

# Limited English Proficiency

## Desk Book

July 2008  
Pers/CRCS

## Limited English Proficiency

### *Desk Book*

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- B. Personnel Office  
Civil Rights Compliance Staff  
P. O. Box 339  
Honolulu, Hawaii 96809-0339
- C. Discrimination complaints may also be filed concurrently with the following agencies:
- U. S. Department of Health & Human Services, Region IX  
Office of Civil Rights  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103-6705  
(*Financial & Medical Assistance*)



This fundamental policy concerning equal Services opportunity shall be applied within the parameters of Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans With Disabilities Act of 1990, and the Hawaii Revised Statutes, including and not limited to, 371 and 378, as revised In 2006.

- U. S. Department of Agriculture  
Food & Nutrition Service  
Office of Civil Rights  
Western Region  
90 7<sup>th</sup> Street, Suite 10-100  
San Francisco, CA 94103  
(*Food Stamp Program*)
- U. S. Department of Education  
Region IX, Office of Civil Rights  
915 Second Avenue, #3310  
Seattle, WA 98174-1099  
(*Vocational Rehabilitation Services*)

- U. S. Department of Justice  
Office of Civil Rights  
810 7th Street, NW  
Washington, D.C. 20531  
(*Youth Services*)

### QUESTIONS?

Write or call the Department of Human Services Civil Rights Compliance Staff:

Civil Rights Office  
Queen Liliuokalani Building  
1390 Miller Street  
Honolulu, Hawaii 96813

Phone: 586-4955  
TTY: 586-4959  
Fax: 586-4990

E-mail: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

March 2008  
DHS 050

# ACCESS HAWAII

## Services to the Public:

Your Rights

Our Responsibilities

Civil Rights Brochure  
Department of Human Services

## DEPARTMENT OF HUMAN SERVICES' POLICY

It is the policy of the Department of Human Services (DHS) that all individuals shall be provided an equal opportunity to participate in programs, activities and services of the DHS without regard to race color, national origin, age, disability, sex, political beliefs or religion.

This policy applies to all organizational divisions, agencies and/or commissions and organizations that receive State or Federal funds through contracts or other arrangements with the DHS.

State and Federally-funded programs must be planned and administered such that they do not have the effect of denying services and/or participation in the program to any particular person or groups of persons. For example, materials such as notices and brochures written only in English, may have the effect of denying services or participation in a program to limited and non-English speaking persons. Similarly, architectural barriers to DHS offices may have the effect of preventing persons with disabilities from accessing our services.

### DISCRIMINATION

There are many forms of discrimination, both overt and subtle, that may adversely affect individuals or groups' opportunity to gain equal access to services. These include:

- treating individuals differently in the determination of eligibility for services;
- segregating or subjecting individuals to separate services or different treatment, which does not provide equal access to services;
- failing to provide language interpreter services for limited or non English speaking individuals or sign language interpreters for persons with hearing or speech impairments; and
- establishing hours of service that have an adverse effect on certain groups of individuals.

### EMPLOYEE RESPONSIBILITIES

All employees are responsible for the implementation of the DHS' equal service opportunity policy (4.10.3). This includes, and is not limited to:

- treating all individuals equally and courteously; and
- informing persons of their right to equal service opportunity and their right to free interpreter service as well as their right to file a discrimination complaint when they feel their civil rights have been violated and/or an internal complaint when they feel they have been treated unfairly.

*Any employee who intentionally obstructs the DHS' objective of providing equal access to services shall be subject to disciplinary action.*

**Program Administrators** are Responsible for determining the needs of the population they serve considering language, culture, and physical accessibility needs, and planning programs that are consistent with those needs and in compliance with the law.

**Supervisors** are responsible for ensuring that their staff are aware of their responsibility to treat all clients equally and fairly, and to provide assistance to persons with special needs. Supervisors shall also ensure that clients are informed of their right to nondiscriminatory services.

### COMPLAINT PROCEDURES

#### 4.10.1

Persons who feel they have been treated unfairly because of their race, color, national origin, age, disability, sex, political beliefs or religion, may file a discrimination complaint (DHS forms 9004 & 9006). Concurrent complaints may be filed with appropriate Federal and State Agencies within stated timeframes. Written complaints may be filed with:

A. the respective Program Administrator w/ copy to Director;



# Guide

*for providing*

Meaningful, Reasonable  
Language & Disability

# ACCESS

to

# Department of Human Services' (DHS)

**Services,  
Programs,  
Activities,  
Facilities, &  
Employment**

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# Overview

- **MISSION**

Bringing Hawaii's Department of Human Services (DHS) into compliance with Federal ADA and Civil Rights laws and regulations as well as State language access laws with minimal impact to operations and services while exceeding service standards expected by Hawaii's citizens.

- **QUESTIONS**

- What is ADA?
- What is meant by Civil Rights?
- What regulations apply?
- What is the State language access law?
- How is DHS impacted by the laws and regulations?
- Who is covered?
- What are some "best practices"?
- What are some DHS compliance efforts?
- Who you gonna call?
- Where can you get more information?

## Short Answers

- **What is ADA?**  
*Americans with Disabilities Act*
- **What is meant by Civil Rights?**  
*Civil Rights Act of 1964 and Restoration Act*
- **What regulations apply?**  
*See presentation on*
- **What is the State language access law?**  
*Hawaii Revised Statutes 368 and 371 (2006, 2007, 2008)* <http://hawaii.gov/labor/ola>
- **How is DHS impacted by the laws and regulations?**  
*Please see Overview presentation*
- **Who is covered?** <http://hawaii.gov/labor/ola-links/what-the-law-says>  
*All DHS divisions and administratively attached agencies and commissions*
- **What are some “best practices”?**  
*Some ADA Best Practices* <http://www.ada.gov/pcatoolkit/toolkitmain.htm>  
*Some Language Translation Best Practices* [Best Practices](#)
- **What are some DHS compliance efforts?**  
*Please visit DHS Civil Rights Corner at* <http://hawaii.gov/dhs/main/civil-rights-corner>
- **Who you gonna call?**  
**586-4955**
- **Where can you get more information?**  
*Civil Rights Corner* <http://hawaii.gov/dhs/main/civil-rights-corner>

[Compliance Process](#)

[Commentary](#)

[Laws and Issues](#)

[Overview – Module 1](#)

[Best Practices](#)

# Forms and Notices

## ☐ Discrimination Complaint Forms

<http://hawaii.gov/dhs/main/civil-rights-corner/Discrimination-Forms>

☐ - Complaint -Consent/Release -Withdrawal -Timelines (English and Japanese)

