



COMMUNITY SERVICES
Comprehensive Civil Rights Plan (CCRP)
November 2018

Washington County Community Services

14949 62nd Street North
P.O. Box 30
Stillwater, MN 55082-0030
Telephone: 651-430-6455
Fax: 651-430-6605

Inquiries on Civil Rights,
Americans with Disabilities Act (ADA), or
Limited English Proficiency (LEP)
Coordinator Email: askcommunityservices@co.washington.mn.us

**This CCRP is posted in the lobby of all our service centers
next to the reception desk**

Americans with Disabilities Act Advisory

This information is available in accessible formats to individuals with disabilities. For information about equal access to services, call 651-430-6455. Hearing impaired may call 711 (telecommunications relay service)

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I. Purpose

As a recipient of federal financial assistance, Washington County Community Services is responsible for providing core services to assist and support Minnesota's most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. Washington County Community Services has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out Washington County Community Services civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

II. Legal Authorities (See full list in Appendix, Attachment A)

- Title VI of the Civil Rights Act of 1964 (race, color, national origin)
- Section 504 of the Rehabilitation Act of 1973 (disability)
- Section 508 of the Rehabilitation Act of 1973 (disability)
- Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
- Age Discrimination Act of 1975 (age)
- Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
- Title IX of the Education Amendments of 1972 (sex)
- Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
- FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
- Minnesota Human Rights Act, Chapter 363A

III. Civil Rights Contact

Civil Rights contact information is located on the cover page of this CCRP.

IV. Equal Opportunity Policy and Procedure

Washington County Community Services Equal Opportunity Policies and Procedures (also found in Appendix, Attachment C)

It is the policy of Washington County Community Services to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Washington County Community Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. "Sex" includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers Washington County Community Service's full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Washington County Community Services. The Minnesota Human Rights Act also applies to the work of Washington County Community Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities

Washington County Community Services and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Washington County Community Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact and maintain a complaint procedure
- Make sure that its buildings are physically accessible for people with disabilities
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities
- Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities

Physical access includes:

- Convenient off-street parking designated specifically for people with disabilities
- Curb cuts and ramps between parking areas and the Washington County Community

Services buildings

- Level access into the first floor of the Washington County Community Services buildings with elevator access to all other floors

Reasonable Modifications to Policies, Procedures or Practices

Washington County Community Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Washington County Community Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

Effective Communication and Auxiliary Aids and Services

Washington County Community Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Washington County Community Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, Washington County Community Services will give primary consideration to the requests of people with disabilities. Washington County Community Services will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Washington County Community Services will find another equally effective auxiliary aid or service.

V. Complaint Resolution Procedure

You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. Washington County Community Services has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.

Civil rights complaints allege discrimination. You have a right to file a civil rights complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medical Assistance, MinnesotaCare, CHIP programs, insurance companies and state health insurance exchanges.

It is against the law for anyone who works for Washington County Community Services to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for Washington County Community Service's equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at Washington County Community Services:

Washington County Community Services
Washington County Government Center
14949 62nd Street North
Stillwater, MN 55082
Voice: 651-430-6472
Fax: 651-430-6605
askcommunityservices@co.washington.mn.us

Procedure:

- A. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
- B. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. The complaint **must** state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.
- C. Washington County Community Services **must** conduct an investigation of the complaint. The investigation may be informal, but it **must** be thorough and timely. People who have an interest in the complaint **must** have an opportunity to submit relevant evidence about the complaint. Washington County Community Services will issue a written decision on the complaint within 90 days after its filing. Washington County Community Services will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
- D. The person filing the complaint may appeal the decision by writing to the agency's Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact **will** issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. – This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services' Appeals and Regulations Division.
- E. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.
 - (1) The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and

state health insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

**U.S. Department of Health and Human Services
Office for Civil Rights**

Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)

- (2) USDA requires that the following nondiscrimination statement be provided **exactly** as it is shown below:

In accordance with Federal civil rights law and **U.S. Department of Agriculture** (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who required alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDS office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (a) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (b) fax: (202) 690-7442; or
- (c) email: program.intake@usda.gov
- (d) This institution is an equal opportunity provider.

