms which are available in languages other than English. Staff also has access to forms on the MAXIS system and can retrieve them. Forms can also be retrieved at [www.dhs.state.mn.us/Forms](http://www.dhs.state.mn.us/Forms). A list of available forms is attached (Attachment G).

Regularly used forms will be made available in translated form in the supply room in the Community Services office.

When documents from customers need to be translated, they are to given to our LEP contact person, Chris Thorsheim, for translation. Attach a Request for Form Translation (Attachment H). They will be sent to our translation service and returned to the worker as soon as possible.

## **H. Services to Illiterate**

Staff will assess customer's literacy level and determine interpreter needs. Staff should not send forms to illiterate customers. Staff shall use an interpreter or Language Line services (Attachment B) to complete required forms verbally. Staff should further inform the client to contact them for interpreter services when they receive a DHS or agency form.

### **Illiterate Non-English Speaking Customers**

1. Staff must assist LEP customers who do not read their primary language to the same extent that they would assist an English speaker who does not read English.

### **English Speaking Customers Who Are Illiterate**

2. Staff will encourage and assist customers in identifying a responsible person to assist them. Economic Support customers may designate an "authorized representative" who can act on their behalf. Agency staff may assist customers in completing necessary paper work only in the event that the customer cannot obtain assistance from another responsible person. Staff will use a red pen and indicate on the form their name and date and that they completed the form at the customer's request because no other responsible person was available.

## **I. Bilingual Staff**

Bilingual staff may be used for short questions and answers with permission from their supervisor. Washington County's policy is to randomly assign cases to available bilingual staff. Caseloads are not specialized by language and we do not hire bilingual staff to serve as interpreters. Through our contracted services we are able to provide efficient and consistent interpreter services to meet our customers' needs. A list of bilingual staff is attached. (Attachment D).

**J. Using Adult Family and/or Friends as Interpreters**

Staff should never require, suggest, request, or encourage a customer with LEP to use family or friends as interpreters. Use of family or friends could result in a breach of confidentiality or reluctance on the part of the customer to reveal personal information that may be critical to their situation. Family or friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, or have little familiarity with specialized program terminology. If the LEP person declines this service, the worker will document in case notes that services were offered and declined and complete LEP record (Attachment A).

**K. Using Minor Children as an Interpreter**

Minor children should never be used as an interpreter.

**L. When A Customer Declines Services**

When a customer declines services, note this in the case notes and by completing the LEP Record (Attachment A). Send a copy of the LEP Record to Chris Thorsheim.

**M. Competency Standards for Interpreters**

We primarily use well recognized interpreter agencies; they have provided documentation that they will provide competent and experienced interpreters. Competency includes:

- Being bilingual and fluent in both English and the language of the LEP client
- Accuracy and completeness
- Impartiality
- Confidentiality
- Accreditation when appropriate

Interpreters will have training/orientation that includes:

- The skills and ethics of interpreting
- Basic knowledge in both languages of specialized program terms or concepts
- Sensitivity to the customer's culture

**N. Notice of Rights to Language Assistance**

Washington County Community Services staff will inform all customers with LEP of the public's right to free interpreter services and that these services must be provided in a timely manner during normal business hours.

Washington County Community Services staff will use I Speak cards (Attachment E) to help customers with LEP to be able to identify their language needs for staff.

Posters will also be used in the agency to inform customers that language interpreters are available at no cost to them.

### **III. LEP Training for Washington County Community Services Staff**

Washington County Community Services will distribute the LEP plan to all staff once approved by DHS so they can learn the policies and procedures required to make language assistance available to our customers with LEP. Included in this plan are Guidelines for Working with an Interpreter (Attachment F). New employees will have the LEP plan incorporated into their New Employee Orientation.

LEP training will include legal obligation to provide language assistance to customers with LEP, policies and procedures to access language assistance services and how to properly document information about the customer's language needs in the case file. All staff with ongoing customer contact are required to receive LEP updates annually. The LEP Training session will be taped for review.

### **IV. Monitoring of the LEP Plan**

An evaluation will be conducted annually to determine the overall effectiveness of the plan. This will be accomplished by staff inputting data into a specialized computer program which will be available in January 2004. This evaluation will assess the number of persons with LEP in the service delivery area. It will assess the current language needs of these customers to determine if these needs are being met. It will assess if our staff understand the LEP policies and procedures, know how to carry them out, and whether language assistance resources are still current and accessible.

#### **A. LEP Plan Posted for Public Review**

The Washington County Community Services LEP plan will be posted for public review in the reception area. The LEP plan will be available in English, but interpreters will be available to translate the plan for those who do not speak English who wish to read it.

