HAWAII PUBLIC HOUSING AUTHORITY LANGUAGE ACCESS PLAN (PLAN)

OCTOBER 1, 2015 – SEPTEMBER 30, 2020

INTEROFFICE MEMORANDUM
HAWAII PUBLIC HOUSING AUTHORITY

REF. NO.: 15-CO-027
DATE: 10/20/2015
SUSPENSE:

Subject: 2015-2020 HPHA Language Access Action Plan

Originator: Kiriko Oishi

TO: See Distribution List

FROM: Kiriko Oishi, Chief Compliance Officer

THRU: Hakim Ouansafi, Executive Director

Attached is the HPHA's approved Language Access & Action Plan for the period October 1, 2015 to September 31, 2020. The purpose of the Language Access Action Plan is to set out the steps to be taken by the agency and staff to ensure meaningful language access to the agency's programs and services by LEP persons. **Please note that most of the protocols contained in this document are not optional recommendations or guidelines; they are required by federal and state language access law.**

Its provisions are now effective and should be implemented immediately. Please familiarize yourself with the attached document and stand by for announcements regarding upcoming training sessions.

The plan and attachments must be readily available to your staff at all times when providing services to program participants.

The Language Access Action Plan addresses the following:

1. The collection of each client's language needs (including LEP posters, form DHS 5000 provided in various languages, and language identification cards)
2. Oral interpretation at all face-to-face and telephone encounters when requested or otherwise necessary, using competent and qualified individuals (tele-interpreter instructions provided)
3. The written translations of vital documents in conformance with the law
4. Identifies the frequently encountered languages for purposes of written translations
5. LEP inserts to be included in written notices that may affect a client's benefits to inform LEP clients that they can have the notice explained to them in their primary language
6. That clients shall be discouraged from using friends and family members as interpreters, and that minors or persons who present conflict of interest or confidentiality concerns are not allowed to provide interpretation
7. For an employee volunteer interpreter program (forms included)
8. Language access liaisons for each branch/section/office of the HPHA to assist in implementation of the plan (please identify the liaison in your branch/section/office)

Distribution List:

OED	APPS	ITO	AMP 32/33	AMP 39	AMP 45
PMMSB	SEC 8	CMB	AMP 34	AMP40	AMP 46
CO	FMO	CMSS	AMP 35	MU 42	AMP 49
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HPHA Language Access Action Plan (Plan)
October 1, 2015 - September 30, 2020

Language for Limited English Proficient (LEP) persons can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by the Hawaii Public Housing Authority's (HPHA's) programs. In certain circumstances, failure to ensure that LEP persons can effectively participate in or benefit from federally-assisted programs and activities may violate the prohibition under Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, which provides that no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance[,]" and Title VI regulations against discrimination on the basis of national origin. Recipients of federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to the federally assisted public housing program. In addition, failure to take reasonable steps to ensure meaningful access to services by LEP persons may also be a violation of the state Language Access law (Chapter 321C, Hawaii Revised Statutes).

The recommended actions in this Language Access Action plan are based on the balancing of the following four factors:

(1) The number or proportion of LEP persons eligible to be served or likely to be served by the HPHA's programs;
(2) The frequency with which LEP persons come in contact with the programs;
(3) The nature and importance of the program, activity, or service provided by the programs to people's lives; and
(4) The resources available to the PHA and costs.

The four factor analysis has been completed.

To provide language assistance to LEP persons, the Hawaii Public Housing Authority (HPHA) will:

1. Provide oral and written language interpretation services to applicants and clients that are free of cost to them.

    a. Oral interpretation

        i. Each branch, section, and office of the HPHA will arrange for the provision of oral interpretation or reading assistance in response to the needs of LEP individuals in all face-to-face encounters when necessary to provide the LEP individual with equal access to HPHA's services, when requested, including at the following types of encounters:

            - Applications Office: at preliminary and placement interviews;

- Section 8 Subsidies Programs: at preliminary and placement interviews conducted by the HPHA and at informal hearings;
- Public housing management: at placement and recertification interviews, orientation, and informal meetings concerning violations;
- Hearings: at grievance and eviction hearings;
- Public hearing: at public hearings to comment on the PHA plan or proposed changes to administrative rules;
- Relocation advisory services: at large or small group meetings and individual meetings regarding relocation benefits;
- At any office, when needed to access, discuss, request, dispute, or receive information relating to any other right that is not listed above, that a program participant is entitled to;
- Individual meetings regarding complaints about the programs or services provided by HPHA; and
- On a case-by-case basis at large-group tenant meetings organized by the HPHA or agent of the HPHA, depending on the subject matter of the meeting.

ii. Each branch, section, and office of the HPHA will arrange for the provision of oral interpretation in response to the needs of LEP individuals, in telephone encounters. If an initial telephone encounter reveals the need for extended discussion, the LEP individual may be called into the relevant office for a face-to-face encounter, as may be requested for any non-LEP individual.

iii. When mailing notices, letters, and other correspondence that affect applicant/tenant benefits, to individuals who have self-identified as LEP, the correspondence should include the form notice that 1. the notice is important, and 2. the recipient is requested to contact the manager/section if they need to have the notice translated. This form notice should be made available in the languages most commonly used by the applicants/tenants/program participants in that program. In addition, whenever feasible, the envelope used to mail the correspondence should have the stamp on the outside of the envelope that indicates that the notice is important.

iv. A LEP individual's language assistance needs may be ascertained in the following ways:

- Verification of completed DHS5000 in client file;

- Use of "I Speak" language identification cards to be distributed at placement and recertification interviews;
- Identification of language on resident ID cards for residents of federal public housing projects;
- Use of Office of Language Access language identification poster displayed in the reception or intake area;
- Verification of foreign language proficiency by qualified bilingual staff (in-person or telephonically); or
- Self-identification by the LEP individual or identification by a companion.

v. If a meeting or interview is scheduled, and a request for an interpreter is made, interpreter will be secured prior to the meeting. If a request is made at the time of the meeting, the HPHA will endeavor to secure an interpreter at the time of the request. Depending on the interpreter's availability, the scheduled meeting or other encounter will be rescheduled as soon as a qualified interpreter is available, so long as the postponement does not adversely affect the LEP individual's benefits.

vi. Multiple meetings using an interpreter of one language may be scheduled on one day to reduce costs when such meetings are prescheduled for effective use of administrative resources.

vii. Staff with multilingual skills will be employed by HPHA when possible, to aid with the provision of free oral interpretation and reading assistance to tenants and applicants.

viii. The HPHA will establish an employee volunteer interpreter program to provide assistance with oral interpretation, to the extent it will not interfere with the employee's work responsibilities. These volunteer interpreters will be encouraged to attend such workshops as "Role of Interpreter" and "Serving LEP Individuals" provided by the Office of Language Access. Webinars, video conferences, and attendance at statewide meetings designed to meet access needs will continue to be encouraged for interested volunteer interpreters. (See Appendix A)

ix. The HPHA will inform LEP individuals of the availability of free language assistance services, and provide notice to community agencies that work with HPHA's clients. The "Point here if you need an interpreter?" flyer (attached as Appendix B) translated into various languages should be included in all application packets, posted at all HPHA offices, and distributed to various community agencies that work with HPHA's clients. The poster shall also be posted on the HPHA project properties frequently accessed by the residents, such as in community gathering areas, near mailboxes, and in laundry facilities where feasible.

x. HPHA contractors will be advised and monitored relative to their responsibility to provide interpreter services free of cost to the LEP individual.

xi. The HPHA may assist in the coordination of providing competent interpreters at tenant association meetings, but the tenant associations should use their own funds for the cost of paid interpreters. Tenant associations are encouraged to work with community groups and organizations to help provide language access at their meetings.

b. Written translations

i. When available, translated documents created by HUD will be retrieved from www.hud.gov/offices/fheo/promotingfh/lep.cfm.

ii. Translation of written vital documents will be provided in conformance with the law as follows:

- The PHA will provide written translations of vital documents for each eligible LEP language group that constitutes 5 percent or 1,000 persons, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered; or

- If there are fewer than 50 persons in a language group that reaches the 5 percent trigger, the PHA need not translate vital documents, but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of vital documents, free of cost to the LEP person.

iii. Frequently encountered languages for purposes of the eligible LEP language groups are as follows:

Chuukese, Cantonese, Korean, Mandarin, Marshallese, and Vietnamese

iv. For voluminous documents, it may be effective to provide written translations of the most important or relevant portions of the document.

v. It is not practical, realistic, nor cost-effective to expect to provide a written translation of every document that affects a client's benefits. Further, it is not desirable for the preparation of written translations to delay the provision of notice to the client. Therefore, especially when time is of the essence, or written translation is impractical, it is advisable to provide the notice in English, and include a notice to the client that the letter is important and to call the number on the letter for oral interpretation of the notice. (Appendix C) If the notice is brief, oral interpretation using a telephone interpreter or bilingual staff may be cost-effective.

vi. Sight translation or reading assistance shall be sufficient to meet a request for translation of non-vital documents relating to the loss of a benefit or service.

vii. Staff should email translated documents to the Compliance Office for the development of the translated documents database, which can be used by other offices to translate similar documents at a lower cost. This database will be made available on the Y: drive.

2. Provide oral interpreters who are competent and qualified to serve as interpreters.

a. Use bilingual/multilingual staff or a volunteer staff interpreter when available and only for situations that do not require a professional interpreter.

b. If a bilingual staff member is not available, use the services of a competent paid interpreter. The HPHA, not the LEP individual, will select the interpreter. If an interpreter in the requested language is not available on the island, use of a telephone interpreter is an acceptable method of interpretation if the LEP individual consents. If a telephone interpreter will not meet the needs of the LEP individual, as may be the case for certain languages that use facial cues or gestures, video conferencing shall be used.

d. The HPHA will not encourage clients to use friends and family members as interpreters.

e. Friends and family members who are under the age of 18 years may not provide interpretation.

f. Friends and family members who present conflict of interest or confidentiality concerns may not provide interpretation.

g. If, after the offer of a free interpreter, a LEP individual elects to use a family member or friend, determine whether the volunteer interpreter is competent to provide the service by having the volunteer interpreter complete the DHS 5050 form (Appendix D). The HPHA does not provide compensation to any volunteer interpreters. If the volunteer interpreter does not appear to be competent, the HPHA should provide an interpreter in place of, or if appropriate, in addition to the person selected by the LEP individual. Competency of the volunteer interpreter may be determined by the answers to the questions on the DHS 5050 form, or prior experiences with the volunteer interpreter. Fluency in two languages does not necessarily equate to good interpretation skills. If any of the answers to the first two of the following questions for oral interpretation, or any of the four questions for sight translation are less than "excellent", the volunteer interpreter may not be competent:

i. I can communicate in English and the language listed above.

ii. I can interpret to and from English and the language listed above.

iii. I can translate written English to the language listed above.

iv. I can translate the written language listed above to English.

h. All volunteer and paid interpreters are required to review and sign an acknowledgment of the Interpreter Code of Ethics for providing interpreter services. (See Appendix D) HPHA staff should take care not to allow the interpreter and the LEP person to engage in conversation outside of the interpretation service provided. Acknowledgements will be retained in the tenant/applicant file. If the same interpreter is used by one office on a regular basis, one acknowledgment may be filed. The tenant/applicant file will note which interpreter was used at each meeting.

i. Updated interpreter lists will be distributed to each branch, section, and office. (See Appendix E for current listing.)

j. Performance of all paid interpreters will be reviewed by HPHA employees, and reports may be discussed by the HPHA Language Access Task Force.

k. The HPHA retains its right to hire an interpreter of its own choosing even if a client brings their own interpreter. If the encounter involves the tenant's rights or benefits under HPHA's housing programs, the HPHA must retain its own interpreter for HPHA's benefit, even if the client brings their own interpreter. This does not preclude the client from bringing their own interpreter.

l. If a LEP individual requires language assistance on a telephone call, the staff shall determine the language spoken by the LEP person and if bilingual staff in the language requested cannot be summoned to assist:

i. If the handset in use has third-party calling capabilities, the LEP individual may be placed on hold while a paid telephone interpreter is contacted to assist with the call; or

ii. If the handset in use does not have third-party calling capabilities, the staff shall collect the LEP caller's name and contact information to return the call with a competent interpreter. Any offices that do not have third-party calling capabilities must assess their telephone system capabilities and submit in their upcoming budget request funding for third-party calling capabilities.

When placing the caller on hold, staff shall play music or repetitive message to indicate the caller is on hold.

m. CTS Language Link is a telephone interpreter vendor currently used by many HPHA offices. The vendor's number is 1 (877) 650-8027. The HPHA account number is 9540. The HPHA staff user's first and last name, as well the language

required is needed to get an interpreter on the line. All staff must have a blue quick reference note near their phones to refer to in the event a telephone interpreter is required. Guidance is provided in IOM 15-CO-1. (See Appendix F)

3. Collect and maintain client LEP information and status about LEP populations who use HPHA services or have the potential for doing so.

   a. The HPHA collects language needs information from each new applicant and tenant, and from existing tenants at annual recertification (See Appendix G for DHS 5000 forms). This information will be kept in the applicant/tenant paper file for easy access to the individual's language needs. Upon upgrading of the HPHA database, the HPHA will integrate client language needs into the database system.

   b. The HPHA will determine whether a visitor to an HPHA office is a LEP individual by prominently displaying an "If you need an interpreter..." poster in their office, and referring the visitor to the poster if the individual appears to be having difficulty communicating with the office staff. (Appendix B "Point here if you need an interpreter..." poster)

   c. If the HPHA has difficulty determining what language a LEP individual speaks, the "If you need an interpreter..." poster or "I speak" cards may be used, (Appendix H "I speak" cards) or the telephone interpreter service may be used to determine the language spoken by the individual.

   d. The HPHA will determine whether an applicant or tenant is a LEP individual by asking all individuals to complete a DHS 5000 form (Appendix G). This form is available in Chinese, Chuukese, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese. These forms are available on the Y: drive at Y:\0998_PUB\COMPLIANCE OFFICE\DHS 5000 OFFER ACCEPTANCE OR WAIVER. Clients should be shown the form in different languages to allow them to select their language. If a translated form is not available in the requested language, oral interpretation may be necessary to explain the form until a written translation of the form is made available. Completion and retention of this form is especially important when the LEP individual elects to decline a free interpreter. A LEP individual may change their election at any time by submitting a new DHS 5000 form.

   e. The HPHA collects LEP encounter and interpreter usage information to assess the LEP status and language assistance needs of current and potential HPHA clients. Each encounter between HPHA staff and LEP individual(s) must be logged and reported on a semi-annual basis. The sample log and reporting tool is attached as Appendix I. This information is reported to DHS, which in turn reports the information to the Office of Language Access, as required by law. Reports are due to the Compliance Office on the 15th of January and 15th of

August for the previous 6-month period from July 1 through December 31 and January 1 through June 30 period, respectively.

4. Train HPHA employees on Language Assistance Services

   a. DHS Compliance Staff provides training materials for language access. HPHA Supervisors are responsible for directly training on an annual basis all staff who have daily or weekly public contact, and new employees.

   b. HPHA contractors are responsible for training their own employees on both state and federal laws regarding language access, and HPHA policy and procedures on language access. The HPHA may provide HPHA training materials for reference.

   c. Each branch, office, and section will allow time for training front-line and supervisory staff on HPHA's language access efforts.

   d. HPHA supervisors will be encouraged to attend such workshops as "Role of Interpreter" and "Serving LEP Individuals" provided by the Office of Language Access, and other webinars, video conferences, and attendance at statewide meetings designed to meet access needs. Supervisors or trainers will be responsible for training new employees and all individuals under their supervision who have daily or weekly public contact.

5. Monitoring sub-recipient compliance

   a. All sub-recipient contracts will include the following language to ensure vendor compliance with the provision of language access:

      The Contractor shall perform the basic property management functions, including implementing and complying with the HPHA's Language Access Policy and Plan which provides for language assistance to limited English proficient program participants. (For property management contracts.)

      The Contractor shall provide services under this contract in compliance with Title VI of the Civil Rights Act, Executive Order 13166, August 11, 2000, and Chapter 321C, Hawaii Revised Statutes, which prohibit the denial of benefits and discrimination on the basis of race, color, or national origin in any program or activity receiving Federal financial assistance, or retaliation, and requires recipients of federal funds to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. This requires the Contractor to have a Title VI and Language Access Policy and Plan. HPHA may at any time request to review the policy and plan documents. (All contracts.)

6. Coordinate language assistance services.

   a. The HPHA Compliance Office will serve as the Language Access Coordinator for the HPHA. An HPHA Language Access Task Force has been established to

help implement this Plan. Each branch/section/office has a designated liaison as follows:

PMMSB – Kaui Martinez

APPS – Michi Kanoura-Hatae

Section 8 – Diane Johns

Hearings Office – Renee Blondin-Nip or Marisa Pirtle

Information Technology Office – Marc Orbito

CMB – Sahar Ibrahim

CM – Kenneth Sasaki

PERS – Shirley Befitel or designee

PEO – Benjamin Park

CPO – Tammie Wong

b. The HPHA Compliance Office/Language Access Coordinator will represent the HPHA on the DHS Access Task Force, with the HPHA Personnel Office as back-up to provide continuity.

c. The HPHA Compliance Office may make unannounced site visits to observe notices, and other areas relative to language assistance services to gauge HPHA compliance with this Plan. Contract monitors will report findings for contractor provision of interpreter services for HPHA clients they serve. Findings from these visits and reports may be discussed with Language Access Task Force for follow-up.

d. The HPHA Discrimination Complaint process may be used for complaints by applicants, tenants, and program participants regarding language assistance. (See Appendix J.)

7. Definitions

"Bilingual staff" or "multilingual staff" means HPHA staff (or staff employed by a company contracted by HPHA to perform management services) who has demonstrated proficiency in both spoken English and at least one other language and who can effectively provide direct service in those languages using any specialized terminology necessary for effective communication. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered "Bilingual/Multilingual Staff".

"Oral Interpretation" or "Interpretation" means the act of listening to something in one language and orally translating it into another.

"Person with Limited English Proficiency" or "LEP person" means a person who does not speak English as his or her primary language and who has limited ability to read, write, speak, or understand English in a manner that permits him or her to communicate effectively with the PHA and have meaningful access to and an equal opportunity to participate fully in the federally assisted public housing program, and includes public housing program applicants and tenants and their household members.

"Sight translation" means interpreting during which the interpreter reads a document written in one language while converting it orally into another language.

"Vital documents" means generic widely used written materials of the PHA including:

- Notices advising LEP persons of free language assistance;
- Application forms to participate in the PHA's federally assisted public housing program;
- Written notices of rights, denial, loss, or decreases in benefits or services;
- Written notices of hearings;
- Notices of eviction; and
- Leases and project rules.

