

LIMITED ENGLISH PROFICIENCY PLAN

**August 1, 2001
(Revised 3/30/15)**

**SCOTT COUNTY HUMAN SERVICES
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**SCOTT COUNTY PLAN FOR
PROVISION OF INTERPRETER SERVICES
TO PERSON WITH LIMITED ENGLISH PROFICIENCY (LEP)
August 2001
(Revised March 30, 2015)**

Purpose and Legal Authority

The purpose of this Limited English Proficiency plan is to ensure meaningful access to program information and services for persons with limited English proficiency. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of national origin and provides legal protection for national origin minorities whose ability to speak, read, write or understand English is limited. This plan implements the Title VI language access responsibilities of Human Service providers receiving federal financial assistance from the U.S. Department of Health and Human Services.

Policy

It is the policy of Scott County Health and Human Services that no person shall be denied access to programs, program information or services because of his/her limited English proficiency. Staff will assist the person in determining if interpreter services are needed and in what language the services are required. Staff will offer language assistance services and will explain that these services are free of charge to the person. Language assistance services will be offered in a timely manner and during all hours of the agency's operation.

Scott County will inform people of the LEP plan and where it is posted. All Health and Human Service employees will have a copy of the LEP plan. Scott County will ensure staff awareness of the plan and their legal obligations to persons with LEP. Scott County staff will also verbally advise people of their right to language assistance and encourage them to identify themselves as persons needing language assistance.

Staff will initiate an offer for language assistance to clients who have difficulty communicating in English. Each LEP person will receive adequate information, will understand the services and benefits available, and will receive the benefits to which he/she is eligible. The LEP person will be offered interpreter services to enable him/her to communicate the relevant circumstances of his/her situation to Scott County staff.

Definitions

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

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

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

Assessment

Scott County will do an assessment of the language interpretation needs of the County. This assessment will discern which non-English languages are most predominant within Scott County and the resources available for language interpretation. The assessment will identify points of contact within the agency where language assistance is likely to be needed and what kinds of assistance would be most effective. Spanish, Russian, Somali, and Vietnamese are the non-English languages that are most likely to be encountered in Scott County.

Services to be Provided

When interpreter services are needed in a language not commonly used, Scott County staff will access the appropriate interpreter either in person or via the Language Line. Scott County will offer interpretation and/or translation services to non or limited English speaking people in a language they understand, in a manner that preserves confidentiality and within a reasonable time.

All Scott County staff will ask the LEP person if they have need for interpreter services and will record that need on the LEP Record (Attachment H) in the case file. Financial Workers will also record this information on the MEMB and/or PMIN panels in MAXIS and MMIS for all cases.

All Scott County staff will ask the person what their primary language is. Financial Workers will identify the specific language needs of each applicant and recipient by reviewing the language preference questions on the Health Care Application, the Combined Application Form Part I, the Renewal Form and the Recertification Form. All Scott County staff will also use "I Speak" cards and posters to identify the person's language preference.

All Scott County Health and Human Services staff will record the applicant's/recipient's primary language on the LEP Record (Attachment H) in the case file. Financial Workers will also record the applicant's/recipient's primary language on the MEMB and/or PMIN panels in MAXIS for all cases.

Distributing Translated Forms to Clients

Staff will ask the LEP person if he/she wants a translated form as opposed to an English version of the form. The Language Block on all forms advises non-English speaking persons to call a number at DHS. DHS will then contact the County and advise us that this person needs help in their identified language. Staff will also automatically send translated versions of all regularly distributed forms to the LEP person once they have indicated a language preference. Financial Assistance Specialists will use DAIL/TIKL on MAXIS to remind them to send translated documents

Points of Contact:

The greatest likelihood of need for interpreter services will be at the following points of contact:

- Case managers and case aides in Central Intake, Public Health, Financial Assistance, Employment and Training and Child Support.
- Reception area.

Access to and Costs of Interpreters

Scott County will ensure that all persons are informed that interpreter services will be provided at no charge to the client. These services will be provided during normal business hours and, when necessary, during non-business hours when an emergency has been determined to exist.

Emergency Interpreter Services

Scott County will provide for same day interpreter services when the LEP person is applying for a program that requires the County to provide same day service. The agency's existing interpreter agencies will be used. To obtain same day services, Scott County staff will seek the permission of their immediate supervisor in declaring this to be an emergency. Some interpreters may charge an additional rate to provide same-day services. Scott County will be willing to pay that rate in situations which cannot be resolved in any other way.

Procedure

Scott County staff will continue the existing practice of verifying the identity of the client before releasing case-specific information. Interpreters providing interpretation may be used in making verifications.

To the extent possible, Scott County staff will use these language assistance services in the order set out below.

Contracted Interpretation or Translation Services

Scott County staff will contact one of the contracted language assistance resources listed. Staff will advise the service that Scott County is responsible for payment of expenses incurred.

Telephone Interpreters

Scott County staff will use the Language Line for interpretation services. The phone number is 1-800-874-9426 for routine services and 1-800-523-1786 for emergencies. You will be asked to give the following information:

Client ID: 509018

Organization Name: Scott County Government Center

Personal Code: Staff Person's Lawson Account Number

Bilingual Scott County Staff

All LEP persons shall be assigned to bilingual staff of the same language whenever it is possible. The bilingual worker will have the appropriate program knowledge and will be able to communicate those programs to the LEP person.

If the LEP person requires service in an area without a bilingual worker, Scott County staff will contact bilingual county employees who have volunteered to serve as interpreters. Bilingual county employees have a first responsibility to the jobs they have been hired to perform and must obtain permission from their supervisor before volunteering to serve. However, if they are able to offer interpreter services, they will

provide non-English language interpretation and translation services in order to convey program information and services to clients. A list of these resources is attached – Attachment B.

