

The County of Sonoma
Human Services Department
Adult and Aging Division
Area Agency on Aging

TITLE VI PROGRAM

February 10, 2025

County of Sonoma Human Services Department

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707/565-5900

This document was prepared by the County of Sonoma Human Services Department Division of Adult and Aging to comply with Title VI of the Civil Rights Act of 1964, including new provisions detailed in U.S. Department of Transportation's FTA Circular 4702.1B, "Title VI Requirement and Guidelines for Federal Transit Administration Recipients."

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Title VI Notice to the Public

The Sonoma County Human Services Department (HSD) complies with Title VI of the Federal Civil Rights Act as well as Title 24 of the California Code of Regulations, which goes above and beyond regulations in Title VI. The California Department of Social Services (CDSS) requires the Director of the Sonoma County Human Services Department to sign an ***Assurance of Compliance for Nondiscrimination in State and Federally Assisted Programs*** each year and is included herein as Attachment 1.

State regulations (MPP 21-107.21) require county welfare departments to prominently display state-provided posters in all public waiting rooms and reception areas, as a way to inform clients about the Department's non-discrimination policies. The ***"Everyone is Different, But Equal Under the Law"*** poster (PUB 86) included herein as Attachment 2 includes wording in 13 different languages regarding prohibitions against discrimination as well as the name and contact information for the Human Services Department's Civil Rights Coordinator.

Participants of Sonoma County Human Services Department programs are also given the ***"Your Rights Under California Welfare Programs"*** a state-provided brochure (PUB 13) and copies are available in all reception areas and by request. Included herein as Attachment 3.

List of Locations Where Title VI Notice is Posted

- a) **Website Location:** www.sonomacounty.gov
- b) **Public Areas of Agency Offices:** All County HSD offices. Located in all public reception areas and waiting rooms.
- c) **Stations or Stops:** NA
- d) **Transit Vehicles:** NA

Title VI Complaint Procedure

How to File a Title VI Discrimination Complaint and Complaint Forms

Individuals who wish to make a Title VI complaint against the County of Sonoma Human Service Department can contact the Human Services Department by telephone or in writing or contact the California Department of Social Services (CDSS). Procedures for filing a complaint are available in several languages and outlined in the following documents distributed to those receiving and inquiring about County programs.

- Your Rights Under California Welfare Programs (Attachment 3)

- The State of California Health and Human Services Agency
Complaint of Discrimination (Gen1179) (Attachment 4)

Public Transportation Title VI Complaints

The Sonoma County Department of Human Services has not been involved in any transportation-related Title VI investigations, lawsuits or complaints.

List of Investigations, Lawsuits and Complaints

Type of Process	Date	Summary (including basis of complaint)	Status	Action(s) Taken
Investigations		None		
Lawsuits		None		
Complaints		None		

Public Participation Plan – Promoting Inclusive Public Participation

The Sonoma County Department of Human Services, Adult and Aging Division offers programs and services that promote the well-being of older adults, persons with disabilities, in-home caregivers, veterans and their families. The Area Agency on Aging (AAA) provides programs for older adults age 60 and over and adults with disabilities age 18 and over regardless of income or immigration status.

Summary of Outreach Efforts

The Sonoma County AAA has an Advisory Council composed of a diverse group of older adult volunteers who advocate for services for older adults, people with disabilities and their caregivers. Ten of the Advisory Council members are appointed to represent the five supervisorial Districts governed by the Sonoma County Board of Supervisors and provide valuable information on programs, services and unmet needs. The AAA has a Civic Engagement Committee that is engaged in ongoing community outreach and advocacy. All meetings are public and posted on the County of Sonoma website with multi-lingual and accessible services available by request.

Every four years, the AAA completes a 4-year Area Plan submitted to the California Department of Aging to serve as a planning tool to provide supports that are vital to the health and well-being of Sonoma County older adults. The most recent plan was completed in 2019 for the 2021-2024 AAA programs. AAA staff held focus groups with minority populations and distributed a countywide survey on older adult services in English and Spanish. More than 1,900 individuals representing Sonoma County older adults, people with disabilities, caregivers, and community-based organizations participated in the needs assessment activities.

In early 2023, AAA commenced community engagement efforts for the 2024 through 2028 Area Plan Needs Assessment. Twelve focus groups for older adults were held throughout Sonoma County in the months of January through March 2023. Additionally, a county wide older adult needs assessment survey was distributed through service organizations, faith-based institutions, public and private agencies, senior centers, online posted to the County website and through Adult and Aging social workers and programs. Transportation has been consistently identified as one of the critical needs in the community for older adults.

Outreach Plan to Engage Minorities and LEP Populations

Sonoma County AAA programs serve low-income older adults and individuals with disabilities regardless of income or immigration status. The Spanish speaking population is the largest growing population in Sonoma County and outreach efforts targeting this population is widespread. County documents, forms and services are offered in many different languages. Older Adult resource guides are available in Spanish and the Information and Assistance Telephone Line (707-565-INFO) is staffed with bi-lingual English/Spanish social workers.