"Volunteer staff interpreter" means HPHA staff (or staff employed by a company contracted by HPHA to perform management services) who has demonstrated proficiency in both spoken English and at least one other language and who can interpret accurately, impartially, and effectively to and from such language and English using any specialized terminology necessary for effective communication, but whose main job responsibilities are other than interpretation. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered "Volunteer Staff Interpreter".

"Written translation" or "translation" means the replacement of a written text from one language into an equivalent written text in another language.

This Language Access Action plan is required by Administrative Memorandum, Programs, No. 2, and Chapter 1, Section F, of the Admissions and Continued Occupancy Policy for the federally assisted public housing program, and shall apply to all HPHA programs. This Plan covers the period October 1, 2015 through September 30, 2020, and addresses the HPHA's continuing commitment to enhancing access to services. The provisions of this 2015-2020 plan shall remain in place until a revised plan is adopted.

Appendix A: IOM 14-CO-10 HPHA Volunteer Interpreter Program

Appendix B: "Point here if you need an interpreter" poster

Appendix C: Letter insert

Appendix D: DHS 5050 volunteer interpreter form and Code of Interpreter Ethics

Appendix E: Interpreter listing

Appendix F: IOM 15-CO-1 Update to IOM 11-CO-05 Regarding Free Interpreter Services for LEP Individuals

Appendix G: DHS 5000 Offer and acceptance of free interpreter form

Appendix H: "I speak" cards

Appendix I: Sample LEP encounter log and reporting tool

Appendix J: HPHA Discrimination Complaint process

Appendix K: Administrative Memorandum, Programs No. 2, Language Access Policy

Appendix L: Relevant Statutes

Appendix L
Relevant Statutes

Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) states "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 be subjected to discrimination under any program or activity receiving Federal financial assistance," and the courts have ruled that the exclusion of Limited English Proficient (LEP) persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination. Title VI also prohibits retaliation against a person who files a charge of discrimination, participates in an investigation or opposes an unlawful employment practice.

Pursuant to Executive Order 13166, issued on August 11, 2000, and the Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficiency Persons, published by HUD effective February 21, 2007 (HUD Final Guidance), recipients of federal financial assistance have a responsibility to ensure meaningful access to programs and activities by LEP individuals.

Chapter 321C, Hawaii Revised Statutes, also requires each state agency to take reasonable steps to ensure meaningful access to services by LEP individuals; to provide competent, timely oral language services to LEP individuals who seek to access services; and to provide written translations of vital documents to LEP individuals who seek to access services.

Appendix A: IOM 14-CO-10 HPHA Volunteer Interpreter Program

INTEROFFICE MEMORANDUM HAWAII PUBLIC HOUSING AUTHORITY	REF. NO.: 14-CO-10 DATE: 09/10/14
	SUSPENSE:

Subject: **HPHA Volunteer Interpreter Program** Originator: Kiriko Oishi

TO: See Distribution List FROM: Kiriko Oishi, Compliance Officer

THRU: Hakim Ouansafi, Executive Director
for Shirley Befitel, Personnel Officer

The HPHA Language Access Plan provides that the HPHA may use a bilingual or multilingual staff or a volunteer staff interpreter to serve as a competent and qualified interpreter for a limited English proficient (LEP) individual. There are many benefits to using available bilingual or multilingual HPHA staff:

- It allows HPHA to comply with its statutory responsibility of providing meaningful language access to our LEP clients, while conserving our financial resources.
- It allows the service to be provided in a timely manner.
- HPHA staff are already familiar with HPHA's programs and services.

Being mindful of HPHA staff's regular workload, the HPHA volunteer interpreter program:

- Only allows HPHA staff to be used if the encounter is anticipated to take less than 15-30 minutes, AND if it will not interfere with their regular work.
- Is limited to assisting HPHA staff. The HPHA volunteer interpreter list will not be made available to the Department of Human Services for use by Department of Human Services divisions.
- Allows an HPHA volunteer interpreter to decline individual requests at any time.
- Allows HPHA volunteer interpreters to ask to be removed from the list at any time.
- Does not provide compensation in addition to their regular compensation either in overtime, comp time, or additional pay.

The goal of the HPHA volunteer interpreter program is to have internal resources to provide short responses to general questions or determine the threshold needs of an LEP individual during an encounter with HPHA staff, such as when:

- The LEP individual's primary language is not readily identifiable by the HPHA staff; or
- The HPHA staff is having difficulty understanding what the LEP individual requires assistance with, or identifying the appropriate HPHA division who can serve the LEP individual.

It is not intended to replace the provision of paid professional interpreters at placement and recertification interviews, grievance and eviction hearings, and other formal meetings regarding the application for or termination of benefits or services.

If you agree to volunteer for the program, your name, position, language(s), skill (oral or written or both) and contact information will be placed on a list of volunteer interpreters. This list will be provided to all HPHA staff, and you may be contacted for assistance by other HPHA staff. You will be asked to assist in the situations described above or other short encounter.

If you would like to participate in the HPHA volunteer interpreter program, please complete and submit the attached form regarding your language proficiency, availability information, and DHS5050 form. Please read and retain the Code of Ethics for Interpreters. All participants in the volunteer interpreter program will be notified of training workshops such as "Role of Interpreter" and "Serving LEP Individuals" provided by the Office of Language Access.

Your participation is strongly encouraged and will greatly assist the HPHA is providing quality service to our HPHA clients.

Attachments:

- Volunteer Interpreter Form
- Interpreter Code of Ethics

Distribution List:

OED	APPS	ITO	AMP 31	AMP 38
PMMSB	SEC 8	CMB	AMP 32/33	AMP 39
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PERS	HRO	AMP 30	AMP 37	

HPHA Volunteer Interpreter Form

The Hawaii Public Housing Authority (HPHA) must provide free language assistance to Limited English Proficient (LEP) individuals, residents, program participants, and applicants who are defined as "individuals for whom English is not their primary language; have limited ability to read, write, speak, and/or understand English; or identify themselves as an LEP individual." To further compliance with this requirement, the HPHA keeps a list of multilingual staff employed at HPHA to aid in communication with LEP individuals. The HPHA requests your cooperation by providing your language abilities below.

Name: _____

Division: _____ Position title: _____

Phone number: _____ Work hours: _____

Times of availability: _____

Language 1: _____ Dialect (if any): _____

I can interpret (oral) between English and this language at a(n) ☐ Elementary ☐ Conversational ☐ Native level.

I can translate (written) between English and this language at a(n) ☐ Native ☐ Elementary level.

Language 2 (if any): _____ Dialect (if any): _____

I can interpret (oral) between English and this language at a(n) ☐ Elementary ☐ Conversational ☐ Native level.

I can translate (written) between English and this language at a(n) ☐ Native ☐ Elementary level.

By signing below,

- I agree to be placed on the HPHA list of volunteer interpreters and provide language assistance to the best of my abilities for up to thirty minutes at a time during a work day;
- I understand that my services are voluntary and I will not receive extra pay or other compensation from HPHA for providing interpreter services;
- I acknowledge receipt of the Interpreter Code of Ethics. I have read and understand the Code of Ethics, including the codes on confidentiality and impartiality, and agree to follow it when providing interpreter services;
- I understand that I reserve the right to refuse to provide interpretation service for any reason; and
- I understand that I can inform the HPHA Personnel Office if I no longer want to volunteer as an interpreter.

_____

Employee Signature Date

August 2014

Interpreter Code of Ethics

1. Accuracy
   a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
   b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
   c. Interpreters shall seek clarification when needed.
   d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality
   a. Interpreters shall keep confidential all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

3. Impartiality
   a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
   b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
   c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries
   a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
   b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
   c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism
   a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
   b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
   c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
   d. Interpreters shall participate in continuing education programs when available.
   e. Interpreters seek evaluative feedback in order to improve their performance.

Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
Revised June 2009

DHS 5050 (06/03/09)

Appendix B: "Point here if you need an interpreter" poster

Please point here if you need an interpreter in this language (at no cost to you).

Office of Language Access, State of Hawai'i

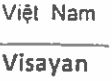
University of Hawai'i Center for Interpretation and Translation Studies

Hawai'ian:	E kuhikuhi mai 'oe i 'ane'i ke pono ka mahele'ōlelo ('a'ohe kāki).
日本語 (Japanese):	日本語の通訳が必要な方は、ここを指差してください (通訳費用はかかりません)。
한국어 (Korean):	통역을 필요로 하 시면 다음 악속일 전에 반듯이 통역이 필요하다고 말씀하셔야합니다. 비용은 부담않하셔도됩니다.
普通话(华语/國語) (Mandarin):	如果您需要讲普通话的免费翻译，请指这里。(如果您需要講國語的免費翻譯，請指這裡。)
廣東話 (Cantonese):	如果您需要講廣東話的免費翻譯，請指這裡。
Ilokano:	No masapulmo ti paraipatarus iti Ilokano nga awan bayadna, pakitudom ditoy.
Tagalog:	Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.
Cebuano (Visayan):	Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.
Tiếng Việt (Vietnamese):	Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp thông dịch viên miễn phí)
မြန်မာ (Myanmar):	ယင်နှားပည်သားကားနှင့် ဘာသာပြန်ကလိုနိုးမါက ယခုနနုတ်ကိုညွှန်ပြပါ၊ အဆက်ပါကား အတွက်ဒနေ့ကိုတာဝန်ခါကိုဆက်သွယ်နိုးလိုကောင်းမွန်မါမည်။
ภาษาไทย (Thai):	กรุณาชี้มาที่ข้อความนี้ ถ้าคุณต้องการล่ามภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ)
ភាសាខ្មែរ (Khmer):	សូមបង្ហាញនៅត្រង់នេះ បើសិនជាអ្នកត្រូវការអ្នកបកប្រែភាសាខ្មែរ: (អ្នកនឹងត្រូវការជំនួយដោយឥតគិតថ្លៃ។)
ຄ້ກລອຍລາວ (Lao):	ກະ ລຸ ນາ ໃ ຈ ບ ອນ ນ ຖ ້ ວ ທ ່ ານ ຕ ້ ອ ງ ການ ລ ່ າ ມ ພ າ ສ າ ລ າ ວ (ໂ ດ ຍ ທ ່ ານ ບ ໍ ່ ຕ ້ ອ ງ ສ ເ ສ ັ ຍ ເ ງ ິ ນ ໃ ຊ ້ ຈ ່ າ ຍ ໃ ດ ໆ)
Marshallese:	Jouj im jutõñe ijin elañe kwoj aikuji juõn am ri-ukok ilo kajin in (ejjelok wõnãān ñan yuk).
Chuukese:	Itim awenewenan ikeei ika pwún kopwe néúnéú emén chón chiakú nón fóósun eei fénú (kosap wisenméém noum eei chón chiakú).
Chamorro:	Matka pat apunta este yangen un nesisita mietpiti gi fino Chamorro (dibadi este na sitbesio).
Pohnpeian:	Menlau idih wasa ma ke anahne soun kawehwe (sohte tsais).
Kosraean:	Nunak munas srisrngingac aen se nge fwin kom enenu met in top nuke kahs lom an sifacna (kom ac tia moli).
Yapese:	Fa'anra bet'uf bae' ninge ayweg nem nge abweg e thin rom (ni dabinu pii'pulwon) meere mog aray.
Yapese (Outer Island):	Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor paluwal ngalug.
Samoan:	Fa'amolemole tusi lou lima i 'ī pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te lē totogiina se tupe)
Tongan:	Tuhu ki hem kapau 'e fiema'u ha taha ke fakatonulea 'oku ta'etotongi.
Русский (Russian):	Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите пальцем на это предложение.
Español (Spanish):	Por favor señale aquí con el dedo si necesita un intérprete (sin ningún costo para usted).

For more information, please contact: _____.

DAVID IGE
Governor
State of Hawai'i

Appendix C: Letter insert

This is an important letter from the HPHA. Please call the phone number indicated on the letter. When you call, you will be asked what language you speak and your call will be put on hold for an interpreter.	English
這是一封從 HPHA發出的重要信件。請撥打信上的電話號碼。當你打電話時，你將會被詢問你講什麼語言，您的通話將被擺置直到接通翻譯服務。	Cantones
Ei taropwe mi auchea seni ewe putain tumwunun aramas HPHA. Kose mwochen kokkori na nampan foon won na taropwe. Nupwen omw kokko, repwe eisinuk menni kapas ke sine pwe repwe kutta ngonuk emon choon chiaku.	Chuukese
Ceci est une lettre importante du HPHA. Merci d'appeler le numéro indiqué dans la lettre. Lorsque vous téléphonez, vous serez demandé(e) quelle langue vous parlez, et votre appel sera mis en attente afin de vous mettre en relation avec un interprète.	French
Dies ist ein wichtiges Schreiben des HPHA. Bitte wählen Sie die unten stehende Telefonnummer. Sie werden gefragt, welche Sprache Sie sprechen. Daraufhin werden Sie mit einem Dolmetscher verbunden.	German
He leka ko'iko'i keia mai ka HPHA. E kelepona mai i ka helu kelepona ma luna o ka leka. Ke kelepona 'oe, e ninau 'ia ana 'oe he aha kau 'olelo 'oiwi a laila e kali 'oe a loa'a ke kanaka mahele 'olelo.	Hawaiian
Daytoy ket importante a surat nga aggapu iti HPHA. Pangngaasiyo koma ta awaganyo ti numero a nailanad iti surat. No umawagkayo, madamag kadakayo no ania ti lengguaheyo ket maiyallatiw ti awagyo iti maysa a paraitarus.	Ilokano
ハワイ公営住宅局(HPHA)からの大切なお知らせです。同封の紙面に書かれている番号にお電話ください。電話がつながったら、あなたが話す言語を聞かれます。通訳に接続されるまでしばらくお待ちください。	Japanese
하와이공용주택국 HPHA 에서 드리는 중요한 편지입니다. 이 편지에 안내된 전화번호로 전화를 거시기 바랍니다. 통화연결시, 본인이 사용하시는 언어가 무엇인지 선택한 후, 해당언어의 통역사에게로 전화가 연결될 것이 입니다.	Korean
這是一封從 HPHA 發出的重要信件。請撥打信上的電話號碼。當你打電話時，你將會被詢問你講什麼語言，您的通話將被擺置直到接通翻譯服務。	Mandarin
Juon in kojela im elap an aurok im ej itok jen ra eo an HPHA. Jouij im call e nomba in im ej bed ilo pepa in ak letta in. Ne koj call, renej kajitok ibbem kin kain kajin eo am im elikin am ba renej ba kwon kottar bwe ren lewoj juon am ri okok.	Marshalle
O se fa'asilasilaga ta'ua lenei mai le HPHA. Fa'amolemole, vala'au mai i le numera lea o lo'o i luga o lenei tusi. A e vala'au mai, o le a fesili atu po'o le a le gagana e te mo'omia, ona tu'u sa'o lea o lau telefoni i se tagata e mafai ona fesoasoani ia oe.	Samoan
Esta es una carta importante del HPHA. Por favor llame al número de teléfono indicado en la carta. Cuando usted haga la llamada, se le preguntara el idioma que habla y su llamada se pondrá en espera de un intérprete.	Spanish
Ito ay mahalagang sulat mula sa HPHA. Mangyaring tawagan ang numero ng teleponong nakalista sa sulat. Sa inyong pagtawag, itatanong sa inyo ang wikang nais ninyong gamitin. Hintaying sumagot ang tagasalin.	Tagalog
Ko e tohi mahu'inga eni mei he HPHA. Kataki 'o telefoni ki he fika 'oku ha 'i he tohi ni. 'E fehu'i atu pe ko e ha e fa'ahinga lea 'oku ke lea'aki 'i he taimi te ke ta mai ai pea tnitokoe ke tali kae 'oua kuo ma'u ha toko taha fakatonu lea.	Tongan
Đây là lá thơ quang trọng từ các HPHA Làm ơn gọi xố điện thoại nằm trên lá thơ. Khi bạn gọi, bạn sẻ được hỏi ngôn ngữ nào bạn nói và cú điện thoại của bạn sẻ chờ người thông dịch.	Vietname Việt Nam
Importante kini nga sulat gikan sa HPHA. Palihug tawagi ang numero nga anaa sa sulat. Sa imong pagtawag, pangutan-on ka kung unsa ang imong pinulongan ug pahulaton ka samtang nangita sila ug maghuhubad.	Visayan (Cebuano) 

Appendix D: DHS 5050 volunteer interpreter form and Code of Interpreter Ethics

STATE OF HAWAII
Department of Human Services

INTERPRETER FORM

Name: _____ Language: _____

Phone No.: _____ E-mail Address: _____

DHS Division/Branch/Section/Unit: _____

DHS Position Title: _____

Company: _____

Address: _____

For DHS Staff Volunteer Interpreter:

☐ I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.

☐ I do not want to be on the DHS List of Volunteer Interpreters; however I will provide interpreter services for _____.

For Family And Friends Providing Interpreter Services:

Name of person you are interpreting for: _____

Your relationship to the person you are interpreting for: _____

I state that the following are true:

☐ I have read and understand the Interpreter Code of Ethics (on the back of this form), and agree to follow it when providing interpreter services;

☐ I am 18 years of age or older; and,

Check as applicable:

	Fluency: Fair	Good	Excellent
☐ I can communicate in English and the language listed above;	____	____	_____
☐ I can interpret to and from English and the language listed above;	____	____	_____
☐ I can translate written English to the language listed above;	____	____	_____
☐ I can translate the written language listed above to English;	____	____	_____

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

_____ (Signature)

_____ Date

Interpreter Code of Ethics

1. Accuracy
   a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
   b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
   c. Interpreters shall seek clarification when needed.
   d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality
   a. Interpreters shall keep confidential all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

3. Impartiality
   a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
   b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
   c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries
   a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
   b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
   c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism
   a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
   b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
   c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
   d. Interpreters shall participate in continuing education programs when available.
   e. Interpreters seek evaluative feedback in order to improve their performance.

Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
Revised June 2009

Appendix E: Interpreter listing

LANGUAGE ASSISTANCE RESOURCES

INTERPRETATION (Oral)

Benjaman J. Boud (Chinese/English)	bcb@uphill.com	1 (808) 343-3133
East-West Concepts, Inc. (Kauai)	Janos Samu eastwestconcepts@aol.com	1 (808) 332-5220
Equality and Access to the Courts	Court Interpreter List http://www.hawaii.gov/dhs	(808) 539-4860
Hawaii Interpreting Services (ASL)	Sign Language	(808) 394-7706
Helping Hands Hawaii	Bilingual Access Line	(808) 526-9724
Island Skill Gathering	Valene Miehlstein val@isginc.org	(808) 732-4622
Optimal Phone Interpreters	Cathy Delgardio	1 (866) 380-9410 x154
Pacific Gateway Center	colleen@pacificgatewaycenter.org	(808) 851-7005
Phyu Hnin "Lilo" Aye	Program Coordinator	(808) 851-7000
Pacific Interpreters	matthew.riley@pacificinterpreters.com	1 (800) 311-1232
Tele-interpreter	Access Code Needed by Division	1 (866) 874-3972
Vergara, Herman, Individual	hermanvergara20082gmail.com	(702)468-5311

TRANSLATION (Written Only)

Appleseed, Inc	Krisztina Samu ksamu@appleseedinc.net	1 (609) 561- 9253
Transperfect	demery@transperfect.com	1 (202) 347-2300
Via Language	Nancy Pautsch www.viaLanguage.com	1 (800) 737-8481 x1018

INTERPRETATION AND TRANSLATION

Center for Interpretation and Translation Studies	suezeng@hawaii.edu	(808) 956-4421

WEBSITES

Appleseed, Inc.	http://www.appleseedinc.net
Corporate Translation Services, Inc.	http://www.ctslanguagelink.com
Court Intrerpreter List	http://www.state.hi.us/jud/pdf/interpreters.pdf
East-West Concepts	http://www.eastwestconcepts.com
Federal Guidelines & General Resources	http://www.lep.gov
Language Line Services, Inc.	http://languageline.com
Migration Policy Institute	http://www.migrationinformation.org/datahub
Office of Language Access	http://hawaii.gov/labor/ola
Pacific Gateway	http://www.pacificgateway.org
Pacific Interpreters	http://www.pacificinterpreters.com
Tele-interpreter	http://www.teleinterpreters.com/need_interpreter_now.aspx
Transperfect	http://www.transperfect.com
USDHHS, OCR	http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html

Appendix F: IOM 15-CO-1 Update to IOM 11-CO-05 Regarding Free Interpreter Services for LEP Individuals

INTEROFFICE MEMORANDUM
HAWAII PUBLIC HOUSING AUTHORITY

REF. NO.: 15-CO-001
DATE: 01/14/2015
SUSPENSE:

Subject: Update to IOM 11-CO-05 regarding Free Interpreter Services for LEP Individuals

Originator: Kiriko Oishi

TO: See Distribution List

FROM: Kiriko Oishi
Compliance Office

THRU: Hakim Ouansafi, Executive Director

This is an update to the Language Access methods that are required by HPHA offices under IOM 11-CO-05 (attached).

1. LEP Calls

To ensure that language assistance services are properly provided when a telephone call is received from a LEP individual, all staff members with phones must affix the attached instruction card printed on blue paper on how to handle LEP calls on their phone instrument or computer screen, to be displayed at all times within 12 inches from the phone handset. This will allow ALL users of the handset to provide language assistance using that handset. If you are not familiar with how to use three-way calling on your phone, please also note instructions on the blue card.

Calls received from LEP callers must be responded to by using telephone interpreter services if a bilingual staff or volunteer interpreter in that language cannot be found in the office. The branch/section/office/unit using the telephone interpreter services to respond to the phone call must secure and pay for an interpreter at no cost to the LEP caller in the language requested.

As one option for handling telephone calls from LEP individuals, you may use CTS Language Link's tele-interpreter services at 1-800-208-2620 at the state vendor contract rate of $0.82 per minute. A summary of CTS Language Link's services is attached. The HPHA main account number for CTS Language Link is 9540. Keep track of your monthly usage and submit use information to the Compliance Office, including staff member's name, date and time of use, and duration of use at the end of the calendar month. The invoice will be sent to you from the Compliance Office for verification of use and charged to your branch/unit/section/office. The CTS Language Link operator has the capability of facilitating a three-party call, if you are calling out. CTS Language Link can also assist you with determining the language spoken by the caller if you are unable to determine this yourself.

You are not limited to this vendor, you may use any tele-interpreter service that meets your interpretation needs.

If you are an office that frequently receives calls from the public, and the handsets in your office do not have three-way calling capability, please put the budget request in for the upcoming budget year, as it is NOT acceptable to get the callers' phone number and call them back.

Include any LEP phone calls in your semi-annual LEP encounter data log (Refer to IOM 11-CO-02). Alternatively, you may use the attached LEP encounter log form and submit the completed form to the Compliance Office as they are completed.

2. DHS 5000 forms

   Please also find attached the translated versions of the DHS5000 form for your use when collecting information regarding a family's language needs. If you need translated versions of the DHS 5050 Interperter Form & Code of Ethics Form, they are available on the DHS website here: http://humanservices.hawaii.gov/civil-rights-corner/

3. Use of paid interpreters/telephone interpreters

   Use of friends or family members, particularly household members, as interpreters IS NOT PERMITTED due to the inherent conflict of interest when tenant rights are involved. In all interactions with LEP families, please use qualified interpreters. This includes but is not limited to:

   - Rights
     - Reasonable accommodations/modifications
     - Unit transfers including relocation for modernization, emergency transfers, and rightsizing
     - Informal meetings
     - Hearings
     - Anything that is documented in the tenant file such as complaints
   - Benefits
     - Rent calculation
     - Rent redetermination
     - Utility allowance

INTEROFFICE MEMORANDUM
HAWAII PUBLIC HOUSING AUTHORITY

REF. NO.: 15-CO-001
DATE: 01/14/2015
SUSPENSE:

Subject: Update to IOM 11-CO-05 regarding Free Interpreter Services for LEP Individuals

Originator: Kiriko Oishi

TO: See Distribution List

FROM: Kiriko Oishi
Compliance Office

- Eligibility
  - Explanation of the application process and forms
  - Eligibility requirements for each program
  - Household member inclusions and removals
  - Recertification process
- Tenant obligations that tenancy or program participation is conditioned on
- Denial of assistance, including grievances, eviction, disputes regarding rent, maintenance or other charges, and terminations are involved.

USE OF MINORS as interpreters is NOT PERMITTED unless it is for very basic issues, such as asking for directions.

Attachments:

- Tele-Interpreter Instruction Card
- CTS Language Link Summary of Services
- CTS Language Link Tips and Advice
- OLA Summary of Hawaii's Language Access Law
- DHS 500 Form (Translated in English, Chinese, Japanese, Korean, Marshallese, Spanish, and Vietnamese)
- Language Access Reporting Tool & Instructions

Distribution List:

OED	APPS	FMO	AMP 32/33	AMP 39
PMMSB	SEC 8	CMS	AMP 34	
PEO	HRO	ITO	AMP 35	
CO	CPO	AMP 30	AMP 37	
CF	PERS	AMP 31	AMP 38	

TELE INTERPRETER

Call Toll Free Number: 1 (877) 650-8027 for live operator (3rd party call is an option).

Provide:

- Account Number: 9540 (for HPHA)
- Your First and Last Name
- Language(s) needed

Don't forget to log on the LEP Encounter Report

TELE INTERPRETER

Call Toll Free Number: 1 (877) 650-8027 for live operator (3rd party call is an option).

Provide:

- Account Number: 9540 (for HPHA)
- Your First and Last Name
- Language(s) needed

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- Account Number: 9540 (for HPHA)
- Your First and Last Name
- Language(s) needed

Don't forget to log on the LEP Encounter Report

TELE INTERPRETER

Call Toll Free Number: 1 (877) 650-8027 for live operator (3rd party call is an option).

Provide:

- Account Number: 9540 (for HPHA)
- Your First and Last Name
- Language(s) needed

Don't forget to log on the LEP Encounter Report

TELE INTERPRETER

Call Toll Free Number: 1 (877) 650-8027 for live operator (3rd party call is an option).

Provide:

- Account Number: 9540 (for HPHA)
- Your First and Last Name
- Language(s) needed

Don't forget to log on the LEP Encounter Report

CTS languagelink™
We speak your customer's language

Dear Western States Contracting Alliance Members,

Welcome to CTS LanguageLink!

We are pleased to have the opportunity to serve your Over-the-Phone Interpretation needs. Since 1991, CTS LanguageLink has provided the most trusted multilingual communication for the most demanding and diverse client base. You can count on one team, in one place to handle all of your language needs.

Our services feature:

- 240+ languages and dialects
- Access 24 hours a day, 7 days a week, 365 days a year
- Online Client Portal to access your account and services
- Personalized service and custom toll-free numbers
- Support materials for your staff, offices and locations
- Full suite of language solutions offered in-house

How to Request Interpretation Services:

Please follow the steps below when calling to request an interpreter:

Step 1: **Call +1 (877) 650-8027 (WSCA Hawaii toll-free number)** for live operator (3rd party call is an option)

Step 2: **Provide the Call Center Service Representative (CSR) with:**

- Your Account Number, **9540** for the Hawaii Public Housing Authority
- Your First and Last Name
- Language (s) needed

Please contact our Client Relations Manager if you have any further questions.

Camilo Angel, Client Relations Manager
Direct Line 1-866-610-1338 x 781
camilo.angel@ctslanguagelink.com or schedule@ctslanguagelink.com

CTS

link™

We speak your customer's language

How to Work with a Telephone Interpreter

YOUR ROLE

Telephone interpreters may receive several calls a day—each one requiring special attention in a specific field. When working with an interpreter over the phone, there are a few things you should keep in mind to ensure your call is handled quickly and successfully.

- Always speak in first person, just as you would in normal conversation. For example, say, "Do you have a fever?" rather than "Ask her if she has a fever, please."
- Immediately introduce yourself to the limited-English proficient (LEP) client and explain your reason for calling.
- Telephone interpretation is "consecutive" interpretation. That means you will experience pauses when the interpreter repeats each statement in the respective language.
- After you speak one-two sentences or finish a thought, pause to give the interpreter enough time to interpret.
- Be prepared to explain some things in more detail for the telephone interpreter. Some terminology and concepts may not have an equivalent in the target language.
- Control the conversation. The telephone interpreter is only there to interpret. You are responsible for making sure the LEP client receives the same service as an English-speaking client.
- Ask the interpreter and the LEP client questions to ensure they understand what you want to communicate.
- Avoid asking the interpreter for his/her opinion about the situation being interpreted.
- We can accommodate three-way telephone interpretation calls. Tell the call center agent the name and phone number of the third party, and they will arrange the call for you. The interpreter cannot facilitate this for you. You must ask the call center agent at the beginning of the call.
- Follow up by providing us with feedback about your interpretation services.

YOUR TELEPHONE INTERPRETER'S ROLE

We expect our interpreters to meet high standards and want to know when they are meeting our expectations. To that end your feedback is critical.

- Make sure your interpreter introduces himself/herself using a first name and ID number. They are not required to provide a last name.
- Your interpreter should not have a side conversation with you or the client. He or she must relay everything that is said back to you or your client. This includes any advice that the client may ask of the interpreter.
- Your interpreter should not discuss anything unrelated to the telephone interpretation assignment.

More questions about telephone interpretation? Contact us at 1-866-610-1338 or email info@ctslanguagelink.com

911 Main Street, Suite 10 | Vancouver, Washington 98660 | Toll Free: +1 800-208-2620 | Fax: (360) 693-9292
www.ctslanguagelink.com

Office of Language Access
State of Hawai'i

830 Punchbowl Street, Suite 322
Honolulu, Hawai'i 96813
Telephone: (808) 586-8730
Fax: (808) 586-8733
Email: dlir.ola@hawaii.gov
www.hawaii.gov/labor/ola

Neighbor Island Toll Free Numbers & TTY/TDD:
Hawai'i (800) 974-4000 ext. 68730
Kaua'i (800) 274-3141 ext. 68730
Maui (800) 984-2400 ext. 68730
Moloka'i & Lana'i (800) 468-4644 ext. 68730
TTY/TDD (808) 586-8847

What is Hawai'i's Language Access Law?

Office of Language Access

Summary of Hawai'i's Language Access Law

HRS §§ 371-31 to -37

Hawai'i's Language Access Law was enacted by the Legislature in 2006 and subsequently signed into law by Governor Linda Lingle. The purpose of this law is to affirmatively address, on account of national origin, the language access needs of limited English proficient (LEP) persons to ensure equal access to state services, programs and activities.

Who does the law apply to? The law applies to 25 state agencies, including the legislature, the judiciary the departments of the executive branch, and to covered entities. The latter are organizations/entities that receive state-funding and provide services to the public.

What does the law require? State agencies and covered entities are required to do four things:

- Assess the need for providing language services and take reasonable steps to ensure meaningful access to state-funded services, programs and activities by LEP persons;
- Provide oral language services in a timely and competent manner. For the Legislature only, this includes providing oral language services for public meetings or hearings, if it is reasonable;
- Offer written translations of vital documents into the primary language of LEP persons who constitute 5% or 1,000 of the population eligible to be served or likely to be affected or encountered, or notice of the right to receive oral interpretation of vital documents if said population is less than 50; and
- Establish a language access plan (Plan). State agencies must submit their Plans to the Office of Language Access (OLA) by the statutory deadlines. Covered entities may voluntarily submit their Plans to the OLA.

State agencies must also designate Language Access Coordinators to establish and implement their Plans, consult with the OLA, and hire bilingual personnel for existing, budgeted, vacant public contact positions.

When are language services required? In order to determine whether it must provide language services under this law, a state entity or covered entity must consider and weigh the totality of the circumstances (i.e. the whole picture), including the four factors below. No one factor alone is determinative.

- What is the *number* or *proportion* of LEP persons served or encountered in the eligible service population?
- What is the *frequency* with which LEP persons come into contact with the entity's services, programs or activities? (i.e. How often are LEP persons encountered?)
- What is the *nature and importance* of the services, programs or activities of the entity?
- What are the *resources available* to the state or covered entity and the costs?

OLA & the Language Access Advisory Council

The OLA was created as part of the Language Access Law to provide oversight and central coordination of state agencies, as well as technical assistance to state agencies and covered entities in their respective implementation of language access requirements. In addition, the OLA monitors and reviews state agencies for compliance with the law and investigates public complaints of language access violations, which it works to eliminate using informal methods.

The Language Access Advisory Council advises the OLA's Executive Director on implementation and compliance, quality of oral and written language services, and the adequacy of a state agency's or covered entity's dissemination and training of its employees who are likely to have public contact with LEP persons. The Council consists of 16 members, including representatives from state government, a covered entity, a bilingual caseworker, an advocacy organization serving LEP persons, professional trainers in interpretation and translation, a Hawaiian language advocacy organization, a professional interpreter's organization, a bilingual referral service program, the counties, and three ex officio members, one each from the Disability and Communication Access Board, Hawaii Civil Rights Commission and the OLA.

Appendix G: DHS 5000 Offer and acceptance of free interpreter form

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: ☐ YES* ☐ NO
*Sign and date below.

2. ☐ I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below.

☐ I need an interpreter for the following language: _____

If you need an interpreter, go to part 3, and check the box that applies to you.

3. ☐ I want DHS to provide an interpreter at no cost to me.

☐ I do not want an interpreter provided by DHS, and I will provide my own.

- I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
- I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
- I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
- I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.

4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.

Print Name: _____ Phone: _____

Signature: _____ Date: _____

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

提供并接受或免除免費的翻譯服務

案例名稱: _____ 案例號碼: _____

需要翻譯來: _____
(姓名)

工作者: _____ 單元: _____

電話: _____ Fax: _____

如果英語不是我的母語，民政部（Department of Human Services - DHS）免費向我提供一位翻譯。

1. 英語是我的母語:	☐ 是* ☐ 號碼 *在下方簽名和日期。
2. ☐ 我不需要一位翻譯。如果你不需要翻譯，看第4部分並在下方簽名: ☐ 我需要以下語言的翻譯: _____ 如果你需要翻譯，看第3部分，并勾選適用的欄。	
3. ☐ 我希望DHS免費向我提供翻譯。 ☐ 我不想讓DHS給我提供翻譯，我能自己提供。 • 我理解DHS可能會安排一位獨立翻譯來觀察我的翻譯，以確保溝通的準確性。 • 我理解讓家人或朋友做翻譯可能不是幫助我獲得DHS提供的福利和服務的最有效方式。 • 我理解DHS不推薦讓家庭成員或朋友做翻譯，并禁止用未成年人（18歲以下）來做翻譯。 • 我理解，如果我這次不想要翻譯服務，我有權在今後改變主意并讓DHS屆時提供免費的翻譯服務或讓我選一位翻譯。	
4. 我已閱讀并理解這張表上的信息。如果我有問題或擔憂，我能聯繫上述工作人員。 打印名: _____ 電話: _____ 簽名: _____ 日期: _____	

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

提供并接受或免除免費的翻譯服務

案例名稱：_____ 案例號碼：_____

需要翻譯來：_____
（姓名）

工作者：_____ 單元：_____

電話：_____ Fax：_____

如果英語不是我的母語，民政部（Department of Human Services - DHS）免費向我提供一位翻譯。

1. 英語是我的母語：	☐ 是* ☐ 號碼 *在下方簽名和日期。
2. ☐ 我不需要一位翻譯。如果你不需要翻譯，看第4部分並在下方簽名： ☐ 我需要以下語言的翻譯：_____ 如果你需要翻譯，看第3部分，并勾選適用的欄。	
3. ☐ 我希望DHS免費向我提供翻譯。 ☐ 我不想讓DHS給我提供翻譯，我能自己提供。 • 我理解DHS可能會安排一位獨立翻譯來觀察我的翻譯，以確保溝通的準確性。 • 我理解讓家人或朋友做翻譯可能不是幫助我獲得DHS提供的福利和服務的最有效方式。 • 我理解DHS不推薦讓家庭成員或朋友做翻譯，并禁止用未成年人（18歲以下）來做翻譯。 • 我理解，如果我這次不想要翻譯服務，我有權在今後改變主意并讓DHS屆時提供免費的翻譯服務或讓我選一位翻譯。	
4. 我已閱讀并理解這張表上的信息。如果我有問題或擔憂，我能聯繫上述工作人員。 打印名：_____ 電話：_____ 簽名：_____ 日期：_____	

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

無料の通訳サービスの提供、および承認または権利放棄

ケース名：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ケース番号：＿＿＿＿＿＿

通訳を必要とする者：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
(氏名)

ワーカー：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ユニット：＿＿＿＿＿＿

電話：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ファックス：＿＿＿＿＿＿

ヒューマンサービス省（Department of Human Services -DHS）は、私の主言語が英語でない場合に応じて、私に無料の通訳を提供することを申し出ました。

1. 英語が私の主言語です： ☐ はい* ☐ いいえ
   *以下に署名と日付を記入してください。

2. ☐ 私は通訳を必要としません。もし通訳を必要としない場合は、下のパート４へ進み、署名してください：
   ☐ 私は次の言語の通訳を必要とします：＿＿＿＿＿＿＿＿＿＿
   もし通訳を必要とする場合は、パート３へ進み、当てはまる項目のボックスをチェックしてください。

3. ☐ 私はDHSからの無料の通訳の提供を希望します。
   ☐ 私はDHSが提供する通訳を希望せず、自分で通訳を見つけます。
   - DHSがコミュニケーションの正確性を確認するために、私が選んだ通訳を観察するための独立通訳者を提供する場合があることを、私は理解しています
   - 私は、家族または友人を通訳として用いることは、DHSが提供する利益やサービスに私がアクセスできるようにするためには、必ずしも最も効果的な方法ではないことを理解しています。
   - 私は、DHSが家族または友人を通訳として用いることを勧めず、さらに未成年（18歳未満）を通訳として用いることを禁止していることを理解しています。
   - 私は、今時点で通訳サービスを希望しなかったとしても、将来的にその考えを変えてDHSによる通訳サービスの提供を受けたり、私が選択した通訳を用いることができることを理解しています.