Notice of Rights to Language Assistance

All LEP persons will be offered interpreter services free of charge. Scott County will advise all applicants and recipients of their rights to and the availability of interpreter services in the following ways:

- Signs advising the availability of interpreter services will be posted in the courthouse and WorkForce Development Center lobbies and waiting areas in appropriate languages.
- All program brochures and pamphlets in appropriate languages will be handed out by all staff.
- “I Speak” cards will be available at all public contact points within the agency.
- All outreach will also be offered in appropriate languages.
- The Scott County Employee Relations Department will do culturally sensitive recruitment advertising.
- All regularly distributed materials (to staff and the public) such as application forms, Household Report Forms, brochures, verification requests and recertification forms will be made available in appropriate languages. (See Attachment C.)
- Notice will be given to community organizations that represent LEP language groups.
- DHS Language Block (DHS 3435) is distributed with all state-created forms.

Family or Friends as Interpreters

Staff will not suggest nor encourage a LEP person to use friends or family members as interpreters. Minor children should not be used as interpreters.

If, after the LEP person has been informed of free interpreter services, they decline these services and want a friend or family member to serve, the friend or family member will be used if their use does not compromise the effectiveness of services or violate the LEP person’s rights under the Minnesota Data Practices Act. This means the worker should consider whether the family member or friend is proficient enough in both languages, has had training in interpretation and is familiar enough with program terms to effectively communicate information to the client. Staff will document the offer of free interpreter services, will verify that the LEP person understood the offer and will document the person’s refusal on the LEP Record (Attachment H) in the client file. The staff person will also suggest that a trained interpreter sit in on the encounter to ensure accurate interpretation.

Scott County staff will inform the LEP person that they must give written, informed consent to this arrangement.

Note: Organizations and persons who have agreements with Scott County to provide interpretation and translation services are considered agents of Scott County. This means they are bound by the same confidentiality requirements as Scott County and can receive private information.

Translation of Forms

The Department of Human Services has translated many applications and forms into several languages. Scott County will rely on these materials. Access to the Department of Human Services' website at www.dhs.state.mn.us will be made.

During the course of business, any county-created, necessary forms which have not already been translated by DHS will be sent to contracted translation resources. A list of these resources is attached – Attachment A.

Competency Standards for Interpreters.

Scott County has developed competency standards for interpreter services. All service providers must attest that they will meet those standards. All providers and bilingual staff will be held to this standard.

- Competent interpreters will demonstrate proficiency in both English and the other language.
- Competent interpreters will have some familiarity with program terminology.
- Competent interpreters will have received orientation and training. All contracted interpreter/translator services will be expected to have provided this. Training will include:
 - The skills and ethics of interpreting.
 - Issues of confidentiality.
 - Fundamental knowledge in both languages of any specialized terms or concepts peculiar to the agency, program or activity.
 - Sensitivity to the LEP person's culture.
 - A demonstrated ability to convey information in both languages.
- For individual interpreters the following will be standard:
 - They lived in the other country and spoke the language and/or
 - They interpret as a profession and
 - They have received training in ethics, competency and knowledge of Human Services programs.

Provision Of Language Services To People Who Do Not Read Their Own Language

All Scott County staff will assess the literacy of LEP persons to determine if they are able to read and write in their own language. If the LEP person is not able to read or write in his/her own language, Scott County will find an interpreter who is able to assist the person in completion of forms. On site interpreters will be used and appointments will be scheduled around the availability of these face-to-face interpreters. Scott County staff will use providers listed on Attachment A.

Staff Training on the LEP plan

Scott County will include as part of new employee orientation, an explanation of the LEP plan. Staff will also have access to the LEP Plan in the New Employee handbook section of the HHS

SharePoint site. Staff will be advised of their obligation to provide language assistance to LEP persons and the process to secure language assistance in a timely manner.

In addition, Scott County will assure that Diversity training is available. Each staff person will be expected to attend one class per year.

Plan For Evaluating Effectiveness Of The LEP Plan

Scott County will regularly reevaluate the effectiveness of its LEP plan. Adjustments will be made as needed to ensure that Scott County is meeting its goal of providing equal access to all of its customers.

This reevaluation will include assessing the number of LEP persons being served by Scott County, assessing current language needs, assessing whether staff understand policies and procedures and know how to use them, and assessing whether resources are current and available.

Who Must Comply

Scott County Health and Human Services will ensure that the following entities comply with LEP requirements.

- Contractors, Licensees and Grantees who receive federal funds from the Department of Health and Human Services.

All Human Services contracts and grant bequests will include the following language:

Language Assistance Services

In connection with the work under this agreement, Provider agrees to provide language assistance services to applicants and eligible recipients with Limited English Proficiency, as required by Title VI of the Civil Rights Act of 1964. Such assistance shall be given free of charge and in a timely manner to the Eligible Recipient during all hours of operation.

- Hospitals
- Nursing homes
- Managed Care Providers
- Clinics
- Other Health Care Providers

Agency Contact

Scott County designates the following to serve as the contact for the LEP plan:

Jane Jacobson
Scott County Human Services
Scott County Government Center, 300
200 Fourth Avenue West
Shakopee, Minnesota 55379-1220
952-496-8460

Complaint Resolution Process

Any adverse action taken by Scott County with which an applicant or recipient disagrees is subject to complaint. The person making a complaint will be advised in a language understandable to the grievant of the process available to follow in making a complaint. The complaint procedure will conform to the Civil Rights Compliance Resolution Procedure. See attachments below:

Scott County's Policy for Equal Opportunity in Service Delivery is attached at Attachment E.

Scott County's Complaint Resolution Procedure is included in Attachment F.

Scott County's County Human Service Agency Notification Form regarding Complaints Alleging Discrimination in Service Delivery is attached at Attachment G.