F. Filing Complaints with State Agencies:

The person filing the complaint **must** also be informed that he/she can file a discrimination complaint **directly** with the Minnesota Department of Human Rights and the Minnesota Department of Human Services.

- (1) The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
800-627-3529 (MN Relay)

- (2) The **Minnesota Department of Human Services** prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or activities receiving federal financial assistance, such as Medical Assistance, MinnesotaCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division **directly** only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
or use your preferred relay service

- (3) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies **must** refer SNAP civil rights complaints to DHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service
Tamara.earley@fns.usda.gov

G. Arrangements for People with Disabilities:

Washington County Community Services **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have

low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact or designee is responsible for making these arrangements.

H. Washington County Community Services will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.

VI. Complaint Notification Form

Washington County Community Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against Washington County Community Services and resolved on the county agency level. Washington County Community Services will make sure the complaint notification form is completed and sent to DHS within 90 days of the date the complaint was filed in the county, so DHS can report the complaint to the appropriate federal office. A copy of the *Complaint Notification Form* is located in the Appendix; Attachment E.

VII. Disability Compliance

A. Disability Law and Standard of Access for State and Local Government Services

Section 504 of the Rehabilitation Act of 1973 protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

Title II of the Americans with Disabilities Act of 1990 (Title II of the ADA) protects qualified individuals with disabilities from discrimination on the basis of their disability when the discrimination occurs in state or local government services. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

County human services agencies must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

B. ADA Contact

ADA Contact information is located on the cover page of this CCRP.

(1) Disability Complaints

People filing disability complaints will use Washington County Community Service's civil rights complaint procedure.

(2) ADA Notice Document

Washington County Community Services will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that Washington County Community Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

Washington County Community Services has a copy of DHS brochure: *Do you have a disability* (DHS-4133-ENG) posted in all service center lobbies next to the reception desk.

A copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) is located in the Appendix; Attachment D.

(3) Disability Policy Prohibiting Discrimination

The Washington County Community Services Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

VIII. Limited English Proficiency Plan

Washington County Community Services Limited English Proficiency (LEP) Plan is located in the Appendix; Attachment G.

IX. Civil Rights Training

All new Washington County Community Service's employees will complete civil rights training within their first six months of employment. They will view the taped presentation of the October 2011 training presented by the Minnesota Department of Human Services and review the accompanying PowerPoint titled "*Title II of the Americans with Disabilities Act: Effective Communication*", Completion of the training will be documented and tracked by the Community Services staff.

Washington County Community Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, such as support staff, supervisors and managers. Washington County Community Services will use DHS' PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

X. Civil Rights Assurance of Compliance

The Washington County Community Services Director and County Attorney Representative have signed the *2016 Civil Rights Assurance of Compliance*. A copy is located in the Appendix; Attachment F.

XI. CCRP Administration

Washington County Community Services will:

- Post a copy of its CCRP in the agency service center lobbies where members of the public can review it and on the Community Services SharePoint Site where employees can view it.
- Post the CCRP on the agency's public website.
- Review the CCRP annually with ALL staff.
- For the benefit of applicants, clients and members of the public, prominently post in service center lobbies a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure.
- Post a copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) in all service center lobbies next to the reception desk.
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public including support staff, supervisors and managers. Washington County Community Services will document the date of the training each year and document who attends the training.