## ☐ Reasonable Accommodation Form and Fact Sheet

<http://hawaii.gov/dhs/main/civil-rights-corner/Reasonable%20Accommodation%20Form--RA-1.pdf>

<http://hawaii.gov/dhs/main/civil-rights-corner/FACT%20SHEET%20Reasonable%20Accommodation.pdf>

## ☐ Data Reporting Forms

<http://hawaii.gov/dhs/main/civil-rights-corner/CRTtrainingModules/OLA%20Reporting%20July%201%2008%20to%20September%2030%2008.xls>

## ☐ Notices

<http://hawaii.gov/dhs/main/civil-rights-corner/CRTtrainingModules>

# Laws and Issues

## Capsule

- Hawaii's Language Access Law
- Laws and Issues
- Housing Discrimination
  
- Civil Rights Act of 1964, Title VI**
- Age Discrimination Act of 1975**
- Rehabilitation Act of 1973, Section 502-4**
- Americans with Disabilities Act of 1990**
- Civil Rights Restoration Act, 1987**
- Hawaii Revised Statutes, 368 and 371**
- And more.....**

# Partnerships and Funding Agencies

- OLA
- DCAB
- USDA/FNS
- USHHS
- SSA
- DOE
- DOJ
- DOE
- HUD

# Policies

- ACCESS Hawaii Brochure
- Policy and Procedures (4.10.1, 4.10.2, 4.10.3)
- 4.10.1 Discrimination Complaint
- 4.10.2 Harassment
- 4.10.3 Opportunity to Participate in Services,  
Programs, and Activities

# Procedures

- Sign Language Interpreter Procedures and Fact Sheet
- Discrimination Complaint Procedures
- Reasonable Accommodation Procedures
- If you need an interpreter Procedures
- Med-Quest Interpreter Procedures

# Processes

- Interpreter Process  
(Sign Language Interpreters and Captioners)
- Med-Quest Interpreter Process
- BESSD Interpreter Process
- VR Interpreter Process
- SSD Interpreter Process
- HPHA Interpreter Process
- OYS Interpreter Process
- CSW Interpreter Process

# Q & A

## Most Frequently Encountered

- [Limited English Proficiency \(LEP\)](#)  
**(Click on link for FAQ re LEP)**
- Where can I find an American Sign Language Interpreter?
- What is the hourly rate for interpreters?
- Can we cover travel expenses?
- Do interpreters need to be certified? If so, By whom?
- Can we contact the courts for interpreters?
- Why can't an applicant bring a family member?

## Resources

- [Court Interpreter List Handout Link](#)
- **DHS Volunteer Interpreter List** [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)
- [Migration Policy Institute Data Hub](#)

### Technology

- Audio, video, tel-video phones
- Live on-line; web casts

### • Personnel

- Face-to-face interaction required
- Verbal-written

### • Aids

- Recorder, transcriber, voice recognition
- American Sign Language
- Multiple language forms/brochures
- Large print (nothing smaller than 12 pt)

### • External

- Bi-lingual Access Line
- Language Department (Colleges and Universities)
- Charities

# Training

On-line

- [Civil Rights Training Modules — Department of Human Services](#)
- [Administrative Procedures for Supervisors](#)
- [Administrative Procedures for Clericals](#)
- [Civil Rights Compliance for Sub-Recipients](#)
- [Program Workers](#)
- [Handouts](#)

# ACCESS

## Task Force Members

- Sharon Ferguson-Quick CSW
- Gibby Fukutomi SSD
- Glori Inafuku HPHA
- Valerie Johnson VR
- William Keahi OYS
- Luanne Murakami BESSD
- Alan Takahashi MQD
- Geneva Watts CRCs

# Links & Volumes

- **DCAB**  
[DCAB Home Page](#)  
[Persons with Disabilities Programs and Services Manual](#)
- **OLA**  
[Office of Language Access](#)
- **MPI**  
[Migration Policy Institute Data Hub](#)
- **EEOC**  
[Equal Opportunity Commission](#)
- **HCRC**  
[Hawaii Civil Rights Commission](#)
- **USHHS**  
[US Health and Human Services](#)
- **USDA/FNS**  
[U. S. Department of Agriculture Food and Nutrition Services](#)
- **DOE**  
[U. S. Department of Education](#)
- **HUD**  
[U. S. Department of Housing and Urban Development](#)
- **SSA**  
[Social Security Administration](#)

## FACT SHEET

# Requesting Sign Language Interpreters and Captioners for Deaf Individuals

The Department of Human Services has a contract with Hawai'i Interpreting Services (HIS) to provide referral services for sign language interpreters and captioners working with deaf, hard of hearing, and deaf/blind individuals. The contract covers all state, city and county and community agencies statewide.

### **What is the role of the referral service?**

Hawai'i Interpreting Services maintains a pool of sign language interpreters/captioners on all islands. When a deaf/hard of hearing or deaf-blind person has a need for services from your division, you are required to request the services of a sign language interpreter or perhaps a real-time captioner. HIS will fill and confirm those requests with qualified interpreters or captioners. The referral service is free. The interpreter/captioner charges an hourly fee for services.

### **When do you need to request an interpreter or captioner?**

You will need to request an interpreter anytime a deaf, hard of hearing or deaf-blind person needs to access information or services provided by your division.

### **What types of situations may require a sign language interpreter or captioner?**

- Application appointments for services
- Meetings
- Public hearings
- Activities sponsored by your division and attended by deaf individuals
- Informational meetings attended by deaf people

### **How do we request an interpreter through Hawai'i Interpreting Services?**

Go to the HIS website: [www.interpretinghawaii.com](http://www.interpretinghawaii.com) and register. You will be issued a username and password. You can then log in, make a request by hitting the "Add New Job" button, and fill in all the fields concerning the job request. When you are done, click "save" to send the request to Hawai'i Interpreting Services.

### **How will you notify us that you have assigned an interpreter for the job?**

As soon as HIS locates a qualified and available interpreter, you will receive email confirmation for the job you requested. The interpreter and the deaf individual will also receive email confirmation of the request with pertinent details.

### **How much do interpreters cost per hour?**

Interpreters receive pay according to their level of certification. The more skilled the interpreter is, the higher the rate. The Disability and Communication Access Board has a suggested pay scale. In addition to the hourly rate, which is generally around \$45/hour, the interpreter will also charge GE tax, mileage and parking. Captioner rates are around \$80-95/hour.