4. 私は本書の情報を読み、理解しました。質問や懸念がある場合は、上記の職員に連絡することができます。

氏名（楷書）：＿＿＿＿＿＿＿＿＿＿ 電話：＿＿＿＿＿＿

署名：＿＿＿＿＿＿＿＿＿＿ 日付：＿＿＿＿＿＿

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

무료 통역 서비스 신청과 접수 또는 유예

케이스 명칭: _____ 케이스 번호: _____

통역자가 필요한 사람: _____
(성명)

담당자: _____ 부서: _____

전화: _____ 팩스: _____

인적서비스국 (Department of Human Services - DHS) 은 본인의 주 언어가 영어가 아닐 경우, 무료 통역자를 배치하겠다고 했습니다.

1. 나의 주 언어는 영어입니다: ☐ 예* ☐ 아니오
*서명을 하고 아래에 날짜를 적으시오.

2. ☐ 본인은 통역자가 필요하지 않습니다. 귀하에게 통역자가 필요하지 않다면 4부로 가고, 아래에 서명하시오:
☐ 본인은 다음 언어의 통역자가 필요합니다: _____
통역자가 필요하다면 3부로 가고, 당신에게 해당하는 상자에 체크하시오.

3. ☐ 본인은 DHS가 본인에게 무료 통역자를 배치하도록 원합니다.
☐ 본인은 DHS가 배치하는 통역자를 원하지 않으며, 제가 직접 구할 것입니다.
- 본인은 DHS가 별도 통역자가 저의 통역자를 관찰하여, 의사전달이 정확한지 확인할 것임을 이해합니다.
- 본인의 가족이나 친구를 통역자로 사용하는 것이 DHS가 제공하는 이익과 서비스에 접근하는데 가장 효과적인 방법이 아니라는 것을 이해합니다.
- DHS는 가족 또는 친구를 통역자로 쓰는 것을 권장하지 않으며 미성년자(18세 미만)을 통역자로 쓰는 것은 금지한다는 것을 이해합니다.
- 지금은 통역 서비스를 원하지 않더라도 장래에 마음을 바꿀 권리가 있으며, 그때 DHS가 무료 통역 서비스를 배치하거나, 제가 선택하는 통역자를 대동할 수 있다는 것을 이해합니다.

4. 본인은 이 양식에 있는 내용을 읽고 이해했습니다. 질문이나 궁금한 점이 있다면, 본인은 위 명단에 있는 실무자에게 연락할 수 있습니다.

인쇄체 이름: _____ 전화: _____

서명: _____ 일자: _____

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

LELOK IM BŌK AK JOLOK WEWEN JIBAÑ KO EJELOK WONEIR IKIJEN JERBAL IN UKOK

Etan Case eo: _____ Nomba in Case eo: _____

Aikuij Rukok eo Ñan: _____
(Et Eo)

Rijerbal: _____ Jikin: _____

Talboon: _____ Fax: _____

Ra eo Eddoon Jibañ Armij (Department of Human Services - DHS) emoj an letok juōn rukok ñan iō kin ejlok oṇāān, elaññe English ejab kajin eo aō imaantata.

1.	ENGLISH ej kajin eo aō imantata:	☐ AET* ☐ JAAB *Likit eltan peium ekoba date ijin ilal.
2.	☐	Ijab aikuij rukok. elaññe kojab aikuij rukok etal ñan peij 4 im likit eltan peium ijin ilal:
	☐	Iaikuij rukok ikijen lajrak in kajin : _____ Elaññe koj aikuij rukok, etal ñan part 3, im kokale box ne ejimwe im jejjot ñan iok.
3.	☐	Ikonan bwe DHS en letok juon rukok ilo ejlok oṇāān ñan iō.
	☐	Ijab konan juon rukok eo letok in DHS, im inaj make bukot juon. • I melele ke DHS emaroñ lolorjake bwe en wōr juon eo jen ilikin naaj maroñ itok in komane jerbal in etale im lale bwe aoleb melele ko ren jimwe im jejjetjen rukok eo ao ilo tore eo ej kōṃṃane jerbal in ukok eo. • Imelele ke elaññee naaj kejerbal ro nuku ak motta einwot jet ro renaj ukok emaroñ in jab juon wewen eo ejejjet ñan jipañ bwe in tōpar menin jeraman ko im jipañ ko jet im DHS enaj litok. • Imelele ke DHS ejab kemlem kejerbal ro uwaan baamle ak ro ṃōttad einwot rukok im ejab melim kejerbal ajiri ro (ejelok juon iumin 18 iio dettan) einwōt rukok. • Imelele ke elaññee ijab kōṇaan juon rukok bwe en jipañ ilo ien in, eloñ ao maroñ ñan ukot ao lemnak ilo ien ko tokelik im lelok bwe DHS en jibañ ikijen letok juon rukok ilo ejelok oneen ak bōktok juon rukok eo inaaj kelete.
4.	Emoj aō liñiri im imelele kin aoleb melele kein ilo peba in. Elaññe eor ao kajitok ak inebata, imaroñ kir lok rijerbal ro ijin iloñ.	

Je likio in Etam: _____ Talboon: _____

Jain etam: _____ Allōñ/ Raan/lio: _____

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

OFERTA Y ACEPTACIÓN O RENUNCIA DE LOS SERVICIOS GRATUITOS DE INTERPRETACIÓN

Nombre del caso: _____ Número del caso: _____

Intérprete necesario para: _____
(Nombre)

Trabajador: _____ Unidad: _____

Teléfono: _____ Fax: _____

El Departamento de Servicios Humanos (Department of Human Services - DSH) me ha ofrecido un intérprete sin coste si el inglés no es mi idioma principal.

1. El INGLÉS es mi idioma principal: ☐ SÍ* ☐ NO
   *Firma y fecha a continuación.

2. ☐ No necesito un intérprete. Si no necesita un intérprete, diríjase a la parte 4 y firme a continuación:
   ☐ Necesito un intérprete del siguiente idioma: _____
   Si necesita un intérprete, diríjase a la parte 3 y marque la casilla que le corresponda.

3. ☐ Deseo que el DSH me proporcione un intérprete sin coste.
   ☐ No quiero un intérprete proporcionado por el DSH, y conseguiré uno por mi cuenta.
   - Entiendo que el DSH puede contratar un intérprete independiente para supervisar a mi intérprete y garantizar la precisión de la comunicación.
   - Entiendo que usar a familiares o amigos como intérpretes puede no ser la forma más efectiva para ayudarme a acceder a los beneficios y servicios que el DSH ofrece.
   - Entiendo que el DSH no recomienda el uso de familiares o amigos como intérpretes y prohíbe el uso de menores (menores de 18 años) como intérpretes.
   - Entiendo que si no deseo servicios de interpretación en estos momentos, tengo el derecho a cambiar de idea en el futuro y solicitar al DSH que me proporcione servicios gratuitos de interpretación en ese momento o contrate a un intérprete de mi elección.

4. He leído y entiendo la información de este formulario. Si tengo preguntas o dudas, puedo contactar con los trabajadores anteriormente listados.

Nombre en mayúsculas: _____ Teléfono: _____

Firma: _____ Fecha: _____

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

ĐỀ NGHỊ VÀ CHẤP NHẬN HOẶC MIỄN PHÍ DỊCH VỤ THÔNG DỊCH

Tên Vụ án: _____ Mã số Vụ án: _____

Cần Thông dịch viên Để: _____
(Tên)

Nhân viên: _____ Đơn vị: _____

Điện thoại: _____ Fax: _____

Sở Dịch vụ Nhân sinh (Department of Human Services - DHS) đã đề nghị mời một thông dịch viên đến thông dịch miễn phí cho tôi nếu tiếng Anh không phải là ngôn ngữ chính của tôi.

1. TIẾNG ANH là ngôn ngữ chính của tôi: ☐ PHẢI* ☐ KHÔNG PHẢI
*Ký tên và ghi ngày ở dưới.

2. ☐ Tôi không cần thông dịch viên. Nếu bạn không cần thông dịch viên, hãy đi đến phần 4 và ký tên bên dưới:

☐ Tôi cần một thông dịch viên cho ngôn ngữ sau: _____

Nếu bạn cần một thông dịch viên, hãy đi đến phần 3 và đánh dấu vào ô thích hợp với bạn.

3. ☐ Tôi muốn DHS cung cấp một thông dịch viên miễn phí cho tôi.

☐ Tôi không muốn thông dịch viên do DHS cung cấp và tôi sẽ tự tìm thông dịch viên cho mình.

- Tôi hiểu rằng DHS có thể mời một thông dịch viên độc lập đến quan sát thông dịch viên của tôi để đảm bảo tính chính xác của quá trình giao tiếp.
- Tôi hiểu rằng việc nhờ gia đình hoặc bạn bè làm thông dịch viên có thể không phải cách hiệu quả nhất giúp tôi tiếp cận những quyền lợi và dịch vụ mà DHS cung cấp.
- Tôi hiểu rằng DHS không khuyến khích việc nhờ thành viên gia đình hoặc bạn bè làm thông dịch và nghiêm cấm việc sử dụng trẻ vị thành niên (người dưới 18 tuổi) làm thông dịch viên.
- Tôi hiểu rằng nếu tôi không muốn sử dụng dịch vụ thông dịch tại thời điểm này, tôi vẫn có quyền thay đổi ý định của mình trong tương lai và yêu cầu DHS cung cấp dịch vụ thông dịch miễn phí tại thời điểm đó hoặc tôi sẽ dẫn theo một thông dịch viên mà tôi lựa chọn.

4. Tôi đã đọc và hiểu các thông tin trong mẫu này. Nếu tôi có câu hỏi hoặc quan ngại gì, tôi có thể liên lạc với nhân viên được ghi ở trên.

Tên Viết Hoa: _____ Điện thoại: _____

Chữ ký: _____ Ngày: _____

Appendix H: "I speak" cards

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Asisinen Kapasen Fonuwom
Mwe Kaatun Atapanapwan

Chuukese

Aloha, my name is _____

The language I speak is Chuukese.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Ranallim ttet _____

Ua fos nun Kapasen Chuuk.

Use Sine Kapasen Ingeles. Kose Mochen Kutta emon a tongeni chiakuni ai kapas pun Sipwe tufichin Poraus fengen.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

言語確認書および緊急用カード

Japanese • 日本語

Aloha, my name is _____

The language I speak is Japanese

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

アロハ、私の名前は_____ _____です。

私が話すことばは日本語です。

私は英語で話すことが殆どできません。

日本語の理解できる方と話したいのですが、お手配いただけますか。

マハロ。

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

語言識別應急卡

Cantonese • 廣東話

(Traditional Characters)

Aloha, my name is _____

The language I speak is Cantonese.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

你好!我的名字是：_____

我說廣東話。

我不太會講英文。請幫我找一個會講廣東話的人，以便溝通。

謝謝。

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Pwepuh In Ahkalemye Kahs Lom Ac
Oacyacoac Card In Mwe Elyah Kuh Fosrngah

Kosraean

Aloha, my name is _____

The language I speak is Kosraean.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Pain kom, inek pa _____

Kahs nga sramsramkin uh pa Kosraean.

Nga tuesa kahlem kuh tuac kuh in kahs English. Nuhnak muhnuhs sokack se mwet ma etuh kahs luhk uh kihtacl in kuh in sramsram nuh sin sie. Kuloh.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Pagkilala nang Wika
At Biglang Pangangailangan na Tarheta

Tagalog

Aloha, my name is _____

The language I speak is Tagalog.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Manalo.

Aloha, ang pangalan ko ay _____

Ang wikang sinasalita ko ay Tagalog

Hindi ako gaanong marunong ng Ingles. Kung maari, ihanap mo ako ng marunong magsalita ng Tagalog. Salamat.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

언어식별 및 응급의료카드

Korean • 한국어

Aloha, my name is _____

The language I speak is Korean.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

안녕하, 본인의 성명은 다음과 같습니다

_____

본인이 사용하는 언어는 다음과 같습니다: 한국어.

본인은 영어를 충분히 또는 전혀 구사하지 못 합니다. 본인의 언어를 잘 구사하는 사람을 찾아 서로 의사소통을 할 수 있도록 해주시기 바랍니다. 감사합니다

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq).

聯邦法及州法*規定：如果您的機構受聯邦或州政府資助，而我符合資格得到服務的話，貴機構必須能夠使用我的母語提供服務，並不得收取額外費用。

*夏威夷修正法第371章(夏威夷會期法2006年290號法案) 以及1964年民權法第六章 (美國法典42，§2000等)。

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

州および連邦法は、貴機関が、州または連邦の補助金を受けており、このカード所持者が下記の法規の適用を受ける資格を持つと認めた場合、母国語で無償の情報提供が受けられることを定めています。

*HRS Chapter 371 (Act 290 SLH 2006) y Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state o federal funds, you must be able to talk to me in my own languag at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §200 et seq).

Allukun state mwe federal a apasa ika mei toruk moni seni state ik federal, iwe kopwe tufichin kapas ngeni ei non kapasen fonuwei esap kamo mwe awora alilis ika ngang mei kualifi.

*HRS Chapter 371 (Act 290 SLH 2006) me Title VI of the Civil Rights Act of 1964 (42 U.S.C. §200 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq).

주법 및 연방법*의 규정하는 바는 귀하의 담당기관이 주 또는 연방기금을 수령하고 있을 경우, 귀하는 반드시 본인의 언어를 사용하여 무료로 본인과 상의하며, 본인의 자격이 되면 서비스를 제공할 수 있어야만 합니다.

하와이 개정 법령, 제371장 (제290조, 2006년도 하와이주 법률) 및 1964년도 제정 민권법 타이틀 VI(미합중국 법전 42, 제2000항 및 후속 항)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Sinasabi ng mga batas ng Estado at Federal na kung tumatanggap kayo ng pondong federal o pang-estado kailangan na may kakayahan kayo na maka-usap ako sa aking wika na walang gastos sa akin at magdulot ng na-a-angkop na paglilingkod kung nararapat kong tanggapin.*

*HRS Chapter 371 (Act 290 SLH 2006) at Title VI nang Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Masap Lun State ac Federal fwak la fwin oasr kahsruh ke sacn tuhkuh sin State kuh Federal,nuh sin acn orekma se kuh kampihni se, kom enenuh in kuh in sramsram nuh sihk ke kahs luhk uh wacngin molo nuh sihk ac oacyacpac ikacilah innek in kahsruh fin nga kuh in eis.*

*HRS Chapter 371 (Act 290 SLH 2006) ac Title VI ke the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Koe Kaati Ke Fakafaikehekehe'i 'A E Lea Mo Ha Me'a Fakatu'upake

Tongan • *Tonga*

Aloha, my name is _____

The language I speak is Tongan.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Malo e lelei, ko hoku hingoa ko _____

Ko e lea 'oku ou ngaue'aki ko e: Lea faka-Tonga

'Oku 'ikai ke lelei 'eku lea fakapapalangi. Fakamolemole kae kumi mu'a ha taha 'oku poto lelei he lea faka-Tonga ke ma lava 'o femahino'aki: malo. Malo.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Thin Ni Waab In Yapese Language

Yapese

Aloha, my name is _____

The language I speak is Yapese.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Mugethin, fithngag' i _____

Gu ma thin nu Yapese.

Gathi ri gumnang e thin ni mariken nib fel rogon. Wenig ngom mu gey be' nge maabweg thin rodow. Kanmagar.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Pakabigbigan Ti Pagsasao Ken Nariknut a Pakasapulan nga Tarheta

Ilocano • *Ilokano*

Aloha, my name is _____

The language I speak is Ilocano.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Aloha, Ti nagan ko ket _____

Ti Pagsasaok ket Ilokano.

Diak unay makasao iti Ingles. No la mabalin ket sumapul kayo iti tao nga makasao iti pagsasaok tapnon makapagsarita kami iti maysa ken maysa. Dios ti agngina.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

语言识别应急卡

Mandarin Chinese • 普通话

(Simplified Characters)

Aloha, my name is _____

The language I speak is Mandarin Chinese.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

你好！我的名字叫 _____

我讲普通话。

我不会讲英文。请找一个会讲普通话的人来帮助我们沟通。谢谢。

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Thẻ Về Ngôn Ngữ Dùng Trong Trường Hợp Khẩn Cấp

Vietnamese • *Tiếng Việt Nam*

Aloha, my name is _____

The language I speak is Vietnamese.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Chào, tôi tên la _____

Tôi nói tiếng Việt Nam

Tôi không biết nói tiếng Anh. Vui lòng tìm người thông dịch dùm

Xin cảm ơn

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Pepa e iloa ai le gagana ma Fa'alavelave Fa'afuasei

Samoan • *Gagana Samoa*

Aloha, my name is _____

The language I speak is Samoan.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Talofa o la'u igoa o _____

Oute tautala i le gagana Samoa. Ona e fa'alēlelei la'u Igilui

Fa'amolemole, saili mai se isi e malamalama i la'u gagana ina ia mafai ona ma talanoa. Fa'afetai.

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Ti Estado Ken Pederal a linteg, ipalawagna nga no agaw-awat ka iti pondo nga ag-gapu iti Estado wenno Pederal, masapul nga maksaritanak babaen ti pagsasaok nga awan magastos, ken maited kaniak ti serbisyo no la ket maikariak.

*HRS Chapter 371 (Act 290 SLH 2006) ken Title VI iti Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Bayang ko motochiyal, Faanra agency rom e ma feke alpiy ko State nge Federal funds, ma thingar munang e thin ni mariken. Faanra damnang, ma yadra pii be'ri nge aywegem ni dariy puluon nge yoge ayuw ngom.