XII. Appendix

Attachment A

Full List of Legal Authorities

Federal:

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 of the Rehabilitation Act of 1973 (disability)
4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants):
 - Community Services Block Grant (race, color, national origin, sex) **Remaining block grants** (race, color, national origin, age, disability, sex, religion)
 - Social Services Block Grant
 - Maternal and Child Health Services Block Grant
 - Projects for Assistance in Transition from Homelessness Block Grant
 - Preventive Health and Health Services Block Grant
 - Community Mental Health Services Block Grant
 - Substance Abuse Prevention and Treatment Block Grant
9. Title IX of the Education Amendments of 1972 (sex)
10. Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)
11. Food Stamp Act of 1977
12. Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
13. Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
14. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
15. Equal Opportunity for Religious Organizations Regulation

State:

1. Minnesota Human Rights Act, Chapter 363A

Attachment B

Washington County Civil Rights Complaint Form: Discrimination in Service Delivery

Client Information:

NAME

ADDRESS

PHONE NUMBER WHERE YOU CAN BE REACHED (include area code)

Home ()

Other ()

NAME, ADDRESS AND TELEPHONE NUMBER OF SOMEONE WHO WILL KNOW HOW TO REACH YOU (OPTIONAL)

INFORMATION ABOUT AGENCY THAT DISCRIMINATED AGAINST YOU

AGENCY

PERSON(S) IN AGENCY (IF KNOWN)

AGENCY PHONE NUMBER

AGENCY ADDRESS

INFORMATION ABOUT DISCRIMINATION COMPLAINT (check as many as possible)

Race Color National Origin Sex Creed Religion Age Disability Public Assistance Status Sexual

If you filed this complaint 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:

AGENCY

PERSON IN AGENCY

AGENCY PHONE NUMBER

AGENCY ADDRESS

DETAILS OF DISCRIMINATION CLAIM:

Explain what happened to you and please include the following points: Explain why you believe you were treated differently; 2) Explain how you were treated differently from other people; 3) Give the date(s) of the incident(s) 4) Give the name(s) of the people who were directly involved; 5) If there were any witnesses, give their name(s) and explain what they saw or heard.

If you need more space, attach additional pages:

SIGNATURE

DATE

This information is available in accessible formats for individuals with disabilities by calling 651-430-6455 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA/Civil Rights Coordinator.

**Return this form to
ADA/Civil Rights Coordinator
Washington County Community Services
14949 62nd Street North
PO Box 30
Stillwater MN 55082-0030
askcommunityservices@co.washington.mn.us**

Attachment C

Equal Opportunity Policy

Washington County Community Services Equal Opportunity Policies and Procedures Including Equal Access for People with Disabilities

It is the policy of Washington County Community Services to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Washington County Community Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. "Sex" includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers Washington County Community Service's full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Washington County Community Services. The Minnesota Human Rights Act also applies to the work of Washington County Community Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities:

Washington County Community Services and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Washington County Community Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact and maintain a complaint procedure
- Make sure that its buildings are physically accessible for people with disabilities
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities
- Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities

Physical access includes:

- Convenient off-street parking designated specifically for people with disabilities

- Curb cuts and ramps between parking areas and the Washington County Community Services buildings
- Level access into the first floor of the Washington County Community Services buildings with elevator access to all other floors

Reasonable Modifications to Policies, Procedures or Practices:

Washington County Community Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Washington County Community Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

Effective Communication and Auxiliary Aids and Services:

Washington County Community Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Washington County Community Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, Washington County Community Services will give primary consideration to the requests of people with disabilities. Washington County Community Services will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Washington County Community Services will find another equally effective auxiliary aid or service.



Please tell us if you have a disability so we can help you access human services programs and benefits.

What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:

- Diseases like diabetes, epilepsy or cancer
- Learning disorders like dyslexia
- Developmental delays
- Clinical depression
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of alcohol or drug addiction, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability using information from you and your doctor.

What help is available?

If you have a disability, your county or the state human services agency can help you by:

- Calling you or meeting with you in another place if you are not able to come into the office
- Using a sign language interpreter

- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work even with your disability
- Sending you to other services that may help you
- Helping you to appeal agency decisions about you if you disagree with them.

You will not have to pay extra for help. If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

How does the law protect people with disabilities?