**Interpreter/Translation Services
(Rev. 11/19/12)**

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Interpreter/Translation Service

Part One: Interpreters Listed by Language

Language Line: 1-800-874-9426

Garden & Associates: 952-920-6160

Kim Tong: 612-724-5962

Minnesota Language Connection (MLC) 651-644-7100

Language	Language Line	Garden & Assoc	Kim Tong	Minnesota Language Connection (MLC)
Acholi	✓			
Afar			✓	
Afrikaans	✓			
Akan	✓	✓		
Akposso of Togo				✓
Albanian	✓	✓	✓	
American Sign Language	✓			
Amharic	✓	✓	✓	✓
Anuak		✓		
Arabic	✓	✓	✓	✓
Arabic/Egyptian				✓
Arakanese	✓			
Armenian	✓		✓	
Ashante	✓	✓		
Assyrian	✓			
Azerbaijani	✓			
Azeri	✓			
Bajuni	✓			
Bambara	✓			
Bassa		✓		
Basque	✓			
Behdini	✓			
Belorussian	✓		✓	✓
Bengali	✓	✓	✓	✓
Berber	✓	✓	✓	✓
Bosnian	✓	✓	✓	✓
Breton		✓		
Bulgarian	✓	✓	✓	
Burmese	✓	✓	✓	✓
Cambodian (Khmer)	✓	✓	✓	✓
Cantonese	✓	✓	✓	✓
Catalan	✓			
Ceylonese		✓		
Chaldean	✓			
Chaochow	✓			
Chavacano	✓			
Cherokee	✓			
Chin	✓			

Language	Language Line	Garden & Assoc	Kim Tong	Minnesota Language Connection (MLC)
Chinese		✓		
Chuukese	✓			
Cree	✓			
Creole			✓	✓
Croatian	✓		✓	
Czech	✓			
Dan		✓		
Danish	✓	✓	✓	
Dari	✓		✓	
Dinka	✓	✓		
Diula	✓			
Dutch	✓	✓		
Eritrean			✓	
Estonian	✓	✓	✓	
Ethiopian		✓		
Ewe	✓	✓		✓
Farsi	✓	✓	✓	✓
Fijian Hindi	✓			
Filipino			✓	
Finnish	✓	✓		
Flemish	✓			
French	✓	✓	✓	✓
French Canadian	✓			
French Creole				✓
Fukienese	✓			
Fula	✓	✓		
Fulani	✓	✓		
Fuzhou	✓			
Ga	✓	✓		
Gaddang	✓			
Gaelic	✓			
Gbandi		✓		
Georgian	✓	✓		
German	✓	✓	✓	
Gio		✓		
Greek	✓			
Gujarati	✓	✓	✓	
Guyanese		✓		
Haitian Creole	✓	✓		
Hakka	✓			
Hakka – China	✓			
Hassaniyya	✓			
Hausa		✓		
Hebrew	✓	✓	✓	
Hindi	✓	✓	✓	✓
Hmong	✓	✓	✓	✓
Hokkien	✓			

Language	Language Line	Garden & Assoc	Kim Tong	Minnesota Language Connection (MLC)
Hunanese	✓			
Hungarian	✓	✓	✓	
Ibanag	✓			
Ibo	✓			
Icelandic	✓			
Igbo	✓	✓		
Ilocano	✓			
Indonesian	✓	✓	✓	
Inuktitut	✓			
Italian	✓	✓	✓	
Jakartanese	✓			
Japanese	✓	✓	✓	✓
Javanese	✓			
Kanjobal	✓			
Karen	✓	✓	✓	✓
Karenni	✓			
Kashmiri	✓			
Kazakh	✓			
Khmer (Cambodian)	✓	✓		
Kinkongo				✓
Kinyarwanda	✓			
Kirghiz	✓			
Kirundi	✓			
Kissi		✓		
Korean	✓	✓	✓	✓
Kosovan	✓			
Kpelle		✓		
Krahn		✓	✓	
Krio	✓	✓		
Kru		✓		
Kurdish	✓	✓	✓	
Kurmanji	✓			
Laotian	✓	✓	✓	✓
Latvian	✓	✓		
Liberian		✓		
Lingala	✓			✓
Lithuanian	✓	✓	✓	
Lorma		✓		
Luganda	✓	✓		
Luo	✓			
Luxembourgeois	✓			
Maay	✓			
Macedonian	✓			
Maide		✓		
Malagasy	✓			
Malay	✓			
Malayalam	✓	✓		

Language	Language Line	Garden & Assoc	Kim Tong	Minnesota Language Connection (MLC)
Malinke		✓		
Malise				✓
Maltese	✓			
Mandarin	✓		✓	✓
Mandingo	✓	✓		✓
Mandinka	✓			
Mano		✓		
Marathi	✓			
Marshallese	✓			
Mende		✓		
Mexican Sign Language	✓			
Mien	✓			
Mina	✓			✓
Mirpuri	✓			
Mixteco	✓			
Moldavan	✓			
Mongolian	✓			
Montenegrin	✓			
Moroccan Arabic	✓			
Navajo	✓			
Neapolitan	✓			
Nepalese			✓	
Nepali	✓			✓
Nigerian Pidgin English	✓	✓		
Norwegian	✓	✓	✓	
Nuer (Sudanese)	✓	✓	✓	
Oromo	✓	✓	✓	✓
Pahari	✓			
Pampangan	✓			
Pangasinan	✓			
Pashto	✓	✓		✓
Patois	✓			
Persian		✓	✓	
Pidgen English	✓			
Polish	✓	✓	✓	✓
Portuguese	✓	✓	✓	
Portuguese Creole	✓			✓
Pothwari	✓			
Pulaar	✓			
Punjabi	✓		✓	✓
Quichua	✓			
Romani, Vlach	✓			
Romanian	✓	✓	✓	
Russian	✓	✓	✓	✓
Samoan	✓			
Sarpo		✓		
Serbian	✓		✓	