The county provides translation services free of charge to HSD program participants and promotes targeted outreach events at locations where non-English speaking (LEP) populations live and work. In August 2020, the County of Sonoma established the Office of Equity to ensure equal access to programs and services to all county residents. HSD also enlists ASL services through an agency (Communique) that provides sign language interpretation at meetings and appointments. For any languages staff is unable to accommodate, the county has a contract with multiple language interpreting/translation agencies. The main one used by Sonoma County is the Language People who provide interpreter and translation services.

Language Assistance Plan (LAP) and Limited English Proficiency Plan (LEP)

In August 2020, the Sonoma County Board of Supervisors passed a resolution to establish the Sonoma County Office of Equity to ensure access to county services and programs to all county residents with a focus on racial equity. In September 2022, the Sonoma County Board of Supervisors approved language access and community engagement plans to achieve racial equitable participation and access to County government services and resources to underserved communities of color and other communities that have traditionally been marginalized from government processes and services.

Purpose of the Language Assistance and Limited English Proficiency Plan

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal

financial assistance. One critical concern addressed by Title VI is the language barrier that Limited English Proficiency (LEP) persons face with respect to accessing information about and using transit services. Transit operators must ensure that this group has adequate access to the agency's programs and activities, including public participation opportunities.

Executive Order 13166, titled "Improving Access to Services for Persons with Limited English Proficiency," forbids funding recipients from "restricting an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program," or from "utilize[ing] criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respects to individuals of a particular race, color, or national origin."

FTA Circular 4702.1B was developed by the Federal Transit Administration (FTA) and details the administrative and reporting requirements for recipients of FTA financial assistance to comply with Title VI and related executive orders including on LEP.

The United States Department of Transportation (DOT) published guidance that directed its recipients to ensure meaningful access to the benefits, services, information, and other important programs and activities for LEP customers.

Four-Factor Equity Analysis

The HSD Language Assistance Plan (LAP) includes a four-factor analysis and implementation plan that complies with the requirements of Department of Transportation (DOT) Limited English Proficient (LEP) guidance.

The four-factor LEP analysis outlined by the DOT to identify LEP needs and assistance measures includes:

- Factor 1: The number or proportion of LEP persons in the service area who may be served or are likely to encounter the HSD programs or services.
- Factor 2: The frequency with which LEP persons come in contact with the HSD programs or services.
- Factor 3: The nature and importance of programs or services provided by HSD to the LEP population.
- Factor 4: The resources available and overall cost to provide LEP assistance.

Title VI Equity Analysis – Sonoma County

Number or proportion of LEP persons eligible to be served

The U.S. Census Bureau 2021 [American Community Survey](#) (ACS) Language Spoken at Home and Ability to Speak English estimates that of the 492,498 Sonoma County residents, 93,574 speak Spanish at home and 8,895, or 1.8%, speak English less than "very well". All other non-English languages resulted in less than 6% of the population

Census data from the 2021 American Community Survey attributes the following populations living in Sonoma County.

Sonoma County	Estimate	Percentage
Total Population	492,498	100%
Speak only English	347,502	70.6%
Spanish	93,574	19%
Speak English very well	51,802	10.5%
Speak English less than very well	41,772	8.5%
Speak Other Languages	27,733	5.6%
Speak English very well	18,838	3.8%
Speak English less than very well	8,895	1.8%

In 2021, Sonoma County HSD had 208 in-person interpreter appointments.

Frequency with which LEP persons come into contact with the program

HSD programs come into contact with LEP persons on a daily basis. Each HSD division has a translation policy with a rotating calendar of staff available to provide interpreter services. Staff are available to communicate in multiple languages within each department. Sonoma County's transportation programs have access to bilingual Information and Assistance staff to assist clients in finding rides and programs to meet their needs. Public may access the telephone line to receive live assistance by calling 707/565-INFO (4636) Monday through Friday from 8 am to 4 pm.

Program and services provided to the LEP Population

Sonoma County's FTA Section 5310 program works with public and private providers of transportation that serve Sonoma County. All providers are required to provide information and services in both English and Spanish. Programs respond to calls for transportation Information & Referrals, using a case management model, to help match them to the appropriate transportation provider that meets their individual mobility needs. AAA holds and attends quarterly meetings with transportation providers of older adult, disabled and veteran services. AAA participates in committees with the Sonoma County

Transportation Authority, the Metropolitan Transportation Commission and Regional Mobility Managers in the nine Bay Area Counties. AAA and its providers also give presentations to groups interested in older adult transportation programs and services.

Many of the program clients may qualify for paratransit, however, their inability to ambulate safely for long periods of time precludes them from engaging with the service. Additionally, there are many rural unincorporated parts of Sonoma County that fall outside of the paratransit and public transit bus routes. The county's network of transportation programs prioritizes rides to those who are low income and socially isolated. Staff and volunteers are often the only contact in communication with isolated older adults providing a lifeline to needed services. There are older adults, disabled individuals and veterans who are unable to get where they need to go (remain homebound) without the services provided. Without access to transportation, they risk poor health, depression, low quality of life, early long-term institutional placement and social isolation.