*HRS Chapter 371 (Act 290 SLH 2006) ch Title VI en Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Fakatatau ki he lau 'a e lao kapau 'oku ma'u 'e hoku fakafofonga ha tokoni fakapa'anga mei he pule'anga, kuopau ke mou fakahoko 'a e ngaahi fetu'utaki pea mo au 'i he'eku lea fakafonua ta'e'i ai ha totongi ki ai pea ke 'omai kiate au 'a e ngaahi sevesi 'oku totonu ke u ma'u.*

*HRS, Vahe 371 (Lao 290 SLH 2006) pea mo e Tiitii fohi VI 'o e Civil Rights Act 'o e 1964 (U.S.C. 42, Konga 2000 mo hono ngaahi kongokonga)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

E tusa ma tulafono a le Setete ma le Malo Tele, so'o se ofisa o lo'o mauaa fesoasoani mai lea vaega, e mafai ona latou fesoasoani mai ia te a'u ma fa'amatala lelei ma manino le latou 'au'aunaga mo a'u e aunoa ma se totogi, pe afai oute agava'a i le latou polokalama.

*HRS Chapter 371 (Act 290 SLH 2006) ma Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Theo luật tiểu bang và liên bang nếu cơ quan có nhận tiền quỹ của tiểu bang và liên bang và nếu tôi đủ điều kiện thì cơ quan sẽ phải cung cấp người thông dịch miễn phí cho tôi

*HRS chương 371 (Act 290 SLH 2006) và Đề mục VI của Luật về Quyền Công Dân năm 1964 (42U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

联邦法及州法*规定，若我符合资格得到服务，且您的机构受联邦或州政府的资助，贵单位必须能够使用我的母语为我提供服务，并不得收取额外费用。

*夏威夷修正法第371章(夏威夷会期法2006年290号法案)以及1964年民权法第六章(美国法典42 § 2000等)。

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Tarjeta de Emergencia e Identificación de Idioma

Spanish • *Español*

Aloha, my name is _____

The language I speak is Spanish.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Aloha, mi nombre es _____

El idioma que hablo es español.

Hablo muy poco o no hablo nada de inglés. Por favor, busque una persona que sepa hablar mi idioma bien para podernos entender. Gracias.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Aidih Kard Ong Ansoau Kariwaru Ni Pein Sapwellimwomi Masehn De Ni Mahsen En Pohnpei

Pohnpeian

Aloha, my name is _____

The language I speak is Pohnpeian.

I do not speak English well or at all. Please find someone who can speak my language well so we can talk to each other. Mahalo.

Kaselehlie, edei _____

I kin lokaiahn Pohnpei.

I sohte kak lokaiahn wai mwahu. Komw kak rapahkida emen me kak lokaiahn Pohnpei, pwe ten kak kaseui pene. Kalanhgan

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Kart In Kalikare Kajin Eo Im Kab Ñan Ien Idiñ

Marshallese • *Kajin Majōl*

Aloha, my name is _____

The language I speak is Marshallese.

I do not speak English well or at all. Please find someone who ca speak my language well so we can talk to each other. Mahalo.

Iakwe, eta in _____

Kajin eo aō ej Kajin Majōl.

Ijjab jelā kajin Bālle im ijabwe ñan aō kōnnaan. Jouj im bukot tok juō eo ejelā kajin eo aō bwe kemro en maroñ kōnnaan. Kom emool.

LANGUAGE IDENTIFICATION AND EMERGENCY CARD

Tarheta sa Pag-ila sa Pinulongan ug sa Pahahon sa Kapit-os

Cebuano

Aloha, my name is _____

The language I speak is Cebuano.

I do not speak English well or at all. Please find someone who ca speak my language well so we can talk to each other. Mahalo.

Aloha, ang akong ngalan mao si _____

Sebuano ang akong sinultihan.

Dili ko makasulti ug maayo sa Iningles. Busa palihug pangita-i ko u tawo nga makasulti sa akong pinulongan aron maka-istorya kami u maayo. Daghang salamat.

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Kien ko an State im Federal rej kwalok ke elaññe kwōj kōjerbal jāān jen State ak Federal, innām kwanaaj aikuj in maroñ kōnnaan ippa ilo kajin eo aō ejellok wonāān, im letok jipañ ko jet remālim ekkar ñan kien kein.

*HRS Chapter 371 (Act 290 SLH 2006) im Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Ang mga balaod sa Estado ug Federal naga-ingon nga kung ikaw nagadawat ug pondo gikan sa estado o federal, gikinahanglan nga ikaw makig-istorya kanako sa akong pinulongan nga walay bayad, ug kung angay, mahimo usab akong modawat ug uban pang mga serbisyo.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state or federal funds, you must be able to talk to me in my own language at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

Leyes federales y estatales declaran que si su agencia recibe fondos federales o estatales, Ud. tiene que hablarme en mi propio idioma sin cobro, y proporcionarme con servicios si califico para recibirlos, segun*

*HRS Chapter 371 (Act 290 SLH 2006) y Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq)

State and Federal laws* say that if your agency receives state o federal funds, you must be able to talk to me in my own languag at no cost to me and provide services if I qualify.

*HRS Chapter 371 (Act 290 SLH 2006) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. §200 et seq)

Kuunned en oahpis en Awai oh Ahmerika ketihtihki me ma omwi ohpis d pali kin ale sawas en oahpis punukat, ah oahpis punukat pahn punkouhk oh rapahkida sounkawehwe men pwehn koasoaiengie nan ahi lokaia n soh isai ieu oh kihiengie soangen sahpis teikan me I warehng ale.

*HRS Chapter 371 (Act 290 SLH 2006) oh Title VI en the Civil Rights Act of 1964 (42 U.S.C. §200 et seq)

Appendix I: Sample LEP encounter log and reporting tool

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language Department/Agency _____ Period Covered July 1, 2014 - December 31, 2014

Contact Person _____ Phone No. _____ E-Mail _____

1	2	3				4								5		6					
Language	# of LEP Encounters	Type of Services Provided to LEP Customers (#)				Type of Oral Language Service Utilized (#)								# of Documents Translated		Language Services Expenditures ($)					
		Oral Language Service	Sign Translation	Written Translation	Other (please specify)	Bilingual Staff (provides direct service in another language)	Community Volunteer	Contracted Interpreter (via an Interpreter Agency)	Contracted Interpreter (Directly)	Staff Interpreter	Telephone Interpreter	Volunteer Staff (speaks another language to volunteers to help)	Other (please specify)	Documents Translated Upon Request	Vital Documents	Oral Language Services (In person)	Sign Translation Services	Telephone Interpreter Services	Written Translations	Other (please specify)	Amount (Total $)
Total:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -
% of Total:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cantonese																					$ -
Chuukese																					$ -
Hawaiian																					$ -
Ilokano																					$ -
Japanese																					$ -
Korean																					$ -
Kosraean																					$ -
LEP Hearing Impaired																					$ -
Mandarin																					$ -
Marshallese																					$ -
Portuguese																					$ -
Samoan																					$ -
Spanish																					$ -
Tagalog																					$ -
Thai																					$ -
Tongan																					$ -
Vietnamese																					$ -
Visayan (Cebuano)																					$ -
Other Totals*																					$ -

DHS 1/1/2014

*Please use separate sheet to specify additional "Other" languages as needed.

DEFINITIONS (for purposes of this Reporting Tool):

- *Interpreter* means a person who is trained in interpretation and has proficient knowledge and skills in English and at least one other language and who uses those skills and training to make possible communication in one language by orally converting what is said to another language while retaining the same meaning.
- *Interpretation* means the oral rendition of a spoken message from one language to another, preserving the intent and meaning of the original message.
- *Sight translation* exists when an interpreter reads written text and orally converts what is written to another language while retaining the same meaning.
- *Translate* means to convert written materials from one language into an equivalent written text in another language while maintaining the same coherence and meaning.
- *Translation* means an activity comprising the interpretation of the meaning of a text in one language and the production, in another language, of a new, equivalent text.

Column 2- # of LEP Encounters

- This measures the total number of times an LEP customer seeks to access the Division/Attached Agency/Office's services, programs and activities. Each visit is an encounter. (For example: if the same Chuukese Customer visits the Division/Agency/Office twice in one day, that counts as two encounters for the Chuukese tally).

Column 3- Types of Services Provided to LEP customers (#)

- *Oral Language Service-* Number of LEP Customers who received oral language services in their language either in person from an interpreter, staff or volunteer at the Division/Agency or Office, or by a telephone interpreter service or any other type of oral language service
- *Sight Translation-* Number of LEP Customers who received oral interpretation in their language of a written document of the Division/Agency/Office. See DEFINITIONS for definition of *Sight Translation*. Record total. If none, please enter "0".
- *Written Translation-* Number of LEP Customers for whom the Division/Attached Agency/Office provided completed written translation, including vital documents previously translated and other documents that the Division/Attached Agency/Office translated upon request of an LEP Customer. If none, please enter "0".
- *Other (please specify)-* Total Number of other types of language services provided to LEP Customers, besides oral interpretation or translation (written or sight).
  Attachment Please specify the other Type of Service Provided on a separate sheet of paper and attach it to your report.

Column 4- Type of Oral Language Service Utilized (#)

- *Bilingual Staff (Provides direct service in another language)-* is a person who (a) is employed by the State of Hawaii; (b) can communicate fluently in English and in one or more other languages with varying degrees of proficiency; and (c) provides direct services, information or assistance in another language
- *Community Volunteer-* A Community Volunteer is a person who (a) volunteers with a community-based organization who has agreed to provide language services for the Division/Agency/Office on a volunteer basis; (b) is trained in the information or services of the program; and (c) is able to communicate directly with LEP persons in the LEP person's language. Under no circumstances can a person under the age of 18 be allowed to serve as an interpreter. All volunteer interpreters must read the Code of Ethics and sign and date an Interpreter Form (DHS 5050).
  Warning: Community Volunteers should be competent in the skills of interpreting and knowledgeable about applicable confidentiality and impartiality ethics.
- *Contracted Interpreter (via an Interpreter Agency)-* An Interpreter who works for an interpreter entity that the Division/Agency/Office hired by contract to provide interpretation services.
- *Contracted Interpreter (Directly)-* An Interpreter who has entered into a contract directly with your Division/Agency/Office to provide interpretation services.

- *Staff Interpreter*- is a person who is employed by the State of Hawaii as an Interpreter. If none please enter "0"
- *Telephone Interpreter*- Number of LEP Customers for whom the Division/Attached Agency/Office provided oral language services through a telephone interpreter hired by the Division/Agency/Office. If none, please enter "0".
- *Volunteer Staff (speaks another language, volunteers to help)*- is a person who (a) is employed by the State of Hawaii, (b) can communicate fluently in English and in one or more other languages with varying degrees of proficiency, and (c) has volunteered to assist the Division/Agency/Office in language matters
- *Other (Please specify)*- Number of times the Division/Agency/Office used someone other than the types already listed to provide oral language services. This includes allowing the use of a family member or friend.
  Attachment: Please specify the other type of Oral Language Services utilized on a separate sheet of paper and attach it to your report.
  Warning. As an initial matter, a Division/Agency or Office should offer interpretation services. A family member or friend should only be allowed to provide language services on a supplemental basis. If a Division/Agency/Office relies solely on the family member or friend for language services, it may risk being liable if the family member or friend, who may be untrained in interpretation, does not interpret accurately, and as a result, the Division/Agency/Office denies benefits or adversely impacts the LEP Customer's rights. If the Division/Agency/Office offers an interpreter but the customer prefers to use a family member or friend, then that should be noted in the customer's file. For the latter, you must obtain a waiver of right to free interpreter services form (DHS 5000) in various languages for the LEP Customer to sign.
    - Under no circumstances can a person under the age of 18 be allowed to serve as an interpreter. Additionally, no person can serve as a representative and an interpreter in the same transaction.

Column 5- # of Documents Translated

- *Documents Translated Upon Request*- Record the Total Number of documents that were translated when requested by an LEP person in writing. Indicate how many documents were translated for each language
- *Vital Documents*- Record the total Number of Vital Documents translated during the reporting period. "Vital documents" means "printed documents that provide important information necessary to participate in services, programs, and activities", which includes, but is not limited to "applications, outreach materials, and written notices of rights, denials, losses, or decreases in benefits or services." Hawaii Revised Statutes, §371-32. Each Division/Attached Agency/Office identifies its own vital documents

Column 6- Language Services Expenditures ($)

- *Oral Language Services (in person)*- Dollar amount spent by the Division/Agency/Office on providing in person oral language services for LEP Customers. If none, please enter "0".
- *Sight Translation Services*- Dollar amount the Division/Attached Agency/Office spent to provide sight translation services for written documents. If none, please enter "0".
- *Telephone Interpreter Services*- Dollar amount the Division/Attached Agency/Office spent for the reporting period on providing oral language services of an interpreter by telephone through an interpreter that the Division/Agency/Office hired to provide interpretation services. If none, please enter "0".
- *Written Translations*- Dollar amount the Division/Attached Agency/Office spent on obtaining written translations of documents. Do not total in last column. Please verify only.
- *Other (please specify)*- Dollar amount the Division/Agency/Office spends on other language services, besides oral interpretation or translation (written or sight).
  Attachment: Please specify the other type of expenditures on a separate sheet of paper and attach it to your report.

HAWAII PUBLIC HOUSING AUTHORITY
Language Encounter Report

Name: _____ Division/Branch/Section/Unit: _____
Date of Encounter:_____ Time of Encounter:_____
Nature/Type of Service: _____

Please Check All that Apply:

Language Encountered:

☐ Cantonese	☐ Korean	☐ Samoan	☐ Vietnamese
☐ Chuukese	☐ Kosraean	☐ Spanish	☐ Visayan (Cebuano)
☐ Hawaiian	☐ Laotian	☐ Tagalog	☐ LEP Hearing Impaired
☐ Ilokano	☐ Mandarin	☐ Thai	☐ Other: _____
☐ Japanese	☐ Marshallese	☐ Tongan	

Was Oral Language Service Provided?

☐ YES

What Type of Interpreter?

- ☐ Paid In-Person Oral Interpreter
  - ☐ By HPHA or Private Management Staff
    - ☐ Within Job Duty ☐ Volunteer from Other Branch or Unit
- ☐ Contracted Interpreter
  - ☐ Via Interpreter Agency $_____
  - ☐ Independent Interpreter $_____
- ☐ Live Paid Telephonic Interpreter
  - ☐ CTS Language Link # 1-877-650-8207 $_____
  - ☐ Other:_____ $_____
- ☐ Volunteer from Community Organization
- ☐ Tenant Family or Friend
- ☐ Other:_____

☐ YES Was a written document orally translated for an LEP person?

Was Written Language Service (Translated Document) Provided?

☐ YES

What Type of Translator?

- ☐ Contracted Translator
  - ☐ Via Translation Agency $_____
  - ☐ Independent Translator $_____
- ☐ By HPHA or Private Management Staff
  - ☐ Within Job Duty ☐ Volunteer from Other Branch or Unit
- ☐ Volunteer from Community Organization
- ☐ Other:_____

Document Title:_____

# of Pages:_____ ☐ Upon Client Request ☐ Vital Document

Was the Oral or Written Service(s) Provided?

☐ Outstanding ☐ Acceptable ☐ Not Acceptable*

**THANK YOU!*

**Please use reverse side to explain how service could be improved.*

Appendix J: HPHA Discrimination Complaint process

Department of Human Services
Hawaii Public Housing Authority

DISCRIMINATION COMPLAINT FORM

NAME | PHONE (Business) | PHONE (Home)

STREET ADDRESS | CITY/STATE | ZIP CODE

1. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate items/s)

___ Race	____ Color	____ National Origin/Ancestry
___ Limited English Proficiency	____ Sex/Gender	____ Sexual Orientation
___ Gender Identity/Expression	___ Age	____ Religion
___ Marital Status	____ Familial Status (families with children under 18)	
___ Disability	____ HIV infection	___ Retaliation

2. Please explain how and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incidents/s.

(Attach additional sheets if you require more space.)

3. Explain briefly what, if anything, you have done about the alleged discrimination.

_____

_____

_____

4. Does your complaint concern alleged discrimination in services delivery?
___ Yes ___ No

5. Is the alleged discrimination against you? ___ No ___ Yes, by whom?
_____

6. Is the alleged discrimination against others? ___ No ___ yes, please list, name(s), Address (s) and phone number(s).

_____

7. What is the specific date or period of time of the alleged discrimination? Is it ongoing?

_____

8. Please indicate the relief/remedy you are seeking. _____

_____

9. I will notify HPHA Compliance Office, 1002 N. School Street, Bldg. E, Hon. HI 96817, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO ABOVE ADDRESS.

Signature _____ Date _____

The purpose of this form is to assist you in filing a complaint with the Hawaii Public Housing Authority. You are not required to use this form, a letter with the same information is sufficient. HOWEVER, THE INFORMATION REQUESTED ABOVE MUST BE PROVIDED, WHETHER OR NOT THE FORM IS USED.

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS.)

COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW the Discrimination Complaint that I signed
(Full Name)
on _____. I have not received promises, rewards or concessions that might
(Date)
have influenced me to withdraw my complaint.

I voluntarily ***withdraw*** the request for an investigation and any consent that I may have granted for release of information.

I, the undersigned, do not wish to proceed with the Discrimination Complaint that I filed against _____ because:
(Full Name)
(Please check all statements that apply and sign and date below.)

1. The issues I raised in my complaint are now resolved.
2. I no longer believe that I have a discrimination complaint.
3. I am currently receiving the benefits I am entitled to receive.
4. I understand that the changes in current laws prohibit me from receiving benefits.

_____ _____
Complainant's Signature **Date**

RETURN this form to:
Hawaii Public Housing Authority
Compliance Office
1002 N. School St., Building E
Honolulu, Hawaii 96817

Call for questions: (808) 832-4688

NOTE: Please be advised that no one may intimidate, threaten, coerce or engage in other discriminatory conduct against another individual who takes action or participates in an action to secure his or her rights protected by civil rights laws. Anyone who claims retaliation or intimidation for having filed an alleged discrimination complaint or for having served as a witness in an investigation may file a complaint with the Hawaii Public Housing Authority Compliance Office and/or Federal and State Agencies, which will investigate the complaint.

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)
FAIR HOUSING COMPLAINT PROCEDURE

This complaint procedure is established to meet the requirements of the Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act, the Fair Housing Act, and to address the provision of language access. This complaint procedure may be used by anyone who wishes to file a complaint alleging discrimination, failure to provide language assistance service to Limited English Proficient individuals, or other violation in policies or the provision of services, activities, programs, or benefits by the HPHA.

The complaint should be in writing and contain information about the alleged discrimination and/or violation with the complainant's name, address, and phone number. Alternative means of filing complaints, such as personal interviews will be made available to persons with disabilities upon request.

The complainant should submit the complaint as soon as possible but no later than 30 working days after the alleged violation to:

Name: Chief Compliance Officer
Phone: 832-4688 832-6083 (TTY)
Address: 1002 North School Street, Honolulu, HI 96817

Complaints not filed on a timely basis may be considered on a case-by-case basis with good cause. A "Notice to Persons Filing a Complaint" shall be given to each complainant.