Disability and Communication Access Board link:

Hawai'i Interpreting Services

Page 1

<http://www.state.hi.us/health/dcab/communicationaccess/>

### **How will billing be handled?**

The interpreter or captioner invoices you directly for the service and payment is sent to them directly. All fees and conditions are set by them as independent contractors.

### **How do we contact Hawai'i Interpreting Services?**

The most efficient way to contact HIS is via email. You may also call at 808-394-7706

[info@interpretinghawaii.com](mailto:info@interpretinghawaii.com) for general questions  
[requests@interpretinghawaii.com](mailto:requests@interpretinghawaii.com) for request information  
[judy@interpretinghawaii.com](mailto:judy@interpretinghawaii.com) for Judy Coryell  
[sabina@interpretinghawaii.com](mailto:sabina@interpretinghawaii.com) for Sabina Wilford

## **QUESTIONS REGARDING AMERICAN SIGN LANGUAGE INTERPRETERS:**

### **1. *What credentials should an interpreter have?***

A credentialed interpreter will have a current certification awarded by the National Association of the Deaf, the National Registry of Interpreters of the Deaf or a state classification issued by the Disability and Communication Access Board.

### **2. *What if the consumer does not show up?***

If the deaf, hard of hearing or deaf-blind person does not attend, the interpreter will charge the full fee for the time they have scheduled for the assignment.

### **3. *What if the interpreter/captioner does not show up?***

If the interpreter or captioner does not report to the assignment as agreed, no fee should be paid.

### **4. *What if I need to cancel my request?***

Contact Hawaii Interpreting Services to inform them of the cancellation.

### **5. *How do I work with the interpreter/captioner?***

When using an interpreter, continue to maintain eye contact with the deaf, hard of hearing or deaf-blind person. Direct your attention to the client as you normally would and the interpreter/captioner will translate the information. Do not speak too slowly or too quickly. The interpreter will be a few words behind the speaker. Allow enough time for the message to be transmitted so the client has enough time to process the information and ask or respond to questions.

### **6. *What about ethics and confidentiality?***

Interpreters are very aware of professional ethics and their profession has a code of ethics. All information that transpires in meetings and appointments is considered confidential. Do not expect interpreters to comment or respond to questions regarding your client.

## Requesting an Interpreter or Captioner

1. Before you login, get all the request information ready (see back of this card for details)
2. If you already registered with HIS, go to [www.interpretinghawaii.com](http://www.interpretinghawaii.com)
3. In the purple box, type in your username/password. Click "login now"
4. The next screen is blue. Click on "Add New Job".
5. Step 1: Select the type of interpreting job: Single Date, Pattern Dates, or Multiple Dates
6. Step 2: Enter complete job information on this page including job date(s) & time(s), job details and location, then click "Save"
7. You will receive an email confirmation of the interpreter(s) as soon as the job has been assigned.
8. You can view current job requests and confirmations when you login to [www.interpretinghawaii.com](http://www.interpretinghawaii.com) then click on "View Jobs"
9. You can view your jobs in grid format by clicking "Schedule Grid"
10. If you need to cancel or change the job request, log in at [www.interpretinghawaii.com](http://www.interpretinghawaii.com), click on "View Jobs" then click on "View All Future Jobs" then find the correct job and click "Cancel This Date" or "Edit Details" and make changes.

## Required information for request:

### Job information

- Date and time for the job (start time and end time)
- How many interpreters or captioners you are requesting
- Name of the deaf client(s)
- If you need an interpreter (enter ASL) or a captioner (enter CAP)
- Description of job (situation)
- Preferences or special needs
- Requestor name, phone, and email
- Other special information

### Job site information

- Job site
- Building
- Contact person
- Phone #
- Address
- City & Zip
- Area of town
- Nearest cross street
- Nearest landmark
- Dress code
- Parking location & cost
- Directions to job site

### If applicable:

- Purchase order #
- Cost center #
- MRN #
- Authorization #

### **If you don't yet have a login**

username & password, please contact HIS at 394-7706 or [sabina@interpretinghawaii.com](mailto:sabina@interpretinghawaii.com)





DHS Language Access Summary Reporting Tool

Division/Office \_\_\_\_\_ Quarter 1st  
7/1/08--9/30/08 Fiscal Year 2009

Total Number of All Clients Served this period: \_\_\_\_\_ 7/1/08--9/30/08

Total Number of Self-identified LEP Individuals Served this period \_\_\_\_\_

\_\_\_\_\_ Percent of LEP individuals over total number of clients this period.

Total Number of LEP encounters (public contacts) this period \_\_\_\_\_

Type of Services Provided to LEP customers:

<u>Type</u>	<u>Number</u>	<u>% of Total LEP Encounters</u>
Oral Interpretation in Person		
Oral Interpretation by Phone		
Oral Translation		
Written Translation		
Other		
<b>Total</b>		

Languages Spoken by Self-Identified LEP Persons

<u>Language</u>	<u># of Encounters</u>	<u>% of Total LEP Encounters</u>
<b>Total</b>		

Frequency of Services to Self-identified LEP Persons this period

	<u>Once</u>	<u>Twice</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Other</u>
<b>Total</b>					
<b>% of Total</b>					

Type of Interpreters Providing Services to LEP Customers

	<u>Number</u>	<u>% of Total</u>
Contracted Interpreter		
Telephone Language Line		
Bilingual Staff		
Family Member or Friend		
Other		
<b>Total</b>		

**Number of Vital Documents Translated:**

<u>Description</u>	<u>Number</u>	<u>% of Total Docs</u>

**Type and number of Complaints**

<u>Type of Complaint</u>	<u>Number</u>	<u># Resolved</u>	<u>Average Time</u>
Interpreter not provided			
Document not translated			
Oral translation not provided			
Services not timely			
Interpreter not competent/credible			
Translation erroneous			
Other			
<b>Total</b>			

**Documents Translated Upon Request in What Languages**

<u>Language</u>	<u># Docs Translated</u>
<b>Total</b>	

**LEP Customer Satisfaction**

<u>Customer Satisfied?</u>	<u>Yes</u>	<u>No</u>	<u>Other</u>	<u>Unknown</u>
<b>Total</b>				

**Expenditures for Language Services**

<u>Type</u>	<u>Amount</u>	<u>% of Total Amount Spent</u>
Written translation (requested)		
Written translation of basic docs		
Oral translation Services		
Interpretation Services (in person)		
Telephonic interpretation Services		
Other		
<b>Total</b>		

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PERS/CRCS/08/08 E-mail: \_\_\_\_\_

**Return completed forms to gwatts@dhs.hawaii.gov by October 5, 2008.**

**Limited English Proficiency (LEP) Division/Office Report**

For: July 1, 2007—December 1, 2007

Form to be completed and submitted to DHS, Civil Rights Compliance Staff, no later than December 1 of each year. The information will be used to determine (among other things) the number of LEP persons requiring translation services and types of languages needing translated. DHS,CRCS, will utilize the questionnaire to gather more detailed information necessary to enable DHS to provide meaningful access to LEP clients.