Resources Available for LEP Outreach and Associated Costs

All providers and programs are required to have printed materials in both Spanish and English. Websites, newsletters and information are available in both Spanish and English.

HSD staff can send a language preference form to clients to determine what language they speak (**form HSD 1259 and in Spanish form HSD 1259sp**). **HSD Form 1220** can be filled out to request interpreter service and HSD 1220A can be used to translate a document. Staff can also use the language application Babble to help identify what language a client speaks. There is an annual budget for interpreter services and contracts but if the cost of providing the service exceeds the budgeted amount, the County is still obliged to provide services. There is never a cost to clients for interpreter or translation services.

a) Safe Harbor Provision

The Federal Transit Authority Circular 4702.1B states:

"DOT has adopted DOJ's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP populations. The Safe Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations. Translation of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger,

the recipient is not required to translate vital written materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

These safe harbor provisions apply to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. A recipient may determine, based on the Four Factor Analysis, that even though a language group meets the threshold specified by the Safe Harbor Provision, written translation may not be an effective means to provide language assistance measures. For example, a recipient may determine that a large number of persons in that language group have low literacy skills in their native language and therefore require oral interpretation. In such cases, background documentation regarding the determination shall be provided to FTA in the Title VI Program."

All HSD clients are treated equally. Clients requesting interpreter services are served regardless of cost. HSD does not charge clients for interpreter services.

b) Describe how the agency provides language assistance services by language

HSD sends a language preference form to clients to find out what language they speak (**form HSD 1259 and in Spanish form HSD 1259sp**). **HSD Form 1220** can be filled out to request interpreter service. The county staff can also use the program Babble to help identify what language a client speaks. Staff that speak certain dialects are listed along with their work hours and department. Staff can contact employees on this list or contact the county's contracted translation provider for translation assistance.

c) Describe how the agency provides notice to LEP persons about the availability of language assistance

HSD sends a language preference form to clients to determine what language they speak (**form HSD 1259 and in Spanish form HSD 1259sp**). The county staff can also use the language application Babble to help identify what language a client speaks HSD Form 1220 can be filled out to request interpreter service.

d) Describe how the agency monitors, evaluates and updates the language access plan

Sonoma County HSD, as a provider of state welfare programs, complies with the California Department of Social Services (CDSS) requirements outlined in the **CIVIL RIGHTS NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**. Div. 21 Section 21-115.14 (pg. 78), explains how to calculate the need for bilingual staff per program case load.

The Sonoma County Office of Equity, with approval from the Sonoma County Board of Supervisors in September 2022, will be developing a Language Access Plan for all county departments in FY2324. The Office of Equity will conduct an internal review and comparison with other local jurisdictions, a demographic analysis of the language in the community and a review of the community’s best practices, responsibilities and liabilities in the area of language access will inform the development of the LAP.

e) Describe how the agency trains employees to provide timely and reasonable language assistance to LEP populations

The Sonoma County Human Resource Department provides an employee orientation for each new employee. All Managers and Supervisors have required annual cultural awareness training. The county provides culturally competent information, training and resources for employees throughout the year. County offices communicate to employees about the resources available for translation services and circulate a staff translation assistance calendar each month. These resources are also available to all HSD employees on the HSD Portal where policies, forms and resources are filed. Files are labeled Civil Rights, Client Rights and Interpreter Services.

Table Depicting Racial Breakdown of transit-related, non-elected planning boards, advisory councils or committees and a description of efforts made to encourage the participation of minorities on such committees or council.

N/A

If the recipient has constructed a facility since the time of the last submission, such as a vehicle storage facility, maintenance facility, operations center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.

N/A

Appendices

1. Attachment 1: Assurance of Compliance for Nondiscrimination in State and Federally Assisted Programs
2. Attachment 2: Everyone is Different, But Equal Under the Law
3. Attachment 3: Your Rights Under California Welfare Programs
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8. Attachment 8: HSD Form 1220A: Document Translation Request Form

EXHIBIT D: Assurance of Compliance

ASSURANCE OF COMPLIANCE WITH NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

CONTRACTOR HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977 as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (i), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 of the Removal of Barriers to Inter Ethnic Adoption Act of 1996 (California Government Code Section 7290-7299.8); Sonoma County Ordinance 4291, and other applicable federal, state and local laws, as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, 28 CFR Parts 35 & 42 and 29 CFR Part 38), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex (including pregnancy, childbirth, or related conditions, gender identity, transgender status and sex stereotyping), color, disability, medical condition (including AIDS and/or HIV), national origin (including limited English proficiency), race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

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

BY ACCEPTING THIS ASSURANCE, Contractor agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

Date

Signature

The Seal of the State of California is a circular emblem. It features a central figure, Minerva, seated and holding a grizzly bear. The bear is standing on a rock. The background shows a landscape with mountains, a bay, and a ship. The words "THE GREAT SEAL OF THE STATE OF" are written around the top, and "CALIFORNIA" is at the bottom. The word "EUREKA" is at the top of the inner circle.