Language	Language Line	Garden & Assoc	Kim Tong	Minnesota Language Connection (MLC)
Shanghainese	✓			
Sichuan	✓			
Sicilian	✓			
Sinhalese	✓	✓		
Sindhi	✓			
Slovak	✓			
Slovenian	✓			
Somali	✓	✓	✓	✓
Soninke	✓			
Sorani	✓			
Soussou				✓
Spanish	✓	✓	✓	✓
Sudanese (Nuer)	✓	✓	✓	
Sudanese Arabic	✓			
Susu, Soussou	✓	✓		
Swahili	✓	✓	✓	✓
Swedish	✓		✓	
Sylhetti	✓			
Tagalog	✓	✓		
Taishanese			✓	
Taiwanese	✓			
Tajik	✓			
Tamil	✓			
Teluga	✓			
Teochaw				✓
Thai	✓	✓	✓	✓
Tibetan	✓	✓	✓	
Tigre	✓			
Tigrinya	✓	✓	✓	✓
Toishanese	✓			
Tongan	✓			
Tshiluba	✓			
Turkish	✓	✓	✓	✓
Twi	✓	✓	✓	
Ukrainian	✓	✓	✓	✓
Urdu	✓	✓	✓	✓
Uyghur	✓			
Uzbek	✓			
Vai		✓		
Vietnamese	✓	✓	✓	✓
Visayan	✓			
Wenzhou	✓			
Wolof	✓	✓	✓	
Yiddish	✓	✓	✓	
Yoruba	✓	✓		
Yupik	✓			

Part Two: DIRECTORY - Interpreters

Name and Address	Services	Rates
<p><u>Garden and Associates</u> 4725 Excelsior Boulevard, Suite 502 Minneapolis, Minnesota 55416 Phone: (952) 920-6160 Cell: None FAX: (952) 922-8150 Pager: (952) 235-1716 Email: None</p>	<p>Phone Interpretation Face-Face Interpretation Written Translation Emergency Interpretation Certified Legal Interpreter Hearing Interpreter</p>	<p>Face to Face \$50/hour for 1 – 3 hrs \$45/hour for 4 – 7 hrs \$40/hour for 8+ hrs After initial hour, time will be rounded and billed at 15 minute increments After hours, weekends and holidays - \$35/hour with 2 hr minimum \$45 cancellation fee if interpreter is in route or on site Phone Charge: \$1/min for Spanish, Hmong, Somali \$1.25/min for all other languages American Sign Language: \$65/hr w/2 hr min; 48 hr cancellation fee applies for ASL</p>
<p><u>Language Line and Language Line Document Translation Service</u> 1-800-874-9426 for routine services 1-800-523-1786 for emergencies</p>	<p>Phone interpreter services.</p>	<p>\$1.45/minute Note: You will be asked to give the following information: Client ID: 509018 Organization Name: Scott County Courthouse Personal Code: Your Lawson Account #</p>
<p><u>Kim Tong Interpreter Services</u> 3252 32nd Avenue South Minneapolis, Minnesota 55406 Phone: (612) 724-5962 Cell: None FAX: (612) 724-4006 Pager: None Email: None</p>	<p>Phone Interpretation Face-Face Interpretation Written Translation Emergency Interpretation Certified Legal Interpreter Hearing Interpreter American Sign Language</p>	<p>Face to Face \$50/hour with 1 hr minimum After initial hour, time will be rounded and billed at 15 minute increments After hours, weekends and holidays - \$35/hour with 2 hr minimum \$25 cancellation fee if less than 2 hour notice Phone Charge: \$1/min for all languages with 15 minute minimum American Sign Language: \$55/hr w/2 hr min, after which rounded to 15 min. Cancellation fee applies</p>
<p><u>Minnesota Language Connection (MLC)</u></p>	<p>Face-Face Interpretation Phone Interpretation</p>	<p>Face to Face \$45/hour for 1 – 3 hrs \$42/hour for 4 – 7 hrs \$30/hour for 8+ hrs \$40 cancellation fee if interpreter is on site After hours, weekends and holidays - \$40/hour with 2 hr minimum Phone Charge: \$1/min for Spanish, Hmong, Somali \$1.25/min for all other languages</p>

Part Three: DIRECTORY - Written Translation Only (Internet Websites)

<http://www.freetranslation.com/>

<http://www.lexicool.com/>

http://www.translation-guide.com/free_online_translations.htm

<http://www.systransoft.com/lp/text-translation/>

http://www.worldlingo.com/en/products_services/worldlingo_translator.html

Bilingual Scott County Staff

Staff Person	Extens ion	Language	Background/ Specialty	Comments
Benson, Brad	8346	Spanish	Children's MH	Basic Spanish
Benson, Lola	8657	Yorubu	Financial – FEDS	Dialect of Nigerian
Dmitrieva, Ludmila	8793	Russian	Accounting	
Green, Hilda	8017	Spanish	Public Health	
Hassig, Katie	8294	ASL	HCC	American Sign Language
Joseph, Brenda	8617	Spanish	Mental Health Ctr	
Kleinfehn, Noreen	8274	Swahili & Kiswahili	Public Health	
Letson, Leslie	8553	Spanish	Financial - TAC	
Marshall, Jamie	8447	Spanish	Financial - FEDS	
Sanchez, Rosalinda	8429	Spanish	Financial-TAC	
Schmitz, Angela	8501	Spanish	Child Protection	

NON-ENGLISH DHS FORMS
Revised 11/19/12

This section lists all of the non-English DHS forms available from eDocs as of the date the section was revised. We will add additional forms or information as it is identified. The list is organized by language and includes the forms available under each language.

The section includes the DHS form number, title and the language the form is available in.

NOTE: If the English version of the document has been revised since the translation work, the non-English version of the form will not reflect the CURRENT English version.

FORM #	FORM NAME	LAST REVISED
ARABIC		
DHS 3323-ARA	Family Violence Referral	5/07
DHS 3354C-ARA	PMAP Pre-enrollment Questionnaire	2/04
DHS 3456-ARA	Minnesota Health Care Programs – Individualized Education Program Services	2/08
DHS 3482-ARA	MFIP Self-screen	7/05
DHS 4115-ARA	Authorization for Release of Information	4/04
DHS 4198-ARA	Important Information About the Family Cap	7/04
DHS 4311A-ARA	0 to 1-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311B-ARA	2-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311C-ARA	4-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311D-ARA	6-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311E-ARA	9-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311F-ARA	12-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311G-ARA	15-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311H-ARA	18-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311I-ARA	24-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311J-ARA	3-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311K-ARA	4-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311L-ARA	5-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311M-ARA	6-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311N-ARA	8-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311O-ARA	10-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311P-ARA	12-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311Q-ARA	14-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 3354C-SCR	PMAF Pre-enrollment Questionnaire	2/04
DHS 3456-SCR	Minnesota Health Care Programs – Individualized Education Program Services	2/08
DHS 3482-SCR	MFIP Self-Screen	7/05
DHS 4115-SCR	Authorization for Release of Information	4/04
DHS 4198-SCR	Important Information About the Family Cap	7/04
DHS 4311A-SCR	0 to 1-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311B-SCR	2-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311C-SCR	4-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311D-SCR	6-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311E-SCR	9-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311F-SCR	12-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311G-SCR	15-Month Child and Teen Checkups Checklist for Parents	5/09