#### **B. Distribution of LEP Plan**

Immediately upon approval, the Washington County Community Services LEP plan will be distributed to all staff.

#### **C. Responsible Authority/Complaint Process - Contact Person**

Each division will be responsible for implementing this LEP plan in its area. The person responsible to provide technical assistance, respond to inquiries and complaints from the public, and monitoring and updating this plan will be Chris Thorsheim at 651-430-6477.

**LEP RECORD**

Customer Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Language Preference: \_\_\_\_\_ Interpreter: \_\_\_\_\_ yes \_\_\_\_\_ no

Hearing Impaired: \_\_\_\_\_ Interpreter: \_\_\_\_\_ yes \_\_\_\_\_ no

Translated Forms: \_\_\_\_\_ yes \_\_\_\_\_ no

Customer declined interpreter services: \_\_\_\_\_ yes \_\_\_\_\_ no

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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**LEP RECORD**

Customer Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Language Preference: \_\_\_\_\_ Interpreter: \_\_\_\_\_ yes \_\_\_\_\_ no

Hearing Impaired: \_\_\_\_\_ Interpreter: \_\_\_\_\_ yes \_\_\_\_\_ no

Translated Forms: \_\_\_\_\_ yes \_\_\_\_\_ no

Customer declined interpreter services: \_\_\_\_\_ yes \_\_\_\_\_ no

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

**LLE-LINK INSTRUCTIONS  
(LANGUAGE LINE)**

1. Dial 1-800-234-0780
2. Enter access code “61138” on the telephone keypad.
3. Enter your four-digit employee number.
4. Listen to the menu and select the desired language code.
5. Introduce yourself to the interpreter and briefly explain the situation. Ask the interpreter to wait while you connect with your client. You will be placing the 3-way call.
6. Press the “flash” key on your telephone. You will hear a beep. This indicates that you can now call your client. When they answer, push the “flash” key again and you will now have both parties on the line.
7. Instruct the interpreter to proceed.

## REQUEST FOR INTERPRETER SERVICE

To request an interpreter, complete the items listed below. Submit completed form to Chris Thorsheim. Forms must be submitted 3 working days prior to scheduled appointment time. Submit all bills received to Chris Thorsheim for payment.

DATE REQUESTED: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ CLIENT NUMBER: \_\_\_\_\_

CLIENT PHONE NUMBER: \_\_\_\_\_

LANGUAGE REQUESTED: \_\_\_\_\_ HEARING IMPAIRED: \_\_\_\_\_

WORKER NAME: \_\_\_\_\_

TIME/DATE/LENGTH OF APPOINTMENT: \_\_\_\_\_

REASON INTERPRETER NEEDED: \_\_\_\_\_

LOCATION OF INTERVIEW: \_\_\_\_\_

TYPE OF INTERVIEW (circle all that apply)

ECONOMIC SUPPORT:

MFIP

MA

Child Support

Workforce Center

SOCIAL SERVICES:

Child Protection

Mental Health

Adult Services

Developmental Disabilities

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## CANCELLATION OF INTEPRETER

Cancellation of an interpreter must be submitted to Chris Thorsheim as soon as possible prior to scheduled appointment. Submit all bills received to Chris Thorsheim for payment.

CUSTOMER NAME: \_\_\_\_\_ TIME/DATE OF APPOINTMENT: \_\_\_\_\_

WORKER NAME \_\_\_\_\_ LOCATION OF INTERVIEW: \_\_\_\_\_

REASON FOR CANCELLATION: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**BILINGUAL STAFF**

<b>Language</b>	<b>Worker</b>	<b>Phone #</b>	<b>Supervisor</b>
French	Raluca Octav	430-6458	Pam Ringsmith
German	Raluca Octav	430-6458	Pam Ringsmith
Romanian	Raluca Octav	430-6458	Pam Ringsmith
Spanish	Hugo Gonzalezcampoy	430-6559	Mary Farmer-Kubler
	Diane Elias (limited)	430-8317	
Swahili	Dominic Kamau	275-8721	Doug Karsky Therese Gilbertson
	Oswald Shananlingigwa	275-8727	

**I Speak Cards**

## **GUIDELINES FOR WORKING WITH AN INTERPRETER**

### General Guidelines:

- Be sure to speak directly to your customer, not the interpreter.
- Use words, not gestures, to convey your meaning.
- Speak in an audible tone and speak slowly.
- Explain jargon and technical terms to the interpreter when necessary.
- Use simple vocabulary.
- Speak in short sentences and pause to allow the interpreter to speak.
- Ask one question at a time.
- Control the environment.