Name: _____

Address: _____

City: _____, California

Phone Number: (____) _____

This means that you have the right to equal treatment in receiving services from this agency. You have the right to free interpreter services if you have trouble speaking, reading or understanding English. If you have a disability, you have the right to receive accommodation to help you apply for and receive aid, benefits or services. Tell the person helping you that you need an interpreter or accommodation. **If you feel that you have been discriminated against, contact the county representative listed in the box located in the upper left-hand corner of this poster.**

If your problem is still not resolved you can contact the California Department of Social Services.

CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES
CIVIL RIGHTS BUREAU
P.O. BOX 942423 M.S. 6-70
Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov

 Voice: (916) 654-2107 or
1-866-741-6241 (toll free)
Relay service: 711
TTY: (916) 654-2098 or
to call collect, call the
TTY operator at
1-800-688-4486

If you do not agree with an action taken by the county regarding your cash aid, food stamps, MediCal or services, you can file a formal complaint.

Call the Public Inquiry and Response Office:
1-800-952-5253 (Voice) 1-800-952-8349 (TTY)

Esto significa que usted tiene el derecho a ser tratado con igualdad al recibir los servicios de esta oficina. Usted tiene el derecho a recibir servicios de intérprete gratuitos si tiene problemas para hablar, leer o entender inglés. Si usted tiene una incapacidad/discapacidad, tiene el derecho a recibir arreglos razonables para ayudarle a solicitar y recibir asistencia, beneficios o servicios. Digale a la persona que lo está ayudando que necesita un intérprete o arreglos razonables. Si cree que se ha discriminado en contra de usted, comuníquese con el representante del condado que aparece anotado en la casilla en el lado izquierdo de arriba de este cartel.

Si su problema aún no se resuelve, comuníquese con la Oficina de Derechos Civiles del Departamento de Servicios Sociales de California.

**CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES
CIVIL RIGHTS BUREAU
P.O. BOX 942423 M.S. 6-70
Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov**

Si no está de acuerdo con alguna acción que el condado tomó sobre sus beneficios de asistencia monetaria, estampillas para comida, el Programa de Asistencia Médica de California (Medi-Cal) o los servicios, usted puede presentar una demanda formal.

llame a la Oficina de Preguntas y Respuestas al Público:
1-800-952-5253 (Voz) 1-800-952-8349 (TTY)

이 에이전시는 인종, 색깔, 국적, 민족, 종교, 나이, 성별, 결혼여부, 성적성향, 정치적 소속, 신체적 또는 정신적 장애를 이유로 당신을 차별하지 않습니다. (금지된 모든 이유들이 모든 프로그램에 적용되지는 않습니다). (KOREAN)

이 말은 곧 당사는 이 에이전시에서 서비스를 받을 때 동등한 취급을 받을 권리를 갖고 있다는 의미입니다. 영어를 말하고, 읽고, 이해하는데 문제가 없으면 무료로 통역 서비스를 받을 권리가 있습니다. 장애가 있는 사람은 보조, 혜택 또는 서비스를 신청하는데 편의 제공을 받을 권리가 있습니다. 도우미는 사람에게 통역 또는 장애인 편의가 필요할 때 맡아주시고, 만약 차를 몰고 있다면, 이 포스터 상단 왼쪽 네모 안에 적혀있는 카운터 담당 부서에 연락하십시오.

그래도 문제가 해결되지 않을 경우에는 캘리포니아 주 사회복지국의 민권담당부로 연락하십시오.

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 음성: (916) 654-2107 또는
1-866-741-6241 (무로전화)
텔레이 서비스: 711
TTY: (916) 654-2098 또는 수신부담
전화로 TTY 오메라이터에게 전화
1-800-688-4486

현금보조, 푸드스탬프, MediCal 또는 그 밖의 서비스와 관련된 카운티의 행정처리에 불만이 있으시면 정식으로 불평을 접수하실 수 있습니다.
Public Inquiry and Response Office로 전화:
1-800-952-5253 (음성) 1-800-952-8349 (TTY)

ຫ້ອງການນີ້ຍັງຄວນປະຕິບັດທີ່ຕ່າງກັນ ຍ້ອນສາຍເຫດຊ້ອຍຊຸດ, ສິວນັ້ນ, ຊາດກຳເນີດ, ເຜົ່ານັ້ນ, ສາສນາ, ອາຍຸ, ເພດ, ຖານະແຕ່ງວງນາ, ການເພີ່ມອຽງທາງເພດ, ການພົວພັນຊຸກດຳການການເມືອງ ຫລື ຄວາມພິການທາງຮ່າງກາຍ ຫລື ທາງຈິດໃຈ. (ບໍ່ແມ່ນການສຳຫນັດທຸກໆ ທີ່ກ່ຽວພັນກັບຫາລືການ.) (LAO)