Division/Office: \_\_\_\_\_ Contact Person \_\_\_\_\_

<b>Total LEP Persons:</b>	<b>Number Served</b>
<b>Methods used to Inform LEP Persons of LEP Information</b>	<b>Yes or No</b>
Language identification flashcard	
Posters informing LEP persons of language services	
Outreach documents in other languages	
TeleInterpreters Services	
Multilanguage mailer inserts	
LEP information on website	
Other:	
<b>Types of Documents Translated:</b>	<b>Yes or No</b>
Applications	
Agendas/Minutes	
Letters or notices regarding public meetings	
Complaint forms	
Other:	
<b>Number of complaints filed due to language access issues:</b>	<b>Number of Grievances or Complaints</b>
Please indicate number of grievances and/or complaints your division or office handled during the report period because of language access issues. Please also provide below or on an attachment the date filed and a short description of the issue.	

Division/Office

Contact Person E-mail Phone #

LEP Person's Name (if known) Last, First	Language (primary)	Date/s of Service	Type/s of Service (Circle all that apply)	How Often (Circle 1)	LEP Service (Circle all that apply)	Interpreter (Circle all that apply)	Satisfied Customer (Circle 1)
1			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
2			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
3			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
4			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
5			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
6			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
7			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
8			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
9			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
10			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
11			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
12			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
13			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
14			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
15			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
16			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
17			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
18			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N
19			A I H P I G I O	1 2 W M O	O I O P W T O	B S F M T C O	Y N

**Totals**

A = Application  
 I = Interview  
 H = Hearing  
 PI = Program Information  
 GI = General Information  
 1 = One time  
 2 = Two times  
 W = Weekly  
 M = Monthly  
 OI = Oral Interpretation in person  
 OP = Oral Interpretation by phone  
 WT = Written Translation  
 BS = Bilingual Staff  
 FM = Family Member or Friend  
 T = Telephone  
 C = Contracted Interpreter  
 O = Other  
 Y = Yes  
 N = No\*

Comments\*

**Number of LEP Encounters**

July 1, 2008–September 30, 2008

Division/ Office				# of LEP Encounters		% of DHS Total
BESSD						
CSW						
HPHA						
MQD						
OYS						
SSD						
VR						
<b>DHS Total</b>						

Summary: DHS Divisions and Administratively Attached Agencies or Commissions reported \_\_\_\_ encounters with LEP persons during the three months from July 1, 2008 through September 30, 2008.

The \_\_\_\_\_ had the majority of DHS LEP encounters with \_\_\_\_\_ or \_\_\_\_\_% of the DHS total.

**Type/s of DHS Services to LEP**

July 1, 2008--September 30, 2008

Types		Number		% of DHS Total Encounters	
<b>Process application/registration</b>					
<b>Interview/fact finding</b>					
<b>Hearing</b>					
<b>Provide program information</b>					
<b>Provide general information</b>					
<b>Other</b>					
<b>DHS Total Encounters*</b>					

\*Counts for each type of DHS service will not add to total encounters as some encounters involved multiple services.

Percents shown are a percent of total encounters, not total DHS services provided, and will not add to 100%.

**Summary:** The DHS service most frequently provided to DHS LEP customers was \_\_\_\_\_ . This type of service was provided to \_\_\_\_\_% of the total \_\_\_\_\_DHS encounters.

In some of the encounters, multiple types of services were provided during one encounter. For the table above, when multiple types of services were provided in one encounter, a count was made in each type of service. Therefore, the individual service counts will not add up to the total \_\_\_\_\_encounters. The percents shown are a percent of the total \_\_\_\_\_encounters, not of total services. This shows the percent of encounters that involved a particular type of service



Department of Human Services  
 Table 4

Frequency (how often) Services  
 provided to LEP customers

July 1, 2008--September 30, 2008

How Often			# of LEP Encounters	% of DHS Total	
<b>One time</b>					
<b>Twice</b>					
<b>Weekly</b>					
<b>Monthly</b>					
<b>Other</b>					
<b>DHS Total</b>					

Summary: The majority of cases involved \_\_\_\_\_ encounters with an LEP customer.

**Summary:**

LEP Service Type  
 provided applicants/customers

July 1, 2008--September 30, 2008

Type of LEP Service		Number		% of DHS Total	
<b>Oral interpretation in person</b>					
<b>Oral interpretation by telephone</b>					
<b>Written translation</b>					
<b>Other</b>					
<b>Unknown</b>					
<b>Total</b>					

\*Counts for each type of LEP service will not add to total encounters as \_\_\_\_ encounters involved more than one type of service.

Percents shown are a percent of total encounters, not total types of LEP services, and will not add to 100%

**Summary:** The majority of the cases involved \_\_\_\_\_.

Interpreters used to provide services to LEP customers

July 1, 2008--September 30, 2008

Type of Interpreter Used		Number		% of DHS Total Encounters	
<b>Multi or Bi-lingual staff</b>					
<b>Family Member</b>					
<b>Friend</b>					
<b>Telephone language line</b>					
<b>Contracted Interpreter</b>					
<b>Other</b>					
<b>Unknown</b>					
<b>Total*</b>					

\*Counts for each type of interpreter will not add to total encounters as some encounters involved more than one type of interpreter service.

Percents shown are a percent of total encounters, not total types of interpreters, and will not add up to 100%.

**Summary:** \_\_\_\_\_ was the method most often used to assist LEP customers representing \_\_\_% of the total.

Interpretation by \_\_\_\_\_ was the second most utilized method at \_\_\_\_\_% of the total.

\_\_\_\_\_ interpreter services was the most often utilized when the LEP service provided involved hearings.

**Customer Satisfaction**

July 1, 2008–September 30, 2008

Satisfied Customer			# of LEP Encounters	% of DHS Total		
Yes						
No						
Total						

**Summary:** In the reports submitted, "Yes" was checked for "Customer Satisfied?" for more than \_\_\_\_% of the \_\_\_\_\_ total DHS Encounters listed.