Upon receipt of the completed consent form, the Chief Compliance Officer or designee will provide written notice of the complaint to those individuals alleged to have taken discriminatory action against the complainant, and will notify the complainant that such notice was made.

Within 15 working days after receipt of the complaint, the Chief Compliance Officer or a designee will meet with the complainant either in person or over the phone to discuss the complaint and possible resolutions. Within 15 working days after the meeting, the Chief Compliance Officer or a designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the position of HPHA and offer options for substantive resolution of the complaint.

If the response of the Chief Compliance Officer or a designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 working days after receipt of the response, in writing to the Executive Director of HPHA. The appeal must state the reason(s) for dissatisfaction with the response given to the complainant.

Within 15 working days after receipt of the appeal, the HPHA Executive Director will meet with the complainant in person or by phone to discuss the complaint and possible resolutions. Within 15 working days after the meeting the HPHA Executive Director will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. The Executive Director's decision shall be final and binding within HPHA's purview.

*Note: The Executive Director or a designee, Chief Compliance Officer or designee may change the time limits stated in the Complaint Procedure after consultation with the complainant or for good cause as determined by the Executive Director or Designee, Chief Compliance Officer or Designee.

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING FAIR HOUSING COMPLAINTS

You have exercised your protected right to file a complaint alleging unlawful discrimination, including failure to provide language assistance services to Limited English Proficient individuals. You have the following rights and protections under the Complaint Procedure.

1. You have the right to file a complaint via the Complaint Procedure.

2. You have the right to file a complaint and be free from retaliation. HPHA does not tolerate retaliation. Report such acts immediately.

3. You have the right to know of actions, hearings, conferences, and decision(s) that have or will occur in the Complaint Procedure.

4. You have the right to information being kept confidential; however, person(s) involved in the complaint will be informed, as needed.

5. You have the right to be represented by an attorney, at your own expense, or by another representative of your choice.

6. If you wish to withdraw the complaint, submit a written/dated withdrawal form or statement to the Chief Compliance Officer.

7. You have the right to other redress and may file a complaint with any of the appropriate agencies listed below. You are responsible to contact the agency, meet its complaint filing procedures, and comply with the agency's time requirements for filing the complaint.

HAWAII CIVIL RIGHTS COMMISSION
Keelikolani Building
830 Punchbowl St., Room 411
Honolulu, Hawaii 96813

U.S. DEPT. OF HOUSING
AND URBAN DEVELOPMENT
1132 Bishop Street, Suite 1400
Honolulu, Hawaii 96813

Department of Human Services
Hawaii Public Housing Authority

DISCRIMINATION COMPLAINT FORM
ĐƠN KHIẾU NẠI VỀ VIỆC PHÂN BIỆT ĐỐI XỬ

HỌ VÀ TÊN | ĐIỆN THOẠI (Nơi làm việc) | ĐIỆN THOẠI (Nhà)

ĐỊA CHỈ NƠI CƯ NGỤ | THÀNH PHỐ/TIỂU BANG | MÃ VÙNG

1. CƠ SỞ CỦA VIỆC PHÂN BIỆT ĐỐI XỬ (Chọn mục hoặc các mục thích hợp)

___ Chủng tộc ___ Màu da ___ Quốc tịch gốc/ Tổ tiên
___ Hạn chế về trình độ tiếng Anh ___ Giới tính ___ Khuynh hướng tình dục
___ Nhận dạng giới tính/Biểu hiện giới tính ___ Tuổi tác ___ Tôn giáo
___ Tình trạng hôn nhân
___ Tình trạng gia đình (đối với các gia đình có trẻ em dưới 18 tuổi)
___ Khuyết tật ___ Nhiễm HIV ___ Sự trả thù

2. Vui lòng giải thích tại sao quý vị tin rằng mình bị phân biệt đối xử và bị phân biệt đối xử như thế nào. Vui lòng mô tả CỤ THỂ. Hãy cung cấp tên đối tượng, ngày tháng xảy ra sự việc, các nhân chứng và địa điểm xảy ra sự cố.

(Đính kèm các bảng thông tin bổ sung nếu quý vị cần thêm chỗ để ghi.)

3. Giải thích ngắn gọn về những gì mà quý vị đã làm liên quan đến cáo buộc bị phân biệt đối xử, nếu có.

_____

_____

_____

4. Khiếu nại của quý vị có liên quan đến cáo buộc bị phân biệt đối xử trong lĩnh vực cung cấp dịch vụ không? ___Có ___Không

5. Có phải việc phân biệt đối xử bị cáo buộc là nhằm vào quý vị hay không? ___ Không ___ Có, Do đối tượng nào? _____

6. Có phải việc phân biệt đối xử bị cáo buộc là nhằm vào người khác hay không? ___ Không ___ Có, Vui lòng liệt kê tên của đối tượng, địa chỉ liên hệ, và số điện thoại liên hệ.

_____

7. Ngày cụ thể hoặc khoảng thời gian của phân biệt đối xử bị cáo buộc là ngày nào? Có phải việc đó đang tiếp diễn hay không?

_____

8. Vui lòng cho biết giải pháp hỗ trợ/khắc phục mà quý vị đang tìm kiếm. _____

_____

9. Tôi sẽ thông báo cho Văn phòng Khiếu nại thuộc cơ quan Dịch vụ Gia cư Công cộng Hawaii (HPHA Compliance Office), 1002 N. School Street, Bldg. E, Hon. HI 96817, nếu tôi thay đổi địa chỉ cư trú hoặc số điện thoại liên hệ. Tôi tuyên thệ hoặc xác nhận rằng tôi đã đọc các nội dung nêu trên và các nội dung đó là đúng sự thật theo sự hiểu biết và niềm tin cao nhất của tôi.

VUI LÒNG HOÀN TẤT, RÀ SOÁT, KÝ TÊN, GHI NGÀY THÁNG VÀ GỬI LẠI BIỂU MẪU NÀY VỀ ĐỊA CHỈ NÊU TRÊN.

Chữ ký _____ Ngày _____

Mục đích của biểu mẫu này là để hỗ trợ quý vị trong việc nộp đơn khiếu nại với Cơ quan Dịch vụ Gia Cư Công cộng Hawaii. Quý vị không cần phải sử dụng biểu mẫu này, chỉ cần gửi thư cùng với các thông tin tương tự là được. TUY NHIÊN, CÁC THÔNG TIN NHƯ YÊU CẦU TRÊN ĐÂY PHẢI ĐƯỢC CUNG CẤP, CHO DÙ CÓ SỬ DỤNG BIỂU MẪU NÀY HAY KHÔNG

(VUI LÒNG ĐỌC THÔNG BÁO ĐÍNH KÈM VỀ VIỆC KHIẾU NẠI BỊ PHÂN BIỆT ĐỐI XỬ.)

COMPLAINT WITHDRAWAL FORM
BIỂU MẪU XIN RÚT YÊU CẦU KHIẾU NẠI

Tôi, _____bằng đơn này, xin RÚT LẠI Đơn Khiếu nại bị Phân biệt Đối xử mà
(Họ và tên)
tôi đã ký ngày_____. Tôi đã không nhận được bất kỳ lời hứa, phần thưởng hoặc
(Ngày)
nhượng bộ nào mà có thể đã ảnh hưởng đến việc tôi rút đơn khiếu nại.

Tôi tự nguyện ***rút lại*** yêu cầu về một cuộc điều tra và bất kỳ sự chấp thuận nào mà tôi có thể đã đồng ý liên quan đến việc tiết lộ thông tin.

Tôi, người ký tên dưới đây, không muốn tiến hành việc Khiếu nại Bị Phân biệt Đối xử mà tôi đã đệ đơn để chống lại _____ vì lý do:
(Họ và Tên)

(Vui lòng kiểm tra lại toàn bộ nội dung đề nghị và ký tên, ghi ngày tháng bên dưới.)

1. Những vấn đề tôi nêu ra trong đơn khiếu nại của tôi bây giờ đã được giải quyết.
2. Tôi tin rằng tôi không cần phải khiếu nại về việc bị phân biệt đối xử nữa.
3. Tôi hiện đang nhận được những quyền lợi mà tôi có quyền được nhận.
4. Tôi hiểu rằng những thay đổi trong pháp luật hiện hành nghiêm cấm tôi không được nhận các quyền lợi.

_____ _____
Chữ ký của Người Khiếu nại **Ngày**

GỬI LẠI biểu mẫu này đến:
Hawaii Public Housing Authority
Compliance Office
1002 N. School St., Building E
Honolulu, Hawaii 96817

Số điện thoại giải đáp thắc mắc: (808) 832-4688

Lưu ý: Xin lưu ý rằng không ai có thể dọa nạt, đe dọa, ép buộc hoặc tham gia vào các hành vi phân biệt đối xử khác đối với một cá nhân có hành động hay tham gia vào một hành động để bảo vệ quyền lợi của họ mà việc đó được bảo vệ bởi luật dân quyền. Bất cứ ai tuyên bố trả thù hoặc đe dọa vì việc nộp đơn khiếu nại cáo buộc phân biệt đối xử hoặc vì đã phục vụ như là nhân chứng trong một cuộc điều tra có thể nộp đơn khiếu nại với Văn phòng Khiếu nại của Cơ quan Dịch vụ Gia cư Công cộng Hawaii và / hoặc các cơ quan của tiểu bang và liên bang, nơi sẽ tiến hành điều tra các khiếu nại.

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

FAIR HOUSING COMPLAINT PROCEDURE
THỦ TỤC KHIẾU NẠI VỀ BÌNH ĐẲNG GIA CƯ

Thủ tục khiếu nại này được thiết lập để đáp ứng yêu cầu của người Mỹ đối với Đạo luật Người khuyết tật (ADA), Mục 504 của Đạo luật Phục hồi, Đạo luật Bình đẳng Gia cư, và để giải quyết vấn đề về tiếp cận ngôn ngữ. Thủ tục khiếu nại này có thể được sử dụng bởi bất cứ ai muốn nộp đơn khiếu nại về cáo buộc phân biệt đối xử, không cung cấp dịch vụ hỗ trợ ngôn ngữ cho các cá nhân có Khả năng Anh ngữ Hạn chế, hoặc vi phạm khác trong chính sách, cung cấp dịch vụ, các hoạt động, chương trình, hoặc các quyền lợi khác của Cơ quan Dịch vụ Gia cư Công cộng Hawaii (HPHA).

Đơn khiếu nại phải lập bằng văn bản và bao hàm các thông tin về cáo buộc phân biệt đối xử và / hoặc hành vi vi phạm cùng với tên của người khiếu nại, địa chỉ, và số điện thoại. Các phương tiện thay thế cho việc nộp đơn khiếu nại, chẳng hạn như các cuộc phỏng vấn cá nhân, sẽ được thực hiện theo yêu cầu của người khuyết tật.

Người khiếu nại phải nộp đơn khiếu nại càng sớm càng tốt nhưng không muộn hơn 30 ngày làm việc sau khi xảy ra hành vi vi phạm bị cáo buộc, gửi tới:

Họ và tên: Chief Compliance Officer
Điện thoại: 832-4688 832-6083 (TTY)
Địa chỉ: 1002 North School Street, Honolulu, HI96817

Khiếu nại không được nộp đơn một cách kịp thời có thể được xem xét tùy theo từng trường hợp cụ thể với lý do chính đáng. Một bản "Thông báo cho Người Nộp Đơn Khiếu Nại" sẽ được gửi cho mỗi người khiếu nại.

Sau khi nhận được biểu mẫu chấp thuận hoàn chỉnh, Giám đốc Giám sát Thực thi hoặc người thực thi sẽ thông báo bằng văn bản về việc khiếu nại cho những cá nhân bị cáo buộc đã có hành động phân biệt đối xử đối với người khiếu nại, và sẽ thông báo cho người khiếu nại rằng việc thông tin như vậy đã được thực hiện.

Trong thời hạn 15 ngày làm việc sau khi nhận được đơn khiếu nại, Giám đốc Giám sát Thực thi hoặc người thực thi sẽ tiếp xúc với người khiếu nại bằng cách gặp trực tiếp hoặc qua điện thoại để thảo luận về việc khiếu nại và các giải pháp khả thi. Trong thời hạn 15 ngày làm việc sau cuộc gặp, Giám đốc Giám sát Thực thi hoặc người thực thi sẽ trả lời bằng văn bản, và tùy hoàn cảnh thích hợp, sẽ trả lời bằng định dạng phù hợp cho việc truy cập thông tin của người khiếu nại, chẳng hạn như bản in khổ lớn, chữ nổi Braille, hoặc băng ghi âm. Thông tin phản hồi sẽ giải thích vai trò của Cơ quan Dịch vụ Gia cư Công cộng Hawaii (HPHA) và đề xuất các giải pháp để giải quyết nội dung khiếu nại.

Nếu phản hồi của Giám đốc Giám sát Thực thi hoặc người thực thi không giải quyết thỏa đáng vấn đề khiếu nại, người khiếu nại có thể nộp đơn kháng cáo quyết định bằng văn bản cho Giám đốc điều hành của HPHA trong vòng 15 ngày làm việc sau khi nhận được văn bản trả lời. Đơn kháng cáo phải nêu rõ lý do không hài lòng với văn bản phản hồi được gửi tới cho người khiếu nại.

Trong thời hạn 15 ngày làm việc sau khi nhận được đơn khiếu nại, Giám đốc điều hành của HPHA thì sẽ tiếp xúc với người khiếu nại bằng cách gặp trực tiếp hoặc qua điện thoại để thảo luận về việc khiếu nại và các giải pháp khả thi. Trong thời hạn 15 ngày làm việc sau cuộc gặp, Giám đốc Điều hành của HPHA sẽ trả lời bằng văn bản, và tùy hoàn cảnh thích hợp, sẽ trả lời bằng định dạng phù hợp cho việc truy cập thông tin của người khiếu nại, về giải pháp cuối cùng cho việc khiếu nại. Quyết định của Giám đốc điều hành sẽ là quyết định cuối cùng và có tính chất bắt buộc trong phạm vi quyền hạn của HPHA.

*Lưu ý: Giám đốc điều hành hoặc người được chỉ định thực thi, Giám đốc Giám sát Thực thi hoặc người thực thi, có thể thay đổi thời hạn quy định trong Thủ tục Khiếu nại sau khi tham vấn với người khiếu nại hoặc với lý do chính đáng theo quyết định của Giám đốc điều hành hoặc Người Thực thi, Giám đốc Giám sát Thực thi hoặc Người Thực thi.

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING FAIR HOUSING COMPLAINTS
THÔNG BÁO CHO NGƯỜI NỘP ĐƠN KHIẾU NẠI VỀ BÌNH ĐẲNG GIA CƯ

Quý vị đã thực hiện quyền được bảo vệ của quý vị khi nộp đơn khiếu nại về cáo buộc phân biệt đối xử trái pháp luật, bao gồm việc không cung cấp dịch vụ hỗ trợ ngôn ngữ cho các cá nhân có Khả năng Anh ngữ Hạn chế. Quý vị có các quyền hạn và biện pháp bảo vệ sau đây theo Thủ tục Khiếu nại.

1. Quý vị có quyền nộp đơn khiếu nại thông qua Thủ tục Khiếu nại.

2. Quý vị có quyền nộp đơn khiếu nại và sẽ không bị trả thù. Cơ quan Dịch vụ Gia cư Công cộng Hawaii (HPHA) không khoan thứ cho các hành vi trả thù. Hãy báo cáo về những hành vi đó ngay lập tức.

3. Quý vị có quyền được biết về các hành động, các cuộc điều trần, hội nghị, và các quyết định mà đã xảy ra hoặc sẽ xảy ra trong Thủ tục Khiếu nại.

4. Quý vị có quyền được giữ bí mật thông tin; tuy nhiên, (những) người liên quan đến việc khiếu nại sẽ được thông báo khi cần thiết.

5. Quý vị có quyền được đại diện bởi một luật sư, bằng chi phí riêng của quý vị, hoặc bởi một người đại diện khác tùy theo sự lựa chọn của quý vị.

6. Nếu quý vị muốn rút đơn khiếu nại, hãy nộp một văn bản/biểu mẫu rút đơn khiếu nại có đề ngày hoặc công bố điều đó với Giám đốc Giám sát Thực thi.

7. Quý vị có quyền đòi hỏi hình thức xử lý hoặc bồi thường khác và có thể nộp đơn khiếu nại tới bất kỳ cơ quan thích hợp nào như liệt kê dưới đây. Quý vị có trách nhiệm liên hệ với cơ quan đó, đáp ứng các thủ tục liên quan đến việc nộp hồ sơ khiếu nại của mình, và tuân thủ các yêu cầu về thời gian của cơ quan đó đối với việc nộp đơn khiếu nại.

HAWAII CIVIL RIGHTS COMMISSION
Keelikolani Building
830 Punchbowl St., Room 411
Honolulu, Hawaii 96813

U.S. DEPT. OF HOUSING
AND URBAN DEVELOPMENT
1132 Bishop Street, Suite 1400
Honolulu, Hawaii 96813

Department of Human Services
Hawaii Public Housing Authority

DISCRIMINATION COMPLAINT FORM
차별 항변 양식

성명 _____ 전화 (직장) _____ 전화 (집) _____

스트리트 주소 _____ 시티/주 _____ 우편번호 _____

1. 진술된 차별의 근거(해당하는 내용(들)을 선택하시오)

___ 인종	___ 피부색	___ 출신국/조상
___ 영어 미능숙	___ 성/젠더	___ 성취향
___ 성 정체성/표현	___ 연령	___ 종교
___ 결혼 상태	___ 가족 상태(18세 미만 아동이 있는 가정)	
___ 장애	___ HIV 감염	___ 보복

2. 귀하가 어떻게, 그리고 왜 차별 받았다고 생각하는지 설명하시기 바랍니다. 구체적인 설명을 부탁합니다. 사건(들)이 일어난 이름, 일자, 장소를 포함하시기 바랍니다.

_____

_____

_____

_____

_____

_____

_____

_____

(더 많이 적고 싶다면 용지를 추가하여 첨부하시오.)

차별 항변 양식(Discrimination Complaint Form)
2쪽

3. 진술된 차별에 대하여 귀하가 했던 행동이 있다면 어떻게 했는지 간단하게 설명하시오.

_____

_____

_____

4. 귀하의 항변은 서비스 전달에서 일어난 진술된 차별에 관한 것입니까?
___에 ___아니오

5. 진술된 차별은 귀하에 대하여 일어난 것입니까? ___ 아니오 ___ 에, 누가 그렇게 했습니까? _____

6. 진술된 차별은 타인에 대하여 일어난 것입니까? ___ 아니오 ___에, 이름(들), 주소(들), 전화번호(들)을 적으시기 바랍니다.