DHS 4311H-SCR	18-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311I-SCR	24-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311J-SCR	3-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 4311L-SCR	5-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311M-SCR	6-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 4311Q-SCR	14-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311R-SCR	16-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311S-SCR	18-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 4374-SCR	I Need an Interpreter cards	12/09
DHS 4723-SCR	Caring for Children	4/06
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DHS 0033-SOM	Appeal to State Agency	5/10
DHS 0035-SOM	State Agency Appeals Summary	5/10
DHS 0250-SOM	Family Systems Application	1/07
DHS 1826-SOM	Child and Teen Checkups Brochure	9/08
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DHS 2688-SOM	Your Growing Child Brochure – age 1 through 3 months	2/10
DHS 2689-SOM	Your Growing Child Brochure – age 4 through 5 months	2/10
DHS 2690-SOM	Your Growing Child Brochure – age 6 through 8 months	2/10
DHS 2691-SOM	Your Growing Child Brochure – age 9 through 11 months	2/10
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DHS 2695-SOM	Your Growing Child Brochure – age 2 years	2/10
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DHS 2807-SOM	Civil Rights Complaint Form: Discrimination to Service Delivery	11/10
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DHS 3159-SOM	Minnesota Voluntary Recognition of Parentage	8/12

DHS 3159A-SOM	Being a Legal Father	3/10
DHS 3159B-SOM	Minnesota Voluntary Recognition of Parentage Revocation Form	3/10
DHS 3159C-SOM	Minnesota Voluntary Recognition of Parentage Husband's Non-Paternity Statement	3/10
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DHS 3163B-SOM	Referral to Support and Collections	3/10
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DHS-3247-SOM	Families Guide to Child Protection	1/06
DHS 3248-SOM	Investigation Child Abuse or Neglect in Facilities	8/06
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DHS 3323-SOM	Family Violence Referral	1/11
DHS 3353-SOM	Important Information	10/11
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DHS 3360-SOM	Electronic Funds Transfer for DWP, MFIP, WB, GA, MSA, or RCA benefits	2/12
DHS 3362-SOM	Your Growing Child Brochure – age 4 through 6 years	2/10
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DHS 3371-SOM	Direct deposit for your child support payments	3/10
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DHS 3979-SOM	Notice of Privacy Practice	8/11
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DHS 4008-SOM	Health Plan Change Request Denied	2/04
DHS 4027-SOM	Civil Rights Policy and Complaint Procedure	5/10
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DHs 4242-SOM	Alternative Responses to Child Safety Concerns	8/05
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DHS 4311E-SOM	9-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311F-SOM	12-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311G-SOM	15-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311H-SOM	18-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311I-SOM	24-Month Child and Teen Checkups Checklist for Parents	5/09
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DHS 4311K-SOM	4-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311L-SOM	5-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311M-SOM	6-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 4311P-SOM	12-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311Q-SOM	14-Year Child and Teen Checkups Checklist for Parents	5/09
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DHS 4430-SOM	Family Assessment: Notice of Assessment Summary – Case to Remain Open	10/06
DHS 4431-SOM	Family Assessment: Notice of Assessment Summary – Service Declined; No Opening	10/06
DHS 4432-SOM	Family Assessment: Notice of Assessment Summary – Transfer to Investigation	10/06
DHS 4433-SOM	Family Assessment: Notice to Mandated Reporter – No Services; Referral Made	10/06
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DHS 4435-SOM	Notice of Court Hearing to Foster Care Provider	10/06
DHS 4472A-SOM	Parent Support Outreach	11/05
DHS 4504-SOM	Letter to Alleged Offender – Child Protection Services Needed	10/06
DHS 4505-SOM	Letter to Alleged Offender – Abuse Neglect Occurred, CP Services Not Needed	10/06
DHS 4506-SOM	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Needed	10/06
DHS 4507-SOM	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Not Needed	10/06
DHS 4508-SOM	Letter to Non-Offending Parent – Abuse Neglect Occurred, CP Services Are Needed	10/06
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DHS 4583-SOM	Child Support Enforcement – Request for Exception to Direct Deposit	6/10
DHS 4586-SOM	Notice of Summary Disposition – Unable to Provide Information	10/06
DHS 4587-SOM	Notice of Summary Disposition – Abuse/Neglect did Not Occur; Protective Services Not Needed	10/06
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DHS 4589-SOM	Notice of Summary Disposition – Abuse/Neglect Occurred; Protective Services Not Needed	10/06
DHS 4590-SOM	Notice of Summary Disposition – Abuse/Neglect Occurred; Protective Services Are Needed	10/06
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DHS 4723-SOM	Caring for Children	4/06
DHS 4902-SOM	Important Information about Child Support Hearings	3/10
DHS 5114-SOM	MN DHS Translation Glossary	3/11
DHS 5114A-SOM	DHS Child Support (CSE) Somali Glossary	1/11
DHS 5223-SOM	MDHS Combined Application Form	11/11
DHS 5223B-SOM	CAF Important Information sheet	7/08
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DHS 5223S-SOM	MDHS Combined Application Form Household Member Supplement	8/11
DHS 5274-SOM	Child Care Assistance Program Redetermination Form	2/12
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DM 0107-SOM	Choose a Health Plan cover letter	3/03
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DHS 2688-SPA	Your Growing Child Brochure – age 1 through 3 months	2/10
DHS 2689-SPA	Your Growing Child Brochure – age 4 through 5 months	2/10
DHS 2690-SPA	Your Growing Child Brochure – age 6 through 8 months	2/10
DHS 2691-SPA	Your Growing Child Brochure – age 9 through 11 months	2/10
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DHS 2693-SPA	Your Growing Child Brochure – age 15 through 17 months	2/10
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DHS 2695-SPA	Your Growing Child Brochure – age 2 years	2/10
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DHS 2807-SPA	Civil Rights Complaint Form: Discrimination in Service Delivery	11/10
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DHS 4431-SPA	Family Assessment: Notice of Assessment Summary – Service Declined; No Opening	10/06
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DHS 4433-SPA	Family Assessment: Notice to Mandated Reporter – No Services; Referral Made	10/06
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DHS 4504-SPA	Letter to Alleged Offender – Child Protection Services Needed	10/06
DHS 4505-SPA	Letter to Alleged Offender – Abuse Neglect Occurred, CP Services Not Needed	10/06
DHS 4506-SPA	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Needed	10/06
DHS 4507-SPA	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Not Needed	10/06
DHS 4508-SPA	Letter to Non-Offending Parent – Abuse Neglect Occurred, CP Services Are Needed	10/06