Of the \_\_\_\_\_ cases where "No" was indicated \_\_\_\_\_

**\*Comments**

Department of Human Services  
Summary Table 9

Services by Division/Office

July 1--September 30, 2008

Division/ Office	Type of Service	How Often	LEP Service	Interpreter Service	Customer Satisfaction
	A I H PI GI O	1 2 W M O	OI OP WT O	BS FM FR T CI O	Y N
<b>BESSD</b>					
<b>CSW</b>					
<b>HPHA</b>					
<b>MQD</b>					
<b>OYS</b>					
<b>SSD</b>					
<b>VR</b>					
<b>Totals</b>					
<b>% of Total</b>					

**Legends:**

- A = Application
- I = Interview
- H = Hearing
- PI = Program Information
- GI = General Information
- 1 = One time
- 2 = Two times
- W = Weekly
- M = Monthly
- OI = Oral Interpretation in Person
- OP = Oral Interpretation by telephone
- WT = Written Translation
- BS = Bi-lingual or Multi-lingual Staff
- FM = Family Member
- F = Friend
- T = Telephone
- C = Contracted Interpreter
- O = Other
- Y = Yes
- N = No\*
- \*Comments:



LINDA LINGLE  
GOVERNOR



NELSON B. BEFTEL  
DIRECTOR

COLLEEN Y. LACLAIR  
DEPUTY DIRECTOR

SERAFIN P. COLMENARES JR.  
EXECUTIVE DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
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830 PUNCHBOWL STREET, ROOM 322  
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[www.hawaii.gov/labor](http://www.hawaii.gov/labor)  
Phone: (808) 586-8730 / Fax: (808) 586-8733  
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July 13, 2007

TO: The Honorable Lillian B. Koller, Director  
Department of Human Services

THROUGH: Ms. Geneva Watts, Language Access Coordinator

FROM: Serafin P. Colmenares Jr., Executive Director *spc*  
Office of Language Access

SUBJECT: Language Access Plan

PERSONAL OFFICE  
DEPT OF HUMAN SERVICES  
2007 JUL 13 A 7:43

Thank you for your department's revised Limited English Proficiency Plan, which we received on July 12, 2007.

Based on our review, we have concluded that the written plan meets the requirements of the law. We have attached a copy of the approved plan and we recommend that your agency proceed with implementation and take steps to ensure your employees follow your written plan.

We appreciate your commitment to ensuring that persons with limited English proficiency are provided meaningful access to your services and programs.

If you have any questions, please feel free to call the Office of Language Access at 586-8730.

cc: Geneva Watts

**INTERNAL  
COMMUNICATION FORM**

**Suspense**

**DEPARTMENT OF HUMAN SERVICES**

**Subject:** Limited English Proficiency (LEP)

**Originator:**

**To:** All DHS Divisions and  
Administratively Attached  
Agencies

**From:** DIR

**Date:** 6/22/07

**Memo No. 1**

The attached LEP Plan demonstrates DHS's commitment to take reasonable steps to provide meaningful access to Limited English Proficiency (LEP) individuals. The purpose of this initiative is to implement the attached plan to comply with our obligations under the Civil Rights Act, specifically Title VI, and Chapter 371, Part II 371-31 to 37, Hawaii Revised Statutes, Act 290, SLH-July 20, 2006.

The LEP Plan is intended as an interim plan that will be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders and DHS staff. Such review and revision shall take place no later than January 31, 2008. The provisions of this interim LEP Plan shall remain in place until a revised LEP Plan is adopted.

All DHS divisions and administratively attached agencies shall immediately comply with the LEP plan.



\_\_\_\_\_  
DIR

Att. - Department of Human Services  
Limited English Proficiency Plan

c: DIR's Ofc.



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339

Honolulu, Hawaii 96809-0339

[www.hawaii.gov/dhs](http://www.hawaii.gov/dhs)

Phone (808) 586-4955

[gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

## **Department of Human Services Limited English Proficiency Plan (LEP)**

### Introduction

"Immigrants from diverse cultures have made significant contributions to Hawaii's economic success and have shaped our unique island lifestyle over the last several decades," Governor Lingle has said. "We have a responsibility to ensure that those who continue to come here from different lands seeking a new and better life for themselves and their families are afforded every opportunity to be successful."

The islands have long been an example to the rest of the world as a "melting pot," rich in ethnic and cultural diversity. However, the ability to access and communicate with State agencies, service providers, and others depends to a large extent on an individual's ability to speak and understand English.

Approximately 290,000 of Hawaii's 1.2 million plus people speak a language other than English at home. This includes over 250,000 persons who speak an Asian or Pacific Island language.

According to the 2000 U.S. Census survey, 26.6 percent of Hawaii's population spoke a language other than English as their primary language. Nationally, only 17.9 percent of the population spoke a language other than English.

In summary, while English is the predominant language in the United States, over 32 million people in the country have Limited English Proficiency. LEP individuals face many barriers to critical health and social services. We need to remove the language barriers for LEP individuals inquiring about, applying for, or receiving services through DHS.

Among those individuals where English is not their primary language, some have limited ability to read, write, speak or understand English. Language barriers sometimes prohibit residents from fully participating in our community and undermine their efforts to become self-sufficient and productive. DHS's Plan speaks to our commitment to provide essential and meaningful access to LEP individuals.

### Basis

Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" was created to "...improve access to....federally assisted programs and activities for persons, who as a result of national origin, are limited in their English proficiency...." Title VI of the Civil Rights Act serves as the basis for Executive Order 13166. Title VI provides that no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Certain divisions of the State of Hawai'i Department of Human Services (DHS) receive Federal funding from a variety of Federal agencies and by virtue of that funding, Title VI applies to all DHS's operations. Accordingly, DHS seeks to implement the initiative set forth in this Limited English Proficiency ("LEP") Plan to meet its obligations under Title VI.

### Purpose and Scope

The purpose of DHS's LEP Plan is to take reasonable steps to ensure persons with limited English proficiency gain meaningful access to DHS's services and programs. The scope of the plan applies to state public contact activities ranging from occasional to daily, ongoing from the curious public, to inpatient residents, including the internet and "hotlines." It covers all public contact activities of federal or state funded recipients.\*

\* The Federal funder may require the recipient to meet its LEP guidelines.