ນີ້ມາພາຍອກວ່າ ທ່ານມີສິດທິຈະໄດ້ຮັບການປະຕິບັດຕໍ່ຢ່າງສະເໝີພາບກັບຄົນອື່ນຈາກຫ້ອງການນີ້. ທ່ານມີສິດທິຈະໄດ້ຮັບ ການຮັບໃຊ້ ທາງດ້ານສາ ຖືກຮັບມືມັກຫາວຽກງານປາກເວົ້າ, ການອ່ານ ຫຼື ການເຂົ້າໃຈພາສາອັງກິດ. ຖ້າທ່ານເສຍອົວໄພ, ທ່ານມີສິດທິຈະໄດ້ຮັບການສະດວກ ເພື່ອຊ່ວຍທ່ານໃນການສົມກ ແລະ ຮັບການຊ່ວຍເຫລືອ, ຮັບຜົນປະໂຫຍດ ຫຼື ຮັບການ ຮັບໃຊ້. ຈົ່ງປອກຫ້ອງເຜີຍແຜ່ຂໍ້ກ່າວຫາ ທ່ານຕ້ອງການມາຍພາສາ ຫຼື ຕ້ອງການຄວາມສະດວກ. ຖ້າທ່ານຮູ້ສຶກວ່າ ທ່ານຖືກປະຕິບັດຕໍ່ການພູມ, ໃຫ້ການຕິດຕໍ່ຫາແມ່ນັກງານແດດ ທີ່ຢັ້ງໄວ້ໃນອອບເສັ້ນເຟຢ້າວເຢັງເບິ່ງວິດີໂອຄຳຂອບໃນ ແຂ້ວຂ້າວນີ້.

ຖ້າປະທານອອກຫາຍັງບໍ່ໄດ້ຮັບການແກ້ໄຂເທື່ອ ຫຼື ຫາກສາມາດຕິດຕໍ່ກັບ Civil Rights Bureau of the California Department of Social Services (ສຳນັກງານສິດທິປະຊາຊົນຂອງຫ້ອງການສຳລັບຄົນຈຳກັດອາໄສໃນລັດ).

CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES
CIVIL RIGHTS BUREAU
P.O. BOX 944243 M.S. 6-70
Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov

 **ສາວໆ: (916) 654-2107 (ໂທ)**
1-866-741-6241 (ໂທສະໂຫຍ)

ໜ່ວຍໜີງຄົກກະສິດສາວໆ: 711
TTY (916) 654-2008 ໜີງ
ໃນການໂທໂປດໂຢກຕ່າງກາ, ໂທໂທໂປດໂຢກ
ໂທສະໂຫຍ TTY ທີ່
1-800-888-4486

ຖ້າທ່ານມີເຫັນດ້ວຍການປະຕິບັດຂອງທັງການຂາດ
ການຊ່ວຍເຫຼືອທາງດ້ານການເງິນ, ປູດສະແກ້ນ, ຜູກຄອງ ຫຼື
ສິ່ງໃຊ້ຕ່າງໆ, ທ່ານສາມາດຂຽນໄປສອງທາງເປັນການຖາກຖາມໄດ້.
ຫາ **Public Inquiry and Response Office**
(ຫ້ອງການສອບຖາມ ແລະ ຄອບແລງຄຳຖາມ)
1-800-952-5253 (ສຽງ) 1-800-952-8349 (TTY)

此機構不可因你的種族，膚色，原生國籍，族裔，宗教信仰，年齡，性別，婚姻狀況，性取向，政治黨派，或身體或心理殘障而歧視你。（並不是所有禁止歧視的狀況都適用於所有的福利計畫。）（CHINESE）

這表示你在接受此機構的服務時有權利受到平等待遇。如果你在講，讀或瞭解英語有困難，你有權獲得免費的口譯員服務。如果你有某方面的殘障，你有權獲得特別設施幫助你申請並領取補助，福利或服務。請告訴幫助你的工作人員你需要口譯員或某項設施。假如你認為你受到歧視，請跟列於在這張告示左上方的方框內的郡政府代表連絡。

倘若你的問題仍然沒有得到解決，你可以連絡加州社會服務處民權組。

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Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov

 語音: (916) 654-2107 或
1-866-741-6241 (免費)
轉遞信息服務: 711
TTY: (916) 654-2098 或者
打對方付費, 請打
TDD 接線生 1-800-688-4486

如果你不同意郡政府對你的現金補助，糧食券，加州醫療福利，或任何服務所採取的行動，你可以正式提出申訴。

請打電話給公眾詢問處(PAR)：
1-800-952-5253 (語音) 1-800-952-8349 (電傳打字機)

Это агентство не может дискриминировать вас, основываясь на вашей расе, цвете, национальном происхождении, отождествлении с этнической группой, религии, возрасте, поле, семейном положении, сексуальной ориентации, политической принадлежности, физической или психической неполноценности. (Не все основы для дискриминации относятся ко всем программам.) (RUSSIAN)