DHS 4509-SPA	Letter to Non-Offending Parent-Abuse Neglect Occurred, CP Services Not Needed	10/06
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DHS 4583-SPA	Child Support Enforcement – Request for Exception to Direct Deposit	6/10
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DHS 4587-SPA	Notice of Summary Disposition – Abuse/Neglect did Not Occur; Protective Services Not Needed	10/06
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DHS 5876-SPA	Parent Directive for Infant Sleep Position	7/09
DHS 6006-SPA	Information about Your Adopted Child's Eligibility for Medical Assistance	12/11
DHS6170-SPA	Child Care Centers	7/10

DHS 6248-SPA	Voluntary Foster Care Agreement for Youth Ages 18-21	9/10
DHS 6468-SPA	Help with Services for Children with Autism Spectrum Disorders	1/12
DM 0107-SPA	Choose a Health Plan cover letter	3/03
MS 2038-SPA	Your child's safety in licensed family child care	6/02
VIETNAMESE:		
DHS 0033-VIE	Appeal to State Agency	5/10
DHS 0250-VIE	Family Systems Application	1/07
DHS 1826-VIE	Child and Teen Checkups Brochure	9/08
DHS 2120-VIE	Household Report Form	9/10
DHS 2140-VIE	Application for Social Services	7/12
DHS 2402-VIE	Change Report Form	8/11
DHS 2687-VIE	Your Growing Child Brochure – Newborn	2/10
DHS 2688-VIE	Your Growing Child Brochure – age 1 through 3 months	2/10
DHS 2689-VIE	Your Growing Child Brochure – age 4 through 5 months	2/10
DHS 2690-VIE	Your Growing Child Brochure – age 6 through 8 months	2/10
DHS 2691-VIE	Your Growing Child Brochure – age 9 through 11 months	2/10
DHS 2692-VIE	Your Growing Child Brochure – age 12 through 14 months	2/10
DHS 2693-VIE	Your Growing Child Brochure – age 15 through 17 months	2/10
DHS 2694-VIE	Your Growing Child Brochure – age 18 through 23 months	2/10
DHS 2695-VIE	Your Growing Child Brochure – age 2 years	2/10
DHS 2696-VIE	Your Growing Child Brochure – age 3 years	2/10
DHS 2721-VIE	Letter to owner of unlicensed child care home	3/03
DHS 2754-VIE	Help protect people who are frail or vulnerable	1/12
DHS 2759-VIE	Notice About Income and Eligibility Verification System and Work Reporting System	3/12
DHS 2795-VIE	Being a teenager	1/10
DHS 2807-VIE	Civil Rights Complaint Form: Discrimination in Service Delivery	11/10
DHS 2917-VIE	Reporting Child Abuse and Neglect	7/07
DHS 2919A-VIE	Verification Request Form A	7/10
DSH 2919B-VIE	Verification Request Form B	7/10
DHS 2935-VIE	Information About Subpoenas for State Human Services Hearings	3/04
DHS 3206-VIE	Completing an Adoption in Minnesota	5/04
DHS-3247-VIE	Families Guide to Child Protection	1/06
DHS 3276 VIE	Civil Rights in Human Services: What you should know about fair treatment in service delivery	5/10
DHS 3323-VIE	Family Violence Referral	1/11
DHS 3353-VIE	Important Information	10/11
DHS 3354C-VIE	PMAP Pre-enrollment Questionnaire	2/04
DHS 3360-VIE	Electronic Funds Transfer for DWP, MFIP, WB, GA, MSA or RCA benefits	2/12
DHS 3362-VIE	Your Growing Child Brochure – age 4 through 6 years	2/10
DHS 3363-VIE	Your Growing Child Brochure – age 7 through 10 years	2/10
DHS 3377-VIE	Social Services Authorization for the Release of Information	12/05
DHS 3378-VIE	Child Protection Notice of Privacy Practices	11/10
DHS 3417-VIE	Minnesota Health Care Programs Application	4/12
DHS 3418-VIE	Minnesota Health Care Programs Renewal Form	6/12
DHS 3456-VIE	Minnesota Health Care Programs – Individualized Education Program Services	2/08