### Definition of Limited English Proficient Persons

For purposes of this plan, LEP persons or LEP customers mean individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Such persons may be eligible to receive language assistance with respect to a particular service, benefit, or encounter.

### Relevant Factors in Determining How to Provide Meaningful Access

The following four guidelines will be used by DHS in determining how to provide effective and meaningful access to LEP individuals:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by program activities;
2. The frequency with which LEP persons come into contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to LEP persons; and
4. The resources available to the program and the costs of providing interpretation/translation services.

The touchstone of this four-factor analysis is reasonableness—as measured by balancing (1) the size, needs, and nature of assistance to the LEP population served and (2) DHS's capacity and available resources.

### Analysis

Internal analysis of the following DHS Divisions will be included: BESSD, SSD, MQD, HPHA, CSW, VRA, OYS/HYCF. Each unit will be examined by its taskforce representative using a SWOT analysis (strengths, weaknesses, opportunities and threats) of the services it provides to LEP individuals.

External analysis will include, and not be limited to, other state agencies such as Department of Labor and Industrial Relations, Department of Health and other related agencies providing similar services, as well as related community groups. A SWOT analysis will be conducted by DHS Civil Rights Compliance Staff to determine the strengths, weaknesses, opportunities and possible threats to be encountered in meeting these needs and requirements, including and not limited to, addressing the weaknesses and possible threats to success of implementation of the plan.

DHS seeks to begin implementing the plan effective July 1, 2007 as a pilot program, subject to review and revision by no later than December 31, 2007.

Implementation and Responsibility: Implementation is the shared responsibility of CRCS and DHS Divisions. DHS, Civil Rights Compliance Staff is responsible for coordinating development of the plan, advising on implementation matters, and monitoring compliance.

- Goals:
- o Enhance services to potential applicants, applicants, and recipients of DHS services
  - o Remove language barriers preventing eligible individuals from receiving DHS services
  - o Ensure that persons with limited English proficiency (LEP) receive the same level of access to DHS programs and services as persons who speak English fluently
    - \* Self-identified LEP applies
    - \* Ensure "effective communication" that is competent, timely and free.

Fully achieving goals and objectives of this plan will likely require additional resources. Therefore, the pace and scope of implementation will be subject to budgetary constraints, and each division will need to set priorities within those constraints.

- Objectives:**
- o Provide free of charge language interpreter services to potential applicants, applicants and recipients of DHS services
  - o Provide free language transcription services as needed
  - o Provide volunteer interpreter list semi-annually
  - o Provide external resource lists as needed
  - o Hire multi-lingual personnel to fill designated vacant public contact positions as determined by needs assessment, four-factor analysis, and budgetary constraints.
  - o Identify training and language aid needs of LEP individuals
  - o Provide multi-lingual forms, brochures, etc, identified by the divisions as vital documents

**Action Plans** An action plan will be developed for each DHS Division and administratively attached agency providing services to LEP individuals by task force representatives identified and charged by the Divisions. The action plans will be timely and flexible and implemented beginning no later than September 30, 2007. A calendar of activities for implementing the action plans will be submitted by the task force representatives to CRCS by July 31, 2007.

**Follow-up** Regular follow-up occurs by CRCS beginning July 31, 2007

**Reactions** Reactions to the language access services will be analyzed every six months by CRCS beginning October 1, 2007.

**Evaluation** Formative evaluations will be provided periodically by CRCS in cooperation with the Office of the Executive Director of Language Access in the Department of Labor and Industrial Relations. A summative evaluation of the effectiveness of the DHS language access efforts will be provided on an annual basis by CRCS.

### **Recommended Changes**

This LEP Plan is a pilot program that will be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders, and DHS staff. Such review and revision shall take place no later than January 31, 2008. This plan is intended to be flexible and recognizes the need for constant change. Thus mechanisms will be built into each action plan to accommodate changes as required. Recommended changes will be monitored by CRCS as warranted. The provisions of this DHS Limited English Proficiency Plan shall remain in place until a revised LEP Plan is adopted.

### LEP Plan Summary

This DHS Limited English Proficiency Plan is comprised of seven (7) components:

1. **Development of a reporting system designed to obtain key information about the LEP population who use DHS services or have the potential for doing so;**

Each division will have in place mechanisms in its reporting system to assess, on a regular basis, the LEP status and language assistance needs of current and potential customers, as well as mechanisms to assess the Department's capacity to meet these needs according to the components of this plan.

2. **Compilation of comprehensive multi-lingual listing of DHS employees;**

Interpreter list—volunteers from employee pool will be identified and updated lists distributed to the divisions semi-annually by CRCS.

3. **Notice of interpretation/translation services to qualified LEP individuals;**

Each division, program and activity at DHS will proactively inform LEP individuals of the availability of free language assistance services through both oral and written notice, in his or her primary language.

4. **Providing interpretation/translation services for qualified LEP individuals;**

Each division, program and activity at DHS will arrange for the provision of oral language assistance in response to the needs of LEP individuals, in both face-to-face and telephone encounters.

Each division, program and activity at DHS will produce vital documents in languages other than English where a significant number of the customers served or eligible to be served English proficiency. These written materials may include paper and electronic documents, such as publications, notices, correspondence, web sites and signs.

5. **Designation of a LEP Plan Coordinator;**

Each division will designate a LEP Plan Task Force representative and one backup representative for continuity purposes.

6. **Training DHS staff on the implementation of DHS plan; and**

Each division will allow time for training front-line and managerial staff on the policies and procedures of its language assistance activities.

7. **Seeking stakeholders' input in review and revision of the LEP Plan.**

Each division will institute procedures to assess the accessibility and quality of language assistance activities for its LEP customers/clients. CRCS will monitor assessments.

Each component is explained further on Attachment A.

List of Attachments:

- A Seven components of DHS's LEP Plan
- B Sample Survey Form for Collecting Information
- C Example of Multi-lingual Notice identifying language
- D Example of Multi-lingual Invitation to Contact DHS
- E Sample Oral Translation Services Log
- F Example of Language Line Telephone Interpreters Procedures
- G List of Communication Access Providers

Attachment A

Components of DHS Limited English Proficiency Plan

**I. Development of a reporting system designed to obtain key information about the LEP population who use DHS services or have the potential for doing so**

To provide meaningful access to LEP individuals, DHS will seek to gather information about what languages they speak, what DHS services they use, and the frequency in which they use these services.

While some DHS Divisions have begun gathering detailed information about LEP individuals they serve, DHS will take this opportunity to articulate a more comprehensive approach.