_____

7. 진술된 차별이 일어난 구체적 날짜 또는 시간은 언제입니까? 지금도 계속 진행 중입니까?

_____

8. 귀하가 바라는 구제/치유 방법을 적시하시기 바랍니다. _____

_____

9. 본인은 주소 또는 전화가 변경될 경우, HPHA 항변 사무소(HPHA Compliance Office), 1002 N. School Street, Bldg. E, Hon. HI 96817에 알릴 것입니다. 본인은 위의 진술 내용을 읽었으며, 이 내용은 진실하며 본인의 최고 지식 상태와 믿음을 바탕으로 작성되었음을 선서합니다.

작성, 검토, 서명, 일자 작성을 하여 위 주소로 반송하기 바랍니다.

서명 _____ 일자 _____

이 양식의 용도는 하와이 공공주택청에 항변을 제기하는데 도움을 주기 위한 것입니다. 귀하는 이 양식을 사용할 필요가 없으며, 동일한 정보가 담긴 문서로 충분합니다. 그러나 해당 양식의 사용 유무와 무관하게 위에서 요구하는 정보는 제출해야 합니다.

(차별 항변서에 첨부된 통지를 읽으시기 바랍니다.)

COMPLAINT WITHDRAWAL FORM
차별 철회 양식

본인, _____ 은 이로써 _____ 에 서명한 차별 항변을 철회합니다.
(전체 이름) (일자)

본인은 자신의 항변 철회에 영향을 미칠 수 있는 약속, 보상 또는 양보를 받지 않았습니다.

본인은 조사 청구와, 제가 부여했을 수 있는 정보공개에 대한 모든 동의를 자진 *철회합니다.*

이곳에 서명한 본인은 _____ 에 대하여 제기한 차별
(전체 이름)
제소가 진행되는 것을 원하지 않으며, 이유는 다음과 같습니다:

(해당되는 모든 진술에 체크하고 아래에 서명과 일자 작성을 하시오.)

1. 본인이 제기했던 항변의 건은 이제 해결 되었습니다.
2. 본인은 차별 항변의 상태가 더 이상 유지된다고 믿지 않습니다.
3. 본인은 수령하여야 할 급여를 받고 있습니다.
4. 본인은 현행 법이 수정되어 본인의 급여 수령이 금지되었음을 이해합니다.

_____ _____
제소자 서명 일자

이 양식을 반송할 곳:
Hawaii Public Housing Authority
Compliance Office
1002 N. School St., Building E
Honolulu, Hawaii 96817

문의 전화: (808) 832-4688

참고: 시민권 법에 의하여 보호되는 자신의 권리를 지키기 위한 행동을 취하거나 이 행동에 참여하는 사람에 대항하여, 누구도 기타 차별 행위에 간섭, 위협, 강요 또는 참여할 수 없다는 조언을 드립니다. 진술된 차별 항변을 제기한데 대하여 또는 조사에서 증인으로 활동한데 대하여 보복 또는 회유를 제기받은 사람은 하와이 공공주택청 항변 사무소 그리고/또는 연방과 주 당국에 항변을 제기하여 이 건을 조사하도록 할 수 있습니다.

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

FAIR HOUSING COMPLAINT PROCEDURE

공정 주택 항변 절차

이 항변 절차는 장애 미국인 법 (ADA), 재활법 섹션 504, 공정 주택법, 그리고 언어접근을 위한 조항 여건에 적합하도록 설정되었습니다. 이 항변 절차는 차별을 진술하기 위한 항변 제소를 바라거나, 영어 능력이 부족하지만 언어 도움을 구하지 못 하는 사람에 의해서, 또는 HPHA에 의한 기타 정책,또는 서비스, 활동, 또는 급여 조항의 기타 위반에 대하여 사용합니다.

항변은 서면으로 제출해야 하며, 여기에는 진술된 차별 그리고/또는 위배 행위에 관한 정보와 함께 제소자의 이름, 주소, 그리고 전화번호가 포함됩니다. 장애인은 요청에 의하여, 개인 면담과 같은 항변 제소의 대안적 방법을 사용할 수도 있습니다.

제소자는 항변이 일어난 이후 가급적 가까운 시일 내에 항변을 제기해야 하며, 위배 행위기 일어난 지 30 업무일보다 늦지 않게 다음 사람에게 제기합니다:

성명: Chief Compliance Officer
전화: 832-4688 832-6083 (TTY)
주소: 1002 North School Street, Honolulu, HI96817

시기를 놓쳐서 제기된 항변은 사례별로 검토하여 선의로 고려합니다. "항변 제소자에 대한 통지서" 1부는 각각의 제소자에게 전달해야 합니다.

작성된 동의 양식을 접수하면, 수석 준법감시인 또는 지정수행자는 서면으로 된 항변 통지서를 제소자에게 차별 행동을 한 것으로 진술된 개인들에게 전달할 것이며, 제소자에게 이 통지가 전달되었음을 통지할 것입니다.

항변 접수일로부터 15업무일 이내에 수석준법감시인 또는 지정수행자는 제소자를 직접 또는 전화로 접촉하여 항변과 가능한 해결방법을 논의합니다. 회의 후 15 업무일 이내에 수석 준법감시인 또는 지정수행자는 서면으로 답변하며, 적절하다고 생각될 경우에는 또는 오디오테이프와 같이 제소자가 접근 가능한 형식을 사용합니다. 이 답변서에는 HPHA의 입장을 설명하고 이 항변 해결을 위한 실질적인 선택방법 제안이 있습니다.

수석 준법감시인 또는 지정수행자의 답변이 문제 해결에 만족스럽지 않을 경우, 제소자는 답변 수령 이후 15 업무일 이내에, HPHA 총감독관에게 항소를 제기할 수 있습니다. 이 항소에는 제소자에게 전달된 응답에 만족하지 못 하는 이유를 진술해야 합니다.

항소 접수일로부터 15업무일 이내에 HPHA 총감독관은 제소자를 직접 또는 전화로 접촉하여 항변과 가능한 해결방법을 논의합니다. 회의 후 15 업무일 이내에 HPHA 총감독관은 서면으로 답변하며, 적절하다고 생각될 경우에는 큰 글씨 인쇄물, 점자, 또는 오디오테이프와 같이 제소자가 접근 가능한 형식을 사용합니다. 총감독관의 결정은 최종적이며, HPHA의 권한 이내서 행하여야 합니다.

*참고: 총감독관 또는 지정수행자, 총감독과 또는 지정수행자는 제소자와의 상의 이후, 또는 총감독관 또는 지정수행자, 수석 준법감독관 또는 지정수행자의 선의에 의한 결정으로 준법 절차에 지정된 시한을 변경할 수 있습니다.

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING FAIR HOUSING COMPLAINTS
공정 주택 항변 제소자에 대한 통지

귀하는 영어 비능숙 사용자에 대한 지원 서비스 불비와 같은 불법적 차별을 진술하는 항변 제소를 함으로써 자신이 보호받을 수 있는 권리를 행사할 수 있습니다. 귀하는 항변 절차에 의해 다음의 권리와 보호장치가 있습니다.

1. 귀하에게는 항변 절차를 통하여 항변을 제기할 권리가 있습니다.

2. 귀하에게는 항변을 제기하고 보복을 받지 않을 권리가 있습니다. HPHA는 보복을 용인하지 않습니다. 다음 행동은 즉시 신고하십시오.

3. 귀하는 항변 절차에서 발생했거나 일어날 조치, 청문회, 회의, 그리고 결정을 알아야 할 권리가 있습니다.

4. 귀하는 비밀로 유지되는 정보에 대한 권리가 있습니다; 그러나 이 항변과 관여된 사람(들)에게는 필요한 만큼 알릴 것입니다.

5. 귀하는 자신의 선택에 의하여 자부담으로 변호사가 대리하게 하거나 다른 대리인을 세울 권리가 있습니다.

6. 항변을 철회하고자 할 때는 서명/일자 기재된 철회 양식 또는 진술서를 수석 준법감독관에게 제출하시오.

7. 귀하는 기타 보상에 대한 권리가 있으며, 아래 목록에 있는 적절한 기관 가운데 어느 곳에라도 항변을 제기할 수 있습니다. 귀하는 당국과 접촉하고, 항변 제소 제기절차에 적합하게 하고, 제소 제기에 필요한 당국의 시한 요구사항을 준수해야 할 책임이 있습니다.

HAWAII CIVIL RIGHTS COMMISSION
Keelikolani Building
830 Punchbowl St., Room 411
Honolulu, Hawaii 96813

U.S. DEPT. OF HOUSING
AND URBAN DEVELOPMENT
1132 Bishop Street, Suite 1400
Honolulu, Hawaii 96813

Department of Human Services
Hawaii Public Housing Authority

DISCRIMINATION COMPLAINT FORM
TOROPWEN ATUTUR FANITEN NEFINIFIN ARAMAS

ITOMW | TENEFON (Nenien Angang) | TENEFON (Imwom)

OMW ADRES | SOPW/STEIT | ZIP CODE

1. MET SAKKUN NEFINIFIN ARAMAS (KOPWE FINI MEENI MEI PWUNG REOM)

____Ngang Chon Ian	____Enuwen Unuchei	____Fonuei/Ai Famini
____Use Mwo Sinei English	____At/Nengin	____Ngang Mi Sani Mwan/Fefin
____Ngang Mwan/ika Fefin	____Fite Ieri	____Ai Namanam
____Porausen Ai Pwupwunu	____Nei Kewe Semirit (kis seni 18)	
____Wanengaw (Inisi/Mokurei)	____Semwinin HIV	____Eimwumwu Ngeniei

2. Kosemochen kopwe esine ngenikich ika met e piin fis ngonuk me/ika pwata e fis. Kopwe AFATA ngenikich. Kosemochen kopwe pwan apachenong iter ekkewe chon eimwumwu, inet e piin fis ngonuk, iter ekkewe chon pwarata pwan ia ekan fiis ian.

(En mei tongeni apacheta pwan ekkoch toropwe, ika mei wor namotan.)

3. Esine ngenikich ika met ke fori faniten ewe foforen nefinifin aramas e piin fis ngonuk.

_____

_____

_____

4. Om uwe atutur a piin fis ngonuk seni och foforom me akomw non omw angang??
___ Ewer ___ Apw

5. Emon e piin eimwumwu ngonuk? ___Apw ___ Ewer, nge ion? _____

6. Emon e piin eimwumwu ngeni emon aramas? ___ Apw ___ Ewer, kosemochen makketiw iter, adres are/ika nampan fon, me fan.

_____

7. Met ewe pwinin maram me/ika kunok fite an om uwe atutur e piin fis ngonuk? E chiwen sopwosopwono?

_____

8. Kosemochen kopwe affata ngenikich ika met sokkun aninis/emirit ke keran kutta faniten om uwe fisafisen eimwumwu.

_____

9. Ngang upwe esine ngeni HPHA Compliance Office, 1002 N. School Street, Bldg. E, Hon. HI 96817, Ika pwe epwe wor akesiwinin ai adres ika tenefon. Ngang uwa pusin anneani ei toropwe, iwe mettoch meinisin mei pwung me ennet non ei toropwe.

KOSEMOCHEN KOPWE ANNEANI, AMASOWA, SAINI, PWAN NIWINITO NGENIKICH ME NON EWE ADRES ASAN.

Siknacher _____ Pwinin Maram _____

Ewe popun ei toropwe pwe epwe anisuk ren omw kopwe faenini omw toropwen atutur ren ewe Hawaii Public Housing Authority. En mei tongeni neuneu ei toropwe, are ika pwan eche toropwe mei pwan apachenong ekkei meinapen poraus. E FAKKUN AUCHEA PWE KOPWE APACHETA EKKEI PORAUS ME NON OMW TOROPWE, NUPWEN IKA KOPWE FAENINI OCH ATUTUR NGENIKICH, ESE NEFINIFIN.

(KOSEMOCHEN, ANEANI EKKEI TOROPWEN ATUTUR USUN NEFINIFIN ARAMAS.)

COMPLAINT WITHDRAWAL FORM
ATAIENO TOROPWEN ATUTUR

Ngang, _____uwa ATAIENO ai Toropwen Atutur ngang mei piin saini
(Makkei Itomw)
non _____. Ngang usapw mwo etiwa och niffang ika pwon seni aramas, are ika pwan ekkoch foforen echimwa ngeniei faniten ai ei finatan atowan ai atutur, nge ngang uwa wisen finata chok.

Non ei fansoun ngang uwa mochen ai upwe ***ataieno*** ai mwumwuta faniten ai keis pwan faniten ai kei poraus meinisin.

Ngang, ewe emon e keran saini me fan, usapw chiwen mochen ai uwe Toropwen Atutur uwa piin faenini ngeni _____ pun:
(Makkei Itomw)
(Kosemochen kopwe cheki meinisin ekkei mettoch mei pwung reom, iwe kopwe pwan saini omw siknacher me fan.)

1. Ai ewe/kewe osukosuk ese chiwen fis, nge e wes.
2. Ngang uwa nuku pwe ai we atutur ese pwung.
3. Ngang uwa fen resiif ai kewe benefit mei mwumwu ngeniei.
4. Ngang usapw tongeni angei benefit pokiten ekkoch annukun muu.

_____ _____
Siknacheren Ewe Chon Atutur **Pwinin Maram**

Niwinino ei toropwe ngeni:
Hawaii Public Housing Authority
Compliance Office
1002 N. School St., Building E
Honolulu, Hawaii 96817

Kokori ren omw kapaseis: (808) 832-4688

MEI AUCHEA: Kopwe chechemeni nge esapw mwumwuta an emon epwe eimwumwu, uu ngonuk, echimwa, ika fori och fofor mei ngaw ngonuk, pun mei wor omw kewe pwung fan annukun civil rights. Ika pwe emon epwe attaieno omw kewe pwung en mei tongeni faenini omw toropwen atutur faniten foforen nefinifin ngeni aramas non ewe ofesen Hawaii Public Housing Authority Compliance Office are/ika Federal me State Agencies, iwe repwe chosani omw we atutur.

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

FAIR HOUSING COMPLAINT PROCEDURE
ANNUKUN ATUTUR USUN FAIR HOUSING

Ei toropwen annukun atutur a nomw non tettenin ewe Americans with Disability Act (ADA), Mosowan 504 non ewe Rehabilitation Act, ewe Fair Housing Act, e pwan nomw pwe epwe utta faniten kapasen fonuach. Ekkei poraus mei pachenong non ei toropwe epwe eoch ngeni aramas meinisin non fansoun ar repwe faenini och atutur ren nefinifin aramas, eimwumwu ngeni ekkewe resapw mwo sinei foosun English (Limited English Proficiency), ika pwan ekkoch sokkun foforen tanon an HPHA prokram ika benefit.

Kopwe wisen makkei ngenikich usun porausom meinisin faniten omw we fisafisen nefinifin aramas/eimwumwu, iwe kopwe pwan pachenong itan, adresan, me an fon nampan ewe chon eimwumwu. Ika pwe en mei wanengaw non inisum/mekuromw, en mei tongeni tingor ren mwichen interfiw ika mei tufich reom.

Ewe chon faenini atutur epwe tongeni atoura an atutur mwitir chok, nge esapw mang seni innik (30) raan seni ewe fansoun eimwumwu ngeni:

Itan: Chief Compliance Officer
Tenefon: 832-4688 832-6083 (TTY)
Adres: 1002 North School Street, Honolulu, HI 96817

Ika pwe omw toropwen atutur epwe mang nge esapw wor popun, epwe tongeni poutano. Sipwe ngeni ekkewe chon faenini atutur ew toropwen "Esinesin Ekkewe Chon Faenini Ar Atutur".

Non fansoun ewe toropwen atutur epwe torikich, ewe Chief Compliance Officer ika emon chon anisi epwe tinano ew toropwen esinesin ngeni ewe/ekkewe chon aturuan tipisin nefinifin aramas, pwe epwe pwar ngenii/ngeniir.

Ewe Chief Compliance Officer are/ika emon chon anisi epwe kokori ewe chon faenini atutur esapw mang seni engon-me-nimu (15) raan seni ewe fansoun fisafisen ewe mwich, nge ika emon mi nipwakingaw are chun epwe kokori me ren "Braille", ika ew "audiotape" pwe epwe fatafatoch ngenii. Ewe meinapen ewe keis affata me awewe ngenii ekkewe annukun atouran atutur ren ewe HPHA.

Ika pwe ewe Chief Compliance Officer are/ika emon chon anisi ese tipeew ngeni an we tingor, ewe emon chon faenini atutur epwe pwan tongeni tingor ren mwichen amwet, esapw mang seni engon-me-nimu (15) raan, nge emen auchea an epwe makke an we tingor ngeni ewe Meinapen HPHA. Epwe pwan apachenong ewe/ekkewe popun e mochen atoura ena tingoren amwet.

Mwitir seni engon-me-nimu (15) raan, ewe Meinapen HPHA epwe churi ika kokori ewe chon faenini atutur pwe repwe tongeni poraus fengen faniten ena atutur. Murin engon-me-nimu (15) raan ewe Meinapen HPHA epwe makke ngeni ewe chon faenini ewe atutur, ika mei tawe, pwe epwe tongeni esine ngeni porausen an finata. An ewe Meinap finata esapw tongeni mokutukut nge epwe utta chok fan annukun ewe HPHA.

*Mei Auchea: The Executive Director or a designee, Chief Compliance Officer or designee may change the time limits stated in the Complaint Procedure after consultation with the complainant or for good cause as determined by the Executive Director or Designee, Chief Compliance Officer or Designee. Ewe Meinap ika pwan emon chon anisi, ewe Chief Compliance Officer ika emon chon anisi

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING FAIR HOUSING COMPLAINTS
ESINESIN REN EKKEWE CHOON FAENINI ATUTUR NGENI EWE PEKIN FAIR HOUSING

En mei piin faenini omw we atutur usun ekkoch foforen eimwumwu, a pwan pachenong aninis non pekin affouu kapas ngeni io mei Naffangaw Non Kapasen Ingenes (Limited English Proficient). Ikei tettenin omw kewe pwung me fan annukun ewe Annukun Atouran Atutur (Complaint Procedure).

1. Mei wor omw pwung omw kopwe tongeni faenini atutur me fan ewe Annukun Atouran Atutur (Complaint Procedure).

2. Mei wor omw pwung omw kopwe tongeni faenini atutur ren och mettoch, ese nefinifin. HPHA esapw mwumwu ngeni an emon epwe koput aramas. Kopwe repoti mwitir chok.

3. Mei wor omw pwung omw kopwe tongeni sinei meinisin kewe fofor, arongarong, mwichen kapung, are/ika finata me non ewe Annukun Atouran Atutur.