DHS 3482-VIE	MFIP Self-screen	7/05
DHS 3550-VIE	Minnesota Child Care Assistance Program Application	10/11
DHS 3860-VIE	Minnesota Health Care Programs – Summary of coverage, cost sharing and limits	1/12
DHS 3979-VIE	Notice of Privacy Practices	8/11
DHS 3985-VIE	Notice of Privacy Practices for Child Care Providers	2/11
DHS 4008-VIE	Health Plan Change Request Denied	2/04
DHS 4027-VIE	Civil Rights Policy and Complaint Procedure	5/10
DHS 4106A-VIE	Health Plan Enrollment Form	4/03
DHS 4115-VIE	Authorization for Release of Information	4/04
DHS 4127-VIE	Notice of Privacy Practices	2/08
DHS 4133-VIE	Do you have a disability?	10/11
DHS 4198-VIE	Important Information About the Family Car	7/04
DHS 4311A-VIE	0 to 1-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311B-VIE	2-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311C-VIE	4-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311D-VIE	6-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311E-VIE	9-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311F-VIE	12-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311G-VIE	15-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311H-VIE	18-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311I-VIE	24-Month Child and Teen Checkups Checklist for Parents	5/09
DHS 4311J-VIE	3-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311K-VIE	4-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311L-VIE	5-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311M-VIE	6-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311N-VIE	8-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311O-VIE	10-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311P-VIE	12-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311Q-VIE	14-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311R-VIE	16-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311S-VIE	18-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4311T-VIE	20-Year Child and Teen Checkups Checklist for Parents	5/09
DHS 4374-VIE	I Need an Interpreter cards	12/09
DHS 4428-VIE	Family Assessment: Notice of Assessment Summary – Opening Case	10/06
DHS 4429-VIE	Family Assessment: Notice of Assessment Summary – Not Opening	10/06
DHS 4430-VIE	Family Assessment: Notice of Assessment Summary – Case to Remain Open	10/06
DHS 4431-VIE	Family Assessment: Notice of Assessment Summary – Service Declined; No Opening	10/06
DHS 4432-VIE	Family Assessment: Notice of Assessment Summary – Transfer to Investigation	10/06
DHS 4433-VIE	Family Assessment: Notice to Mandated Reporter – No Services; Referral Made	10/06
DHS 4434-VIE	Caretaker Relative Notice	10/06
DHS 4435-VIE	Notice of Court Hearing to Foster Care Provider	10/06
DHS 4472A-VIE	Parent Support Outreach	11/05
DHS 4504-VIE	Letter to Alleged Offender – Child Protection Services Needed	10/06

DHS 4505-VIE	Letter to Alleged Offender – Abuse Neglect Occurred, CP Services Not Needed	10/06
DHS 4506-VIE	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Needed	10/06
DHS 4507-VIE	Letter to Alleged Offender – Abuse Neglect Not Determined, CP Services Not Needed	10/06
DHS 4508-VIE	Letter to Non-Offending Parent – Abuse Neglect Occurred, CP Services Are Needed	10/06
DHS 4509-VIE	Letter to Non-Offending Parent-Abuse Neglect Occurred, CP Services Not Needed	10/06
DHS 4510-VIE	Letter to Non-Offending Parent – Abuse Neglect Not Determined, CP Services Are Needed	10/06
DHS 4511-VIE	Letter to Non-Offending Parent – Abuse Neglect Not Determined, CP Services Not Needed	10/06
DHS 4586-VIE	Notice of Summary Disposition – Unable to Provide Information	10/06
DHS 4587-VIE	Notice of Summary Disposition – Abuse/Neglect did Not Occur; Protective Services Not Needed	10/06
DHS 4588-VIE	Notice of Summary Disposition – Abuse/Neglect did Not Occur; Protective Services are Needed	10-06
DHS 4589-VIE	Notice of Summary Disposition – Abuse/Neglect Occurred; Protective Services Not Needed	10/06
DHS 4590-VIE	Notice of Summary Disposition – Abuse/Neglect Occurred; Protective Services Are Needed	
DHS 4618-VIE	Family Child Care License Checklist	4/08
DHS 4723-VIE	Caring for Children	4/06
DHS 5223-VIE	MDHS Combined Application Form	11/11
DHS 5223B-VIE	CAF Important Information Sheet	7/08
DHS 5223C-VIE	Combined Application – Addendum (Cash and Food Support)	11/11
DHS 5223D-VIE	Combined Application – Child Care Addendum	11/11
DHS 5223E-VIE	Minnesota Transition Application Form	11/11
DHS 5223S-VIE	MDHS Combined Application Form Household Member Supplement	8/11
DHS 5274-VIE	Child Care Assistance Program Redetermination Form	2/12
DHS 5323-VIE	TED Program Notice of Ineligibility	5/09
DHS 5407-VIE	Family and Group Family Child Care	7/10
DHS 5407A-VIE	Employer Child Care	7/10
DHS 5576-VIE	Combined Six-Month Report	7/11
DHS 5576A-VIE	Combined Six Month Report – Supplement for cash programs	9/11
DHS 5727-VIE	Child in Voluntary Foster Care for Treatment Agreement	2/12
DHS 5729-VIE	Child in Voluntary Foster Care for Treatment Agreement – Notice to Parent(s) considering Voluntary Foster Care	12/11
DHS 6006-VIE	Information about Your Adopted Child's Eligibility for Medical Assistance	12/11
DHS 6170-VIE	Child Care Centers	7/10
DHS 6468-VIE	Help with Services for Children with Autism Spectrum Disorders	1/12
DM 0107-VIE	Choose a Health Plan cover sheet	3/03
MX 2038-VIE	Your child's safety in licensed family child care	6/02

Helpful Hints for Using Interpreters

1. Tell the interpreter the purpose of your call – describe the type of information you are planning to convey.
2. Enunciate your words. Avoid contractions which can convey the opposite of your meaning. E.g. Can't = cannot.
3. Speak in short sentences expressing one idea at a time.
4. Speak slower than your normal speed of talking, pausing after each phrase.
5. Avoid the use of double negatives. E.g. If you don't appear in person you won't get your benefits. Instead say, "You must come in person in order to get your benefits."
6. Speak in the first person. Avoid the "he said/she said."
7. Avoid using acronyms. E.g. "DHS", "MFIP", etc. If you must use them, explain their meaning.
8. Provide brief explanations of technical terms or terms of art. E.g. "*Spend-down* means the client must use up some of their money or assets in order to become eligible for services."
9. Pause occasionally to ask the interpreter if he/she understands the information that you are providing. Ask if you need to speed up or slow down your speech patterns. If the interpreter is confused, so is the client.
10. Ask the interpreter if, in their opinion, the client seems to have grasped the information you were conveying. You may have to repeat or clarify certain information by saying it in a different way.
11. Be patient with the interpreter, the client and yourself.
12. Thank the interpreter for performing a difficult and valuable service.