Telephone and other interpretation services to LEP customers will be provided free of charge and records will be kept of each transaction. While informal data is available in some divisions, these data are limited to kinds of languages requested and billing related matters. Existing data does not reflect kinds of services provided or frequency of services by LEP individuals.

A form will be developed (See Attachment B for example), to collect information necessary to enable DHS to render meaningful access to LEP individuals who use our services. The form will seek to collect, among other things, (1) languages that LEP individuals need translated, (2) kinds of services used by LEP individuals and (3) frequency with which LEP individuals use DHS services.

CRCS, in consultation with research analysts at DOL and task force representatives from DHS Divisions, will be responsible for establishing a procedure for each DHS Division to consider in gathering and compiling data on a regular basis and for providing a report to designated LEP Plan Coordinators by no later than December 1, 2007 and every two years thereafter.

## **2. Compilation of comprehensive multi-lingual listing of DHS employees**

In effectively serving LEP individuals, we must ascertain what language skills and resources DHS might already have available through its employees. Some divisions have begun that process by maintaining a log of all of its employees and the languages that he or she can read, speak and/or translate.

Additionally, CRCS currently maintains and updates a list of employee volunteer interpreters by language/s and location/s which is distributed to all divisions regularly. This list includes information volunteered by DHS employees including, and not limited to (1) language or languages (including American Sign Language) the employee can speak and/or read, (2) the level of fluency in those self-identified languages, and (3) contact information for the DHS employee. Employees on this list may be contacted when a LEP individual needs language assistance. The procedure to be followed when a DHS employee is contacted to provide language assistance is contained in Section 4 below. Although a DHS employee may not be fluent in a particular language, depending on the circumstances, that employee's language skills could facilitate a certain comfort level that might contribute significantly to meeting a LEP individual's needs.

This current listing does not include all employees who might be able to contribute to interpretation services however. In an attempt to enhance interpreter services CRCS will seek information from existing employee data bases, contact individuals identified as being multi-lingual to inquire about their willingness and ability to provide volunteer interpreter/translation services, and distribute an updated list semi-annually beginning in September 2007 to all divisions and administratively attached agencies.

## **3. Notice of interpretation/translation services to qualified LEP individuals**

### **A. Office Notice**

In providing notice to LEP populations who might access DHS services, divisions have varied in their approach previously. DHS will take the following steps to ensure consistency in providing notices in the future: (1) Compile data relative to use of telephone interpretation services by divisions, (2) Access data from the State of Hawai'i Data Book (2004), (3) Survey DHS employees about their experiences in dealing with LEP individuals, (4) Discuss with Federal Immigration Court administrators in Honolulu, and advocates of the interests of LEP individuals statewide, current and changing needs for interpretation services for individuals who use and/or have the potential for using DHS services.

DHS will use a list compiled by the Department of Labor and Industrial Relations as a starting point for determining languages that are likely to be the primary languages of LEP persons in the State of Hawaii. These languages currently include: Burmese,

Cambodian, Cantonese, Chamorro, Chuukese, Ilocano, Japanese, Korean, Kosraean, Lao, Mandarin, Marshallese, Pohnpeian, Samoan, Spanish, Tagalog, Thai, Tongan, Vietnamese, Visayan, and Yapese. Preliminary inquiries suggest that the most frequent languages spoken currently in the State of Hawaii are Ilocano, Tagalog and Japanese while the most rapidly growing languages are Spanish, Micronese, and Korean.

At least one 11" x 17" poster informing LEP individuals that DHS provides free interpretation services shall be placed in a prominent place in ALL DHS offices having contact with the public. An 8 1/2" x 11" copy of this poster developed by the Office of Community Services, Department of Labor and Industrial Relations, is found in Attachment C, for example.

#### B. Notice for Requesting Written Translation

All DHS Divisions will develop a written notice to be attached to documents that each division administrator believes is important and/or believes, through the experiences of the division needs to be translated. The notice will invite a person who needs translation of a DHS document to contact the LEP Plan Coordinator at 586-4955. (See Attachment D, for example)

#### 4. Providing interpretation/translation services for qualified LEP individuals

When serving LEP individuals, situations may arise where LEP individuals are unable to negotiate through DHS programs without the assistance of interpreters in their preferred language. To ensure that the inability to communicate in English does not deprive the public of rights and privileges, DHS will continue to provide an interpreter, at no cost to the client, for LEP individuals pursuant to the following procedures.\*

\*While it might be customary for LEP individuals to bring their relatives or friends as interpreters, it is not appropriate to have minors, relatives or friends serve as interpreters. Minors, relatives and friends are often not formally trained in providing interpretation services and their experience as an interpreter tends to be limited. When there is a question of ethics, DHS will attempt to use more than one interpreter source.

- A. Oral Interpreters—An individual approaches a DHS employee and appears to be asking for help but has difficulty communicating what he or she needs. What does one do?
- (1) When a request for an interpreter is made either orally or in writing, the employee shall determine whether bi-lingual staff in the office or a nearby unit is available who speaks the language being requested.
  - (2) When bilingual staff is not available, the employee shall contact a telephone interpreter service to provide interpreter services.
  - (3) When the telephone interpreter service cannot help, the employee shall contact a language agency at least two weeks before the scheduled appointment with the requesting LEP person. Provide the following information to the language agency:
    - (a) requesting employee's full name and telephone number
    - (b) department, unit and address

- (c) employee's telephone number
  - (d) language needed
  - (e) client's full name
  - (f) date and time of appointment
  - (g) purchase order number
- (4) DHS employees may ask the language agency interpreter to call the LEP individual to inform him/her of the scheduled appointment.
- (5) Upon completion of the appointment, an Encounter Form provided by the interpreter is completed and signed by the departmental employee and the interpreter. Information on the form includes the end time of the appointment, the nature of the encounter, and the interpreter's full name and signature. Cumulative records are maintained relative to nature, frequency and importance. (See Attachment E for sample oral translation services log.)
- (6) The employee may cancel the request for interpreter, however, if the interpreter is not contacted in time, the Department will be charged a minimum of one hour even though no services are provided.
- (7) When the above alternatives are not possible or practicable, the employee shall contact a volunteer interpreter from the Volunteer Interpreter List, which is disseminated semi-annually by the CRCS.
- (a) The requesting employee shall determine first whether interpreting by the volunteer employee might be done via telephone to minimize the time the volunteer spends interpreting and away from his/her regular duties.
  - (b) If possible, volunteer interpreters should be familiar with the program for which interpretation is needed.
- (8) Telephone interpreter services are available for brief encounters as are video phones and voice recognition packages. Divisions shall have internal procedures for utilization of such services and devices. An example of language line telephone interpreter services can be found as Attachment F.
- B. Translated Materials DHS currently has 2 documents translated into more than a dozen languages. An internal needs assessment will be completed to determine whether any additional materials need simplification and written translation. Written translation of those documents will be subject to the four-factor analysis and reasonableness.
- (1) Division Administrators and Staff Officers shall determine what informational program materials and vital documents shall be translated into languages other than English. This determination shall be based on guidelines set forth in various Federal guidance documents, for example, the U. S. Department of Health and Human Services, Office for Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency. Policy Guidance can be obtained from CRCS or the Director, DHS website, [www.dhs.hawaii.gov](http://www.dhs.hawaii.gov).
  - (2) Staff Officers and Division Administrators shall also assess the language needs of their respective project areas to determine the languages that will be translated, to ensure meaningful