Это значит, что вы имеете право на равное обращение в получении услуг от этого агентства. Если вы не можете говорить, читать, или понимать английский язык, то вы имеете право на бесплатные услуги переводчика. Если у вас есть инвалидность, вы имеете право на получение необходимой помощи или условий, чтобы помочь вам позвонить и получать помощь, льготы или услуги. Сообщите лицу помогающему вам, что вам нужен переводчик или дополнительная помощь или условия. **Если вы считаете, что вас дискриминировали, обратитесь к представителю округа, указанному в левом верхнем углу этого плаката.**

**CALIFORNIA DEPARTMENT
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Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov**

Если вы не согласны с действием принятым
о кругом в отношении вашей денежной помощи,
танов на питание, программы Medi-Cal или
услуг, вы можете подать официальную жалобу.
Для этого звоните в отдел **Public Inquiry and
Response Office** по телефону №:
-800-952-5253 (Голос) 1-800-952-8349 (TTY)

Hindi ka maaaring ma-diskrimina ng ahensyang ito base sa iyong lahi, kulay, bansang pinag-mulan, katutubong pangkat na kinabibilangan, pagkakakilanlan, paniniwala, idad, kasarian, mag-asawang kalagayan, kalagayang sexual, kasapiang pampulitika o pisikal o mental na pagkukulang. Hindi lahat ng ipinagbabawal na mga base ay maaaring magamit sa lahat ng mga programa. (TAGALOG)

Ang ibig sabihin nito ay ikaw ay may karapatang tumanggap ng parehong trato sa pagtanggap ng serbisyo mula sa ahensiyang ito. Ikaw ay may karapatang tumanggap ng libreng serbisyo ng isang taga-salin ng wika kung ikaw ay nahihirapang makapag-salita, mag-basa, o maka-unawa ng salitang Ingles. Kung ikaw ay may kapansanan, ikaw ay may karapatang tumanggap ng tulong, benepisyo o mga serbisyo. Sabihin sa taong tumutulong sa iyo kung kinakailangan mo ng isang taga-salin ng wika o tulong. Kung inaaloka mong ikaw ay na-diskrimina, kontakang mo ang representante ng county na naka- lista sa kahon na makikita sa taas na isang bandang kaliwa ng pasli na ito.

Kung ang problema mo ay hindi pa nabibigyan ng lunas, maaari mong kontakin ang Civil Rights Bureau of California Department of Social Services.

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Kung hindi ka sumasang-ayon sa kilos na ginawa ng county tunkol sa iyong salaping tulong, food stamps, MediCal o mga serbisyo, maaari kang maghain ng pormal na sumbong.

Tumawag sa Public Inquiry and Response Office
1- 800- 952- 5253 (Tinig)
1- 800- 952- 8349 (TTY)

يحق لهذه الوكالة أن تميز ضدك على أساس عرقك أو لونك أو أصلك الوطني أو العرقي أو دينك أو عمرك أو جنسك أو حالتك الاجتماعية أو وجهك الجنسي أو انتماءاتك السياسية أو إعاقتك الجسدية أو العقلية. (لا تنطبق جميع هذه العوامل على جميع البرامج.) (ARABIC)

هني ذلك أن من حقل الحصول على معاملة متساوية في الحصول على خدمات من هذه الوكالة كما أن لك الحق في الحصول على خدمات ترجمة دورية مجانية إذا واجهت صعوبة في تحدث الإنجليزية أو قراءتها أو فهمها. إذا كنت تعاني من إعاقة ما تتمتع بحق الحصول على أي مساعدة يمكن أن تقدم طلب للحصول على مساعدة أو يمثل أحد الشخص الذي يقوم بمساعدتك أنك بحاجة إلى مترجم فوري وأي مساعدة سيولة. إذا شعرت بأنه قد تم التمييز ضدك، اتصل بمركز المقاطعة المذكور اسمه في الفقرة الموجودة في أعلى الجانب الأيسر من هذا الإعلان.

ر ة الخدمات الاجتماعية في ولاية كاليفورنيا.

CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES
CIVIL RIGHTS BUREAU
P.O. BOX 944243 M.S. 6-70
Sacramento, CA 94244-2430
E-mail address: crb@dss.ca.gov

لترك رسالة: 2107- 654- (916) أو
1866- 741-6241 (مجاناً)
خدمات الكتاب: 711
للمصم: 654- 2098- (916) أو
الاصتلاص على صمبب الوالكة. اتصل
بموظف الصمبب على:
800- 688-4486

إذا كنت لا توافق على أي إجراء
أخذه المقاطعة بشأن معونتك النقدية أو
الطابع الخزانة أو الخدمات الصحية،
بإمكانك تقديم شكوى رسمية.
اتصل مكتب الاستعلام والاستجابة العام:
952-5253 - 1800 (تفرك رسالة)
952-8349 - 1800 (للصم)

DISCRIMINATION COMPLAINT

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on what type of complaint you have.

For all programs your county agency

administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county agency, not the state agency, will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764
CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the county's Civil Rights Coordinator, the state Department of Health Care Services or the federal Health and Human Services.

Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhcs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
PO Box 944243, MS 9-7-41
Sacramento, CA 94244-2430
(866) 741-6241 (toll free)
(916) 651-0602 (fax)
crb@dss.ca.gov

To file a CalFresh complaint with the federal agency:

United States Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9410
(866) 632-9992 (toll free) or (202) 260-1026
(800) 877-8339 (hearing impaired)
program.intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operations
United States Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)

(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing.

Judges cannot make decisions about discrimination complaints at a hearing.

A discrimination investigation cannot change your benefit or service levels. Only a state hearing can do that. Agencies are not allowed to retaliate against you if you request a hearing or file a discrimination complaint.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California

Health & Human Services Agency
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukrainian
- Vietnamese

Also available for free in large print, Braille, and audio formats.

This publication explains your rights to equal benefits and services, how to ask for language assistance or a reasonable accommodation for a disability, and how to file a discrimination complaint.

PUB 13 (5/22)

YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with federal and state law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- يحق لك الحصول على مترجم فوري مجانًا
- Դուք անվճար թարգմանչի իրավունք ունեք:
- မှန်ကန်စွာခွင့်ရမှုကုန်ကျစာရင်းမရှိစေရန်
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) رایگان را دارید
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີສິດໄດ້ຮັບບາງຢາກສາໄດ້ໂດຍບໍ່ເສຍຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਭਾਸ਼ੀਏ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маєте право на перекладача безкоштовно
- Quý vị có quyền có được một thông dịch viên miễn phí.

Ask the agency responsible for your benefits or services for language assistance.

YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/ services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for hand-delivered documents.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a "reasonable accommodation" if you have a disability. This is specific help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to meetings.

Complain. There are 4 ways to do this:

1. **Informal:** Ask to speak to a supervisor to talk about problems with a worker or to review the rules and the proposed action on your benefits or services.
2. **State Hearing:** Ask for a state hearing if you disagree with an agency's action or inaction on your benefits or services. You must ask for a hearing within 90 days of the date of agency's notice about your benefits or services. If you ask for a hearing after 90 days, a judge will decide if you have a good reason for asking late, like illness or a disability.
3. **Discrimination complaint:** See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
4. **Grievance:** You can file a complaint with the agency if it has a grievance procedure. **This does not protect your benefits in the way that asking for a state hearing does.**

STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See [PUB 412](#) for State Hearing information.

Note: If your problem is with General Assistance or General Relief, you must ask the county for a county hearing.

If your problem is with Social Security benefits, you must contact the Social Security Administration for a hearing.

ASKING FOR A STATE HEARING

You can ask for a state hearing online, by phone, by fax, by email, or by mail.

Online: [ACMS.dss.ca.gov](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525
Email: SHDCSU@dss.ca.gov
Fax number: 833-281-0905
Mail: State Hearings Division
PO Box 944243, MS 21-37
Sacramento, CA 94244-2430

EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an "expedited" hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee's life or physical or mental health. State Hearings will decide and let you know if your case can be expedited.

PROHIBITED DISCRIMINATION

State law prohibits agencies from denying benefits or services or providing you aid that is different from aid provided to others based on:

Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race, color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency will not provide you large print or Braille versions of written information that you need because of a disability.

A worker treats you differently after learning of your religion or sexual orientation.

You cannot get to appointments because the building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination and interview rooms or restrooms.

A worker refuses to use your correct name and pronouns.

REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

Persons with physical or mental disabilities have the right to request reasonable accommodations from government agencies to help them access and participate in programs and services. If you have a disability and need extra help, you should inform the agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying your request, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.

COMPLAINT OF DISCRIMINATION

Name	Program Type
Street Address	Case Number
City, State, Zip Code	Phone Number

I believe I have been discriminated against on the basis of:

- | | | |
|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Age | <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Any Other Applicable Basis _____ |

Name Of Person Who Discriminated	Title	Date Of Occurrence	Place Of Occurrence Agency

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against.

Indicate what resolution you are seeking.

I understand the above information is true and complete to the best of my knowledge and belief.

- ☐ I do not give my consent for the release of my name or other personally identifying information. I understand that this complaint may not be investigated as a result of my refusal to give my consent for the release of information.
- ☐ By signing this complaint, I am authorizing the CDSS Civil Rights Bureau (CRB) to reveal my identity and other personal information to persons at the organization or institution under investigation and to other Federal and State agencies in accordance with applicable federal and state laws and regulations. I hereby authorize CRB to receive material and information including, but not limited to applications, case files, personal records, and medical records. The material and information shall be used for authorized civil rights compliance and enforcement activities. I understand that I am not required to authorize this release and I do so voluntarily.

Complainant's Signature

Date

Name: _____

Case Number: _____

Language Preference and Auxiliary Aid Identification

Language Service Rights

You have the right to free interpreter services to help you speak with county staff without an unreasonable delay. If you need free interpreter services to speak to county staff about your application, benefits, services available or other requirements, please tell us what language you prefer to speak:

☐ My primary language is English and I do not need interpreter services.