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

Civil Rights Notice

CB2 Food, Cash 10-16

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

- In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
 - race
 - color
 - national origin
 - religion
 - creed
 - sex
 - sexual orientation
 - marital status
 - public assistance status
 - disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services'
Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](#) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ደኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟိသျှင်ဟိသးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တိလံာ်မိတခါဆံၤန့ၣ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝဲဆပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တမ့ၢ်တံးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂຍທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Attachment E

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

REQUIREMENT: Washington County Community Services must complete this form to notify the Minnesota Department of Human Services (DHS) Civil Rights Coordinator within 120 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them.

Complainant Name: _____
Complainant Address: _____
Complainant Telephone Number(s): _____
Complainant Email: _____

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

Type of discrimination alleged:

Description of the alleged discriminatory act(s), including dates of occurrence and names and contact information for any witnesses:

Summary of investigation findings, including any corrective action taken:

Include with this report: 1) the complaint provided by the complainant, 2) the investigative decision provided to the complainant, and 3) any appeal of the decision by the complainant.

Send the completed packet to:

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)
Joann.daSilva@state.mn.us

Attachment F

MINNESOTA DEPARTMENT OF HUMAN SERVICES CIVIL RIGHTS ASSURANCE AGREEMENT NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS

Washington County Community Services, (HEREAFTER CALLED THE "COUNTY AGENCY")

THE COUNTY AGENCY provides this civil rights Assurance of Compliance (hereafter called the "Assurance") in consideration of and for the purpose of obtaining any and all federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The County Agency agrees that compliance with this Assurance is a condition of continued receipt of federal financial assistance and that it is binding upon the County Agency directly or through contract, license, or other provider of services, as long as it receives federal or state financial assistance; and shall be submitted with the required Comprehensive Civil Rights Plan update.

THE COUNTY AGENCY AGREES THAT IT WILL COMPLY WITH:

Title VI of the Civil Rights Act of 1964, as amended; Department of Health and Human Service, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Age Discrimination Act of 1975, 42 U.S.C. 6101, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Section 508 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities Act of 1990; Section 1557 of the Patient Protection and Affordable Care Act of 2010; Federal Block Grant Programs of the Omnibus Budget Reconciliation Act of 1981, as amended; Title IX of the Education Amendments of 1972, as amended; Family Violence Prevention and Services Act; Food Stamp Act of 1977, as amended, including Nondiscrimination Compliance Requirements in the Food Stamp Program and the Bilingual Requirements in the Food Stamp Program; FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005); and Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (formerly Multiethnic Placement Act of 1994).

PURSUANT TO THE CIVIL RIGHTS PLAN for the Minnesota Department of Human Services (DHS), by accepting this Assurance, the County Agency agrees to allow access, by authorized personnel of the Minnesota Department of Human Services and the United States Departments of Health and Human Services and Agriculture, during normal working hours, 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, including to compile data, maintain records and submit reports as required to determine compliance with the above mentioned laws, rules and regulations. The Minnesota Department of Human Services agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minnesota Statutes, section 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 after it has been concluded. If there are any violations of this Assurance, DHS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Minnesota Statutes, section 256.017.

THE PERSON WHOSE SIGNATURE APPEARS BELOW is authorized to sign this Assurance agreement and commit the County Agency to its terms.

11-29-18
Date


Chris Sorensen, Director
Washington County Community Services

I CERTIFY that the signatory for the County Agency has lawful authority to bind the County Agency

11/26/18
Date


George Kuprian
Assistant Washington County Attorney

**WASHINGTON COUNTY
COMMUNITY SERVICES**

LIMITED ENGLISH PROFICIENCY PLAN

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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/
- 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 An individual 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 state computer system language fields with clients preferred language to ensure identification of individuals potentially requiring LEP services.

E. Telephone Interpreter Services – Non-English

Staff will use Linguistica or Voiance for interpreter assistance when needed. The telephone number for Linguistica is 1-866-908-5744 and 866-998-0338 for Voiance. Instructions are available in the attachment document (Attachment A). 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.

F. Telephone Interpreter Services - Hearing Impaired

For our hearing impaired customers, Minnesota Relay is available by dialing 711. If in-person assistance is needed for our hearing impaired clients, fill out a Request for Interpreter Service form (Attachment B) and submit to ComSvsInterpreter@co.washington.mn.us.