GEN 0442

SCOTT COUNTY HUMAN SERVICES
POLICY FOR EQUAL OPPORTUNITY IN SERVICE DELIVERY
September, 1999 (Revised 7/3/01)

It is the policy of Scott County Human Services to provide federally financed services, financial aid and benefits of programs, and activities without discrimination on the basis of race, color, national origin, gender, religion, age, and physical, mental or emotional disability. This policy extends to prohibit discrimination in services that are administered and delivered according to federal, state, and local civil rights laws, executive orders, rules, and regulations.

Equal opportunity requires:

- a. That no otherwise eligible person, under any program or activity receiving federal financial assistance (and state financed services under ADA), shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination;
- b. That each program or activity is conducted so when viewed in its entirety, it is readily accessible to and usable by individuals with physical, mental, or emotional disabilities, including making reasonable accommodations or modifications in policies, practices, or procedures when necessary unless doing so would result in either a fundamental alteration in the nature of the program or undue financial and administrative burdens;
- c. That applicant/client eligibility determinations, assignments to staff and facilities, treatment by staff, access to information about programs, physical and programmatic access to facilities, referral services, intake and admissions procedures assessment, diagnosis, evaluation and treatment, outreach, and termination of services are made without regard to protected class status; and
- d. That services and information are provided in the appropriate language to persons with limited English proficiency, as well as appropriate auxiliary aids and services, including, but not limited to, use of a TTY and/or telephone relay service for individuals who are deaf or hard of hearing, providing readers for persons who are blind or visually impaired, providing literature or posters in formats that are understandable to blind or visually impaired individuals, and providing appropriate special assistance to individuals with developmental and learning disabilities.

**SCOTT COUNTY HUMAN SERVICES
CIVIL RIGHTS COMPLAINT RESOLUTION PROCEDURE
April 2002**

If you believe you have been discriminated against because of your race, color, national origin, gender, religion, age, or physical, mental or emotional disability while applying for or receiving services, you may file a complaint with Scott County.

The complaint must be in writing and must be filed within 180 days of the alleged discrimination. If you can show good cause for failure to file within that time, Scott County may extend the time period.

To obtain a Scott County Complaint Form, call or write to:

Employee Relations Director
Scott County Employee Relations Department
Courthouse 104
200 Fourth Avenue West
Shakopee, Minnesota 55379-1220
952-496-8103
or
952-496-8170 (TTY)

Scott County cannot retaliate against you for filing this complaint. You have the right to be represented by someone else while filing this complaint.

Upon receiving your complaint, Scott County will review it and notify you in writing within ten days whether or not it has the authority to investigate. If there is authority to investigate, Scott County will conduct a prompt and thorough investigation to determine whether or not the facts support a finding of discrimination.

If the facts support a finding of discrimination, Scott County will take appropriate action to correct the discriminatory practice and prevent it from happening again.

You will receive a written determination of the outcome of the investigation within eight weeks of filing the complaint. If you are not satisfied with the decision, you may ask that your complaint be forwarded to the Civil Rights Coordinator of the Department of Human Services who will have ten days to resolve the complaint and notify you in writing of the outcome.

If you are still not satisfied with the decision, you may ask for review by the Commissioner. Submit your request, in writing, to the Department of Human Services Civil Rights Coordinator. The Commissioner will have ten days to resolve the complaint and notify you in writing of the outcome.

OTHER AGENCIES YOU MAY CONTACT:

Minnesota Department of Human Rights
190 East 5th Street
St. Paul, Minnesota 55101
651-296-5663
or
651-296-1283 (TTY)

Office for Civil Rights
US Dept of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, Illinois 60601
312-886-2359
or
312-353-5693 (TTY)

**COUNTY HUMAN SERVICE AGENCY NOTIFICATION FORM
COMPLAINTS ALLEGING DISCRIMINATION
In
SERVICE DELIVERY**

AUTHORITY

Office for Civil Rights' Guidelines for State Agency Civil Rights Compliance Plan: Each county Human Services agency must notify the Civil Rights Coordinator at the Department of Human Services of all service delivery discrimination complaints that are filed against the county.

Provide the following information within 90 days of the date the complaint is filed:

1. Name, address, phone number of Complainant.

2. Name and address of County Agency delivering the benefits. Include the names of any employees accused.

3. Type of discrimination alleged.

4. Brief description of the alleged discrimination.

5. If a policy or procedure had a discriminatory effect on applicants or clients, state the policy or procedure involved.

Notification Form – page 2

6. Names, titles, addresses of persons who may know about the alleged discrimination.

7. Dates on which the alleged discrimination occurred and if it was continuing, the duration of each incident.

8. Investigation/inquiry findings.

9. If applicable, corrective action planned/taken.

GEN 0451

LEP Record

Client Name: _____ Case Number: _____

Language preference: _____ Interpreter: _____ yes _____ no

Translated Forms: _____ yes _____ no

Client declined interpreter services. _____ yes _____ no

Obtain the client's written, informed consent when contacting an interpreter who is not listed on Attachment A of this plan.

Client Signature _____ Date: _____

Notes:

GEN #0452

LEP Checklist

_____ Ask client his primary language preference and note on LEP Record in file and on MAXIS and MMIS. (Use "I Speak".)

_____ Ask client if he wants interpreter services and note on LEP Record in file and on MAXIS and MMIS. (Advise client that this service is free of charge.)

Note: If client declines interpreter service, make note of this on the LEP Record in the file.

_____ Ask client if he wants to use translated forms and note on LEP Record in file.

_____ If needed, obtain written release of Information from client to allow communication with interpreter.

_____ Contact interpreter and set up appointment with Case Manager, client and interpreter. Note: If client needs same day service obtain permission from your supervisor to make that request of the interpreter.

_____ During appointment use Helpful Hints contained in Attachment D of plan.

_____ Interpreter sends bill to the Case Manager.

_____ Case Manager reviews and approves the charges and sends bill on through normal process for payment.

_____ Refer to plan for Complaint Resolution Process if client has a complaint. (Attachment F and G.)

GEN 0448