☐ My primary language is Spanish

☐ I need free interpreter services.

☐ My primary language is _____.

☐ I need free interpreter services.

Written Language Needs

You have a right to receive written information and forms in your primary language if they have been translated into that language by the California Department of Social Services (CDSS). Otherwise, the county will interpret forms/letters (tell you what they say). Please tell us what language you prefer for written information and forms.

☐ I want written information and forms sent or given to me in English.

☐ I want written information and forms sent or given to me, if available, in my primary language.

Auxiliary Aids

You have a right to request, and the County must provide, aids such as TDD, large print forms/notices, Braille translations, etc. to help you communicate with us.

I need the following to help me communicate with the County: _____

Applicant/Recipient signature

Date

=====

County Use Only

Explain Interpreter/Translation/Auxiliary Aid services needed and provided.

County Staff Signature/Title

Date

Nombre: _____

Número de Caso: _____

Lengua de Preferencia y Ayuda Auxiliar de Identificación

Derecho a Servicios de Traducción

Usted tiene derecho a servicios gratis de un intérprete para comunicarse con empleados del condado sin ningún contratiempo. Si necesita de los servicios gratis de un intérprete para hablar con los empleados del condado sobre su aplicación, beneficios, servicios disponibles u otros requisitos, por favor déjenos saber en que idioma prefiere comunicarse:

☐ Mi primera lengua es Inglés, no necesito de los servicios de un interprete.

☐ Mi primera lengua es Español.

☐ Necesito de los servicios gratis de un interprete.

☐ Mi primera lengua es _____.

☐ Necesito de los servicios gratis de un interprete.

Necesidades de Lenguaje escrito

Usted tiene derecho a recibir información escrita y formularios en su primera lengua si los mismos han sido traducidos a esa lengua por el Departamento de Servicios Sociales de California (CDSS). De otra manera, el condado le traducirá los formularios/cartas (le dirá que dicen). Por favor díganos que idioma prefiere usar para información escrita y formularios.

☐ Quiero mi información escrita y los formularios que me envíen o que reciba personalmente, en Inglés.

☐ Quiero mi información escrita y los formularios que me envíen o que reciba personalmente, si hay disponibles, en mi primera lengua.

Ayuda Auxiliar

Usted tiene el derecho a pedir, y el Condado deberá proveer, ayudas como TDD, formularios/cartas imprimidas en letras grandes, traducciones en Braille, etc. para ayudarle a comunicarse con nosotros.

Necesito la siguiente ayuda para poder comunicarme con el Condado. _____

Firma del Apicante/Recipiente

Fecha

=====

Para uso del Condado solamente/County Use Only

Explain Interpreter/Translation/ Auxiliary Aid services needed and provided.

County Staff Signature/Title

Date

In-Person Interpreter Services Request

DATE OF REQUEST:	TIME:
REQUESTOR:	PHONE/CELL:
DIVISION/PROGRAM:	
LANGUAGE REQUESTED	
<p style="text-align: center; margin: 0;">SIGN LANGUAGE</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Tactile Sign Language</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center; margin: 0;">OTHER LANGUAGE NEEDS</p> <p><input type="checkbox"/> Bilingual Interpreting- specify language: _____</p>
INTERPRETER INFORMATION	
Date of Appointment:	
Time:	Estimated Length of Appointment:
Location/Address:	
Type of Appointment:	
Client Name:	
Worker Name/Phone:	
Facilitator Name/Phone:	
Additional Notes/Attendees:	
FOR OFFICE USE	
<p>Rec'd by: _____</p> <p><input type="checkbox"/> Submitted request to contract agency</p> <p><input type="checkbox"/> Logged request</p> <p><input type="checkbox"/> Interpreter assigned _____</p> <p><input type="checkbox"/> Requestor notified</p> <p><input type="checkbox"/> Updated log</p>	



Document Translation Request

DATE OF REQUEST:	DIVISION:
REQUESTOR:	PHONE:
LANGUAGE REQUESTED:	TRANSLATION NEEDED FOR:
<u>LANGUAGE:</u> <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Tigrinya <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	CLIENT NAME:
	PROGRAM / PROJECT:
	DOCUMENT(S):
FOR OFFICE USE ONLY:	
<p>Rec'd by: _____</p> <p><input type="checkbox"/> Submitted request to contract agency for quote (2 agencies, if Spanish)</p> <p><input type="checkbox"/> Logged request</p> <p><input type="checkbox"/> Quote(s) submitted to Division Director for approval</p> <p><input type="checkbox"/> Quote approved by Division Director – Date: _____</p> <p><input type="checkbox"/> Request submitted to chosen agency Date: _____</p> <p><input type="checkbox"/> Requestor notified of submission</p> <p><input type="checkbox"/> Approved quote emailed to Nick Yanez and Accounting</p> <p><input type="checkbox"/> Translation Completed by Agency</p> <p><input type="checkbox"/> Translated document returned to requestor</p>	