G. 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 B) and submit to ComSvsInterpreter@co.washington.mn.us three (3) working days before the scheduled interview. A staff member will contact agencies to schedule all appointments. If the scheduled appointment is cancelled, staff will contact ComSvsInterpreter@co.washington.mn.us as soon as possible to cancel the scheduled appointment.

H. Procedure for Using and/or Distributing Forms – Non-English

Washington County Community Services has access to a number of forms from DHS 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.

I. Procedure for Using and/or Distributing Forms - Blind

For our blind customers, fill out Request for Form Translation (Attachment D) and submit to ComSvsInterpreter@co.washington.mn.us for translation to Braille.

When documents from customers need to be translated, they are to be scanned and emailed to ComSvsInterpreter@co.washington.mn.us for translation. Attach a Request for Form Translation (Attachment D). They will be sent to our translation service and returned to the worker as soon as possible.

J. 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 A) 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.

K. 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.

L. 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.

M. Using Minor Children as an Interpreter

Minor children should never be used as an interpreter.

N. When A Customer Declines Services

When a customer declines services, note this in the case notes.

O. 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

P. 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 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 C). 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.

IV. Monitoring of the LEP Plan

An evaluation will be conducted annually to determine the overall effectiveness of the plan. 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 Melissa Buhr at 651-430-6477.

LINGUISTICA & VOIANCE INTERPRETER INSTRUCTIONS

LINGUISTICA

1. Dial 1-866-908-5744
2. #2 for Spanish or #3 for other language
3. Account #: 11110
4. Your Full Name
5. Your Employee ID
6. Your Supervisor's Last Name

Conferencing is available upon request.

VOIANCE

1. Dial 1-866-998-0338
2. Enter Account Number: 17634
3. Enter PIN: 1220
4. Enter your employee ID number
5. Say the language needed
6. When interpreter comes on the line, give the interpreter a brief explanation of the call. Need assistance? Say "client services" or press 0 at the language request prompt.

Conferencing is available upon request.

REQUEST FOR INTERPRETER SERVICE

To request an interpreter, complete the items listed below. Submit completed form to ComSvsInterpreter@co.washington.mn.us. Forms must be submitted 3 working days prior to scheduled appointment time.

CLIENT NAME _____ CLIENT NUMBER _____

LANGUAGE REQUESTED _____ HEARING IMPAIRED _____

WORKER NAME _____

TIME/DATE/LENGTH OF APPOINTMENT _____

REASON INTERPRETER NEEDED _____
(example: emergency application, child protection interview, annual review, etc.)

LOCATION OF INTERVIEW _____

TYPE OF INTERVIEW (CHECK ALL THAT APPLY)

- | | | |
|-------------------|---------------|----------------------------|
| ECONOMIC SUPPORT: | | WORKFORCE CENTER |
| SOCIAL SERVICES: | | DEVELOPMENTAL DISABILITIES |
| MFIP | CHILD | FOOD SUPPORT |
| PROTECTION | | LICENSING |
| MA | MENTAL HEALTH | MNCHOICES |
| CHILD SUPPORT | ADULT | PSOP |
| SERVICES | | |

CANCELLATION OF INTEPRETER

Cancellation of an interpreter must be submitted to ComSvsInterpreter@co.washington.mn.us as soon as possible prior to scheduled appointment.

CLIENT NAME _____ TIME/DATE OF APPOINTMENT _____

WORKER NAME _____ LOCATION OF INTERVIEW _____

REASON FOR CANCELLATION _____

DATE SUBMITTED _____

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 D

REQUEST FOR FORM TRANSLATION

(Worker Completes)

Date: _____ *Worker:* _____

Form to be Translated _____

Submit to ComSvsInterpreter@co.washington.mn.us for translation

(LEP contact completes)

Date Form Submitted for Translation: _____

Date Form Returned for Translation: _____

Signed: _____

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 Nonpaterntiy 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: _____

Attachment I

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 Office Supervisor for payment.