### To assist the customer, if appropriate:

- Ask your customer if they feel they understand your question and if they need to ask any questions themselves.
- Ask your customer if there is something in their culture that makes this situation different, hard to understand, difficult or embarrassing.
- Ask your customer if they need anything re-explained and if your message is not understood, be prepared to say it differently.
- If you think that your message may not be fully understood by your customer, double check by saying “Tell me what you understand.”

### To assist the interpreter:

- Allow the interpreter to stop you and seek clarification when necessary.
- Allow the interpreter to take notes if things get complicated.
- Allow the interpreter to clarify cultural issues if appropriate.

## Attachment G

FORM NUMBER	FORM NAME	RUSSIAN	LAOTIAN	SOMALI	SPANISH	VIETNAMESE	HMONG	KHMER	ARABIC	OROMO	CAMBODIAN	CROATION
DHS-0033	Appeal to State Agency	x	x	x	x	x						
DHS-0035	State Agency Appeal Summary	x	x	x	x	x	x					
DHS-0139	Agreement Between Foster Parents and Placement Agency			x	x	x	x					
DHS-0312	Adoption Placement Agreement				x							
DHS-0698	Answers to your Questions About Adoption			x			x					
DHS-1776	Voluntary Out-Of-Home Placement Agreement						x					
DHS-1826	Child & Teen Checkups	x	x	x	x	x	x	x				
DHS-1958	Application for Support and Collections			x	x		x					
DHS-2120	Household Report Form	x	x	x	x	x	x	x	x	x		x
DHS-2338	Client Statement of Good Cause			x	x		x					
DHS-2402	Food Stamp Change Report				x							
DHS-2414	Notice of Late or Incomplete HRF				x							
DHS-2510	Information for Women				x							
DHS-2511	Information for Men				x							
DHS-2707	Food Stamp Program Notice to App. Disqual/Vol. Quit				x							
DHS-2814	Food Stamps		x		x	x	x				x	
DHS-2919A	Verification Request Page 1	x	x		x	x	x				x	
DHS-2919B	Verification Request Page 2	x	x		x	x	x				x	
DHS-3046	The Mental Health Needs of Children & Youth		x		x	x	x				x	
DHS-3159a	Being a Legal Father			x	x		x					
DHS-3159b	Revocation Form for the Recognition of Parentage			x	x		x					
DHS-3159c	Husbands Nonpaternity Statement			x	x		x					
DHS-3159e	Minnesota Husband's Nonpaternity Statement Revocation			x	x		x					
DHS-3159	Recognition of Parentage			x	x		x					
DHS-3163b	Referral to Support and Collections			x	x		x					
DHS-3164	Non IV-D Services Application			x	x		x					
DHS-3196	Every Child's Right			x	x		x					
DHS-3236a	Pregnancy Verification Form				x							
DHS-3271a	MNCare Verification Request Form				x							
DHS-3315b	How to Use Your Minnesota EBT Card				x							
DHS-3319a	Glossary	x	x		x	x	x				x	
DHS-3371	Direct Deposit for Child Support			x	x		x					
DHS-3393	Understanding Child Support			x	x		x					
DHS-3417	Minnesota Health Care Programs Application	x	x	x	x	x	x	x	x	x		x
DHS-3418	Health Care Renewal form	x	x	x	x	x	x	x	x	x		x
DHS-3456	Medical Assistance and School, Health Services	x	x	x	x	x	x	x		x		x
DHS-3469	Combined Application	x	x			x	x		x	x		x
DHS-3469a	Combined Application Addendum				x							x
DHS-3482	MFIP Self-Screen		x		x		x		x			x

**REQUEST FOR FORM TRANSLATION**

**(Worker Completed)**

Date: \_\_\_\_\_ Worker: \_\_\_\_\_

Form to be Translated: \_\_\_\_\_

Submit to Chris Thorsheim for translation

**(LEP Contact Completes)**

Date Form Submitted for Translation: \_\_\_\_\_

Date Form Returned for Translation: \_\_\_\_\_

Signed: \_\_\_\_\_

## LEP Checklist

- \_\_\_\_\_ Ask customer his primary language preference and note on LEP Record in file and on MAXIS, PRISM, MMIS, etc. (Use “I Speak” cards).
- \_\_\_\_\_ Ask customer if he wants interpreter services and note on LEP Record in file and on MAXIS, PRISM, MMIS, etc. (Advise customer that this is free of charge.)  
*Note: If customer declines interpreter service, make note of this on the LEP Record in the file.*
- \_\_\_\_\_ Ask customer if he wants to use translated forms and note on LEP Record in file.
- \_\_\_\_\_ If needed, obtain written release of information from customer to allow communication with interpreter.
- \_\_\_\_\_ During appointment use Helpful Hints contained in Attachment F of plan.
- \_\_\_\_\_ Bills should be submitted to Chris Thorsheim for payment.