4. Mei wor omw pwung pwe omw poraus epwe monomon chok; nge, fan ekkoch sipwe neuneu porausomw ika mei fich ngeni omw keis, ika mei tawe.

5. Mei wor omw pwung omw kopwe tongeni tingoren aninisin emon attorney, nge en kopwe wisen momoni, are/ika en mei tongeni neuneu aninis seni pwan emon choon anisin kapung.

6. Ika pwe ke mochen omw kopwe ataieno omw atutur, en mei tongeni faenini ew toropwen ataieno atutur ika pwan ew toropwen porausen meefiom ngeni ewe Chief Compliance Officer.

7. Mei pwan wor omw pwung omw kopwe tongeni faenini atutur me non ekkei nenien aninis, me fan. En kopwe wisen kokori ekkei nenien aninis, topweno murin ar kewe orooren atouran atutur, pwan fori mettoch meinisin mei piin pachenong non ar kewe annuk.

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U.S. DEPT. OF HOUSING
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1132 Bishop Street, Suite 1400
Honolulu, Hawaii 96813

Department of Human Services
Hawaii Public Housing Authority

DISCRIMINATION COMPLAINT FORM
歧視投訴表

姓名 | 電話（辦公） | 電話（家庭）

街道地址 | 城市/州 | 郵政編碼

1. 指稱歧視的基礎（選擇適用項）

___ 種族	___ 膚色	___ 國籍/祖先
___ 英語水平有限	___ 性別/性別	___ 性取向
___ 性別認同/表達	___ 年齡	___ 宗教
___ 婚姻狀態	___ 家庭狀態（有18歲以下孩子的家庭）	
___ 殘障	___ HIV感染	___ 報復

2. 請解釋你怎麼以及為什麼認為你受到了歧視。請說的具體。請包括姓名，日期，見證人和事件發生地。

（如果你需要更多位置，附上其他紙張。）

3. 簡要解釋對於這次指稱歧視做了什麼，如有。

_____

_____

_____

4. 你的投訴是否有關於服務環節的歧視？
___是的 ___不是

5. 指稱歧視是否針對你？ ___ 不是 ___ 是的，由誰？ _____

6. 指稱投訴是否針對其他人？ ___ 不是 ___ 是的，請列出，姓名，地址 和電話號碼。

_____

7. 指稱投訴發生在哪天或者哪個時期？ 正在發生嗎？

_____

8. 請說明你尋求的安慰/補償。 _____

_____

9. 如果我改變我的地址或電話號碼，我會通知HPHA投訴辦公室 (HPHA Compliance Office), 1002 N. School Street, Bldg. E, Hon. HI 96817。我發誓或確認我已閱讀 上面陳述，且以我的認識和信念所及， 它們是真實的。

請完成，重審，簽名，日期并返還到上述地址。

簽署 _____ 日期 _____

這張表格的目的是幫助你向夏威夷公眾房屋管理局投訴。沒有要求你使用這張表，用一封信提供同樣的信息也是足夠的。但是，上述要求的信息必須提供，不論有沒有使用這張表。

（請閱讀附件對於歧視投訴的說明。）

COMPLAINT WITHDRAWAL FORM
投訴撤回表

我 _____ 在此撤回我于 _____ 簽署的歧視投訴。我沒有收到可
(全名) (日期)
能影響我撤回投訴的承諾，獎勵或者讓步。

我自願*撤回*調查要求，以及我授權公開信息的同意書。

我，簽署人，不希望繼續我提出的針對 _____的歧視投訴，因為：
(全名)

（請查看所有適用的聲明并在下方簽名和日期。）

1. 我在投訴中提出的問題已得到解決。
2. 我不再認為我有歧視投訴。
3. 我目前收到了我應享有的福利。
4. 我理解當前法律的改變讓我不再能接受福利。

_____ _____
投訴人的簽名 日期

返還這張表給：
Hawaii Public Housing Authority
Compliance Office
1002 N. School St., Building E
Honolulu, Hawaii 96817

要求問題： (808) 832-4688

注意：請注意沒有人能恐嚇，威脅，強迫或參與其他差別對待另一採取行動或參與行動來保護他或她的公民權利法所保護的權利的個體。任何認為自己因提出指稱歧視投訴或在相應調查中作為見證人而受到報復或威脅的人士可以向夏威夷公眾房屋管理局投訴辦公室和/或聯邦和州機構提起投訴，這些機構將調查投訴情況。

HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

FAIR HOUSING COMPLAINT PROCEDURE

公平房屋投訴程序

投訴程序已建立，來達到美國殘障人士法案(ADA)，康復法案504部分，公平房屋法的要求，并遵循條款中語言獲得的規定。投訴程序可由任何希望對歧視，未對英語能力不足者提供語言協助，或其他違反政策或服務條款，活動，項目，或HPHA福利的行為提起投訴的人士使用。

投訴應被書寫下來，并包括指稱歧視和/或違規行為的投訴人姓名，地址，和電話號碼的信息。提起投訴的其他方式，像是會面將根據要求向有殘障的人士提供。

投訴人應該盡快提起投訴，但不晚於指稱違規行為發生30工作日后，向：

姓名： Chief Compliance Officer
電話： 832-4688 832-6083 (TTY)
地址： 1002 North School Street, Honolulu, HI 96817

沒有及時提起的訴訟會根據合理的理由來具體分析。應對每個投訴人發送一份"對提起投訴人的通知"。

收到完成后的同意表后，主投訴官員或指定人員會向被指稱對投訴人有歧視行為的個人提供一份書面投訴通知，并將告知投訴人已作出這樣的通知。

收到投訴后15工作日內，主投訴官員或指定人會與投訴人當面或通過電話交流，來討論投訴情況和可能的解決方式。會面后15工作日內，主投訴官或指定人會書面回復，并用適合的對投訴人可用的方式，像是大字體，盲文，或錄音帶。回復中會解釋HPHA的立場并提供投訴的實質性解決方案選項。

如果主投訴官員或指定人的回復沒有令人滿意地解決這個問題，投訴人可以在收到回復15個工作日內對決定進行上訴，以書面方式向HPHA執行官員提交。上訴必須說明對給予投訴人回復不滿意的原因。

在收到上訴15個工作日內，HPHA執行官員會當面或通過電話與投訴人會談，討論投訴情況和可能的解決方式。在會談后15個工作日內HPHA執行官會書面回復，并用適合的對投訴人可用的方式，并提出對投訴的最終解決方案。執行官員的決定將是最終決定并限於HPHA的權利範圍內。

*注意：執行官員或是指定人，主投訴官員或指定人可能在與投訴人協商后，或因執行官員或是指定人，主投訴官員或指定人確認的合理理由改變投訴程序中所述的時間限制。

State of Hawaii
Hawaii Public Housing Authority

NOTICE TO PERSONS FILING FAIR HOUSING COMPLAINTS
對提起公平房屋投訴的人士的通知

你已經行使你的受保護權利來提起投訴指稱不合法的歧視，包括沒有向英語能力有限的人士提供語言協助服務。你有如下權利并受到投訴程序的保護。

1. 你有權通過投訴程序提起投訴。

2. 你有權提起投訴并免受報復。HPHA不允許報復。馬上報告這類行為。

3. 你有權利知曉投訴程序中已有或將發生的行動，聽證，會議，和撤頂。

4. 你有權利讓信息收到保密；但是，參與投訴的人士將被告知，如果有需要。

5. 你有權利由一位律師代表，費用自付，或由你選擇的代理人代表。

6. 如果你希望撤回投訴，提交一份書面的/有日期的撤回表格或聲明至主投訴官。

7. 你有權獲得其他賠償并向下列任何適合的機構提起投訴。你有責任聯繫這些機構，達到投訴程序要求，并遵守機構對提起投訴的時間要求。

HAWAII CIVIL RIGHTS COMMISSION
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U.S. DEPT. OF HOUSING
AND URBAN DEVELOPMENT
1132 Bishop Street, Suite 1400
Honolulu, Hawaii 96813

Appendix K: Administrative Memorandum, Programs No. 2, Language Access Policy

Approved by the Executive Director
October 28, 2014

FOR ACTION

MOTION: To Adopt Administrative Policy, Programs No. 2, Relating to Hawaii Public Housing Authority's Language Access Policy for All Programs, and to Authorize the Executive Director to Undertake All Actions Necessary to Implement the Policy

I. FACTS

A. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) states "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 be subjected to discrimination under any program or activity receiving Federal financial assistance," and the courts have ruled that the exclusion of Limited English Proficient (LEP) persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination.

B. Pursuant to Executive Order 13166, issued on August 11, 2000, and the Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficiency Persons, published by HUD effective February 21, 2007, (HUD Final Guidance), recipients of federal financial assistance have a responsibility to ensure meaningful access to programs and activities by LEP individuals.

C. Chapter 321C, Hawaii Revised Statutes, also requires each state agency to take reasonable steps to ensure meaningful access to services by LEP individuals; to provide competent, timely oral language services to LEP individuals who seek to access services; and to provide written translations of vital documents to LEP individuals who seek to access services.

II. DISCUSSION

A. The Hawaii Public Housing Authority is committed to maintaining a policy of non-discrimination and prohibiting discriminatory practices in the operations, procedures, and programs it administers.

B. The Admissions and Continued Occupancy Policy for the Federally Assisted Public Housing Program (ACOP) governs the policies applicable to the Hawaii Public Housing Authority's Federally Assisted Public Housing Program.

C. On February 12, 2012, the HPHA adopted changes to the ACOP for the Federally Assisted Low-income Public Housing Program regarding the provision of language accessibility in its federally funded low income public housing program, to condense to writing the Hawaii Public Housing Authority's commitment to provide oral interpretation when necessary for LEP persons to access important benefits and services, and written translations of vital documents for eligible LEP groups.

D. On November 9 and 10, 2011, public hearings were held on all of its islands, including at three locations on Oahu, two on Hawaii island, and one each on Kauai and Maui, to gather public comments on the proposed Language Access Policy that was adopted as part of the ACOP, which is substantially similar to the Administrative Policy, Programs No. 2, which is now being proposed.

E. Testimony received at the public hearings and Resident Advisory Board consultations conducted in 2011 indicated strong support for the language access policy, which will benefit the limited English proficient population who access HPHA's programs and services.

F. In compliance with the above-cited federal and state laws, and federal guidance, the Hawaii Public Housing Authority seeks to adopt Administrative Policy, Programs No. 2, which is substantially the same as the Language Access Policy adopted in the ACOP in 2012, to condense to writing the HPHA's commitment to provide meaningful access to services by LEP individuals in not just the federally assisted public housing program, but all of its programs and services using federal or state funds. Reference to the state Language Access Law has been updated to reflect the law transferring the functions of the Office of Language Access from the Department of Labor and Industrial Relations to the Department of Health.

G. The proposed Administrative Policy, Programs No. 2 has been reviewed and approved as to form by the Department of the Attorney General.

III. RECOMMENDATION

To Adopt Administrative Policy, Programs No. 2, Relating to Hawaii Public Housing Authority's Language Access Policy for All Programs, and to Authorize the Executive Director to Undertake All Actions Necessary to Implement the Policy

Attachment A: Draft Proposed Administrative Policy, Programs No. 2, relating to Language Access Policy

Prepared by: Kiriko Oishi, Chief Compliance Officer

Approved by the Board of Directors
on the date set forth above

David Gierlach
Chairperson

NEIL ABERCROMBIE
GOVERNOR

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ADMINISTRATIVE MEMORANDUM

PROGRAMS NO. 2
October 28, 2014

TO: All Branches, Sections and Support Offices

FROM: Hakim Ouansafi
Executive Director

SUBJECT: LANGUAGE ACCESS POLICY

I. GENERAL

The purpose of this administrative memorandum is to establish that the Hawaii Public Housing Authority (HPHA) recognizes its obligations to maintain, implement, and enforce policies regarding non-discrimination under either federal or state law, and specifically that it is the HPHA's policy to comply with all federal, state, and local nondiscrimination laws and with rules and regulations governing language access, and subsequent modifications thereto.

II. POLICY

The HPHA has previously adopted a policy of non-discrimination and prohibiting discriminatory practices in the operations, procedures, or programs it administers, to ensure that residents, program participants, and applicants for services or programs provided by HPHA are given an equal opportunity in the provision of services. In keeping with this policy, all branches, sections, and support offices shall conduct its operations and provide its services in a manner that provides its tenants, program participants, and applicants who are limited in English proficiency with meaningful access to its programs and services.

III. PROCEDURES FOR PROVIDING LANGUAGE ACCESS IN PROGRAMS AND SERVICES

Language for Limited English Proficient (LEP) persons can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by the assisted housing programs that are operated by the HPHA. In certain circumstances, failure to ensure that LEP persons can effectively participate in or benefit from federally-assisted programs and activities may violate the prohibition under Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, which provides that no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance[,]" and Title VI regulations against discrimination on the basis of national origin.

Recipients of federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to the federally assisted housing programs.

State agencies also have an obligation to take reasonable steps to ensure meaningful access to services, programs, and activities by limited English proficient persons under Chapter 321C, Hawaii Revised Statutes, specifically by providing competent, timely oral language services to limited English proficient persons who seek to access services, programs, or activities, and providing written translations of vital documents to limited English proficient persons who seek to access services, programs, or activities.

The HPHA will take reasonable steps to communicate with people who need services or information in a language other than English to ensure meaningful access to its assisted housing programs. These persons will be referred to as Persons with Limited English Proficiency (LEP).

To determine the level of access needed by LEP persons, the HPHA will balance the following four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by each assisted housing program; (2) the frequency with which LEP persons come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the HPHA and costs. Balancing these four factors will ensure meaningful access by LEP persons to critical services while not imposing undue burdens on the HPHA.

Language Access Action Plan

The HPHA shall establish a Language Access Action Plan and shall revise the plan using the four-factor analysis as necessary to address the changing needs of the LEP population it serves (provided that if the HPHA completes the four-factor analysis to decide what language assistance services are appropriate, and determines that the HPHA serves very few LEP persons and the HPHA has very limited resources, it is not necessary for the HPHA to implement the written plan,

but will consider alternative ways to provide meaningful access).

The Language Access Action Plan shall provide:

- How to identify LEP persons who need language assistance;
- How to provide language assistance to LEP persons;
- Provisions on the training of staff;
- Notice to LEP individuals of language assistance services; and
- Monitoring and updating of the Language Access Action Plan.

Oral Interpretation

Upon request, a competent interpreter will be provided in a timely manner, free of charge to the LEP person, for any hearing or other situation in which communication between the LEP person and the HPHA staff is necessary to access important benefits and services, especially when the loss of a benefit or service is at stake. The HPHA may offer to schedule appointments for LEP persons at specified times to minimize wait times and ensure the availability of competent interpreters, provided that use of an appointment facilitates the provision of language assistance and does not impede or delay the LEP person's access to communication with the HPHA.

When LEP persons desire, they will be permitted to use, at their own expense, an interpreter of their own choosing, in place of or as a supplement to the free language services offered by the HPHA. The interpreter chosen by the LEP person may be a family member or friend, but may not be a minor. However, the HPHA shall not require a LEP person to use family members or friends to provide interpretation or translation services. If, after the offer of a free interpreter in the LEP person's primary language, the LEP person elects to use a family member or friend to provide interpretation, the HPHA shall take reasonable steps to determine:

- Whether the individual providing the interpretation is competent to provide this service; and
- Whether conflict of interest, confidentiality, or other concerns make use of the family member or friend inappropriate.

The HPHA reserves the right to obtain a competent interpreter for the HPHA's benefit in the event the LEP person uses an interpreter of their own choosing.

The HPHA shall also provide oral interpretation for timely and effective telephone communication between the HPHA staff and LEP persons.

Written Translations

To comply with written translation obligations, the HPHA shall take the following steps:

- The HPHA will provide written translations of vital documents for each eligible LEP language group that constitutes 5 percent or 1,000 persons, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered; or

- If there are fewer than 50 persons in a language group that reaches the 5 percent trigger, the HPHA need not translate vital documents, but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of vital documents, free of cost to the LEP person.

Translation of documents that are not vital documents, if needed, may be provided orally.

Availability of Free Language Assistance
The HPHA will provide notice to LEP persons of the provision of free language assistance by displaying posters and flyers prominently in waiting rooms, reception areas, and other initial points of entry, and by including flyers in applicant packets and informational material disseminated to the public. When mailing written notices to LEP persons such as vital documents, an insert will be provided explaining the important nature of the document and how the recipient may access free language assistance to understand the notice.

Definitions
"Oral Interpretation" or "Interpretation" shall mean the act of listening to something in one language and orally translating it into another.

"Person with Limited English Proficiency" or "LEP person" shall mean a person who does not speak English as his or her primary language and who has limited ability to read, write, speak, or understand English in a manner that permits him or her to communicate effectively with the HPHA and have meaningful access to and an equal opportunity to participate fully in the federally assisted public housing program, and includes public housing program applicants and tenants and their household members.

"Vital documents" shall mean generic widely used written materials of the HPHA including:

- Notices advising LEP persons of free language assistance;

- Application forms to participate in the HPHA's assisted housing programs;

- Written notices of rights, denial, loss, or decreases in benefits or services;

- Written notices of hearings;

- Notices of eviction or termination of assistance; and

- Leases and project rules applicable to the public housing programs.

"Written translation" or "translation" shall mean the replacement of a written text from one language into an equivalent written text in another language.

IV. NON - RETALIATION

There shall be no retaliation against an applicant, potential applicant, tenant, or other program beneficiary who exercises their right to language access. Retaliatory conduct is illegal and constitutes a separate violation of laws and rules. Any retaliation or discriminatory action should be reported by the complainant to the Compliance Office in accordance with the HPHA's discrimination complaint procedures.

V. REFERENCES

a. Title VI of the Civil Rights Act of 1964
b. Section 515-3, Hawaii Revised Statutes
c. Executive Order 13166, August 11, 2000
d. Chapter 321C, Hawaii Revised Statutes
e. Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, January 22, 2007

Appendix L: Relevant Statutes

Appendix L
Relevant Statutes

Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) states "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 be subjected to discrimination under any program or activity receiving Federal financial assistance," and the courts have ruled that the exclusion of Limited English Proficient (LEP) persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination. Title VI also prohibits retaliation against a person who files a charge of discrimination, participates in an investigation or opposes an unlawful employment practice.

Pursuant to Executive Order 13166, issued on August 11, 2000, and the Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficiency Persons, published by HUD effective February 21, 2007 (HUD Final Guidance), recipients of federal financial assistance have a responsibility to ensure meaningful access to programs and activities by LEP individuals.

Chapter 321C, Hawaii Revised Statutes, also requires each state agency to take reasonable steps to ensure meaningful access to services by LEP individuals; to provide competent, timely oral language services to LEP individuals who seek to access services; and to provide written translations of vital documents to LEP individuals who seek to access services.