access to the language groups of people eligible to be served or likely to be affected by the program.

(3) As mentioned in Section 3 B above, a notice regarding a request for written translation shall be attached to important documents in order to provide meaningful access to LEP individuals and/or sent with documents that division personnel have sufficient reason to believe are addressed to a LEP individual. For example, applications for food stamps or other funding services, complaint procedures, and language identification cards might need to be made available in more than one language. Another example might include an individual who wishes to file a complaint for denial of services based on discrimination and has great difficulty understanding and speaking English. The notice regarding translation should accompany any decision concerning the investigation.

(4) When a request for a written translation is received by the LEP Plan Coordinator, the Coordinator has twenty-four (24) hours to notify the division who sent the document that such a request was made.

(5) The LEP Plan Coordinator and the administrator of that particular division shall decide whether or not the request should be granted using the four-factor analysis discussed in the "Relevant Factors" section above. It is within the sound discretion of the LEP Plan Coordinator and the administrator to select a qualified translator.

## **5. Designation of a LEP Plan Coordinator**

Geneva Watts, DHS Civil Rights Compliance Officer, shall serve as the DHS Limited English Proficiency Plan Coordinator. The Coordinator will be primarily responsible for, among other things: (1) the overall implementation of the LEP Plan; (2) responding to any inquiries or comments/complaints regarding the Plan and its implementation; (3) making any revisions and modifications to the Plan, as necessary; (4) training DHS employees by providing the proper background necessary to implement the objectives of the Plan; (5) serving as the primary contact for LEP customers who need a written translation of important DHS documents, and (6) coordinating efforts to implement the Plan, monitor the Plan, evaluate the plan, and invite stakeholders' input aimed at improving the current Plan. Additionally, each Division and administratively attached agency will name a divisional coordinator and an alternate to serve on a LEP taskforce in an advisory capacity to ensure smooth implementation of the Plan. Additional information about Staff Officer, Divisional administrator, supervisors and employee roles are specified in 4.10.3 (5.1-6) of DHS revised Policies and Procedures.

## **6. Training DHS staff on the implementation of DHS plan**

The LEP Plan Coordinator, in consultation with task force representatives and divisional training staff, will be responsible for developing and implementing training for DHS staff. The primary purpose of the training is to provide necessary background and understanding to implement the objectives of this LEP Plan. The training shall address the application of DHS policies and procedures in the Plan to various "real world"

situations that they will likely encounter. The LEP Plan Coordinator shall, as part of the training, develop reference sheets and learning aids encapsulating the essential principles and procedures of the Plan and disseminate these reference sheets and learning aids to the entire Department electronically. The training shall also address what kind of documents should be translated generally. Additionally, the training shall address interpreter knowledge, skills and abilities, confidentiality, and impartiality issues regarding in-person interpreters within DHS. DHS and its Task Force will work with the Office of Language Access on training content (knowledge, skills and abilities of interpreters).

DHS administrators, supervisors, and all employees dealing with LEP clients or potential clients on a daily basis shall complete their training by no later than December 31, 2007. All other DHS staff, administrators and/or supervisors believe should receive LEP Plan training, shall complete their training by no later than June 30, 2008.

To the extent DHS needs to provide additional language services, as determined by the internal needs assessment, DHS will provide the necessary resources to meet language access requirements within budgetary constraints.

#### **7. Seeking stakeholders' input in review and revision of the DHS LEP Plan**

DHS, through the LEP Plan Coordinator, related taskforce members, and relevant community groups, will actively seek input from groups who provide assistance to LEP individuals, including and not limited to those who advocate for the interests of immigrants, refugees, and others who might be LEP consumers of DHS services.

All interested stakeholders are encouraged to contact the LEP Plan Coordinator directly at 586-4955. The LEP Plan Coordinator shall have at least one (1) public meeting with LEP persons, other interested stakeholders, and all DHS administrators prior to December 31, 2007. The objectives for seeking such input are (1) to provide feedback and information that will result in refining this LEP Plan, and (2) to enable DHS to meet its goal of taking significant and reasonable strides toward ensuring meaningful access to LEP individuals. The LEP Plan Coordinator shall then submit a comprehensive summative report on the meeting, including the recommendations and comments on the LEP Plan, and submit the report to the Director of DHS no later than January 31, 2008.

This report will include a list of the most requested languages in which assistance is needed and a list of the most requested documents to be translated. This report will also include a synthesis of the data contained in the report covered in component one above.

This LEP Plan is a pilot program that shall be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders, and DHS staff. Such review and revision shall take place no later than January 31, 2008. The provisions of this LEP Plan shall remain in place until a revised LEP Plan is adopted.

Act 290, SLH—July 10, 2006) has taken initial steps in providing reasonable and meaningful access to LEP individuals who seek DHS services.

All DHS divisions and administratively attached agencies shall immediately comply with this Limited English Proficiency Plan.



Lillian B. Koller, Director  
Department of Human Services

JUN 21 2007  
Date

## How we will accomplish each component of the DHS LEP Plan

### A. General

The DHS plan summarizes and aggregates activities of a diverse set of programs. The process of developing this strategic plan to improve language access underscores the need for continuing commitment and cooperation across DHS to resolve a number of challenges and open questions. These challenges are not unique to DHS, and hence we would welcome the opportunity to work with other Departments and agencies as we all strive to implement our plans and further refine our strategies for language access.

The LEP Task Force will address several critical challenges that we will encounter during the next year and in years to come, specifically:

- o How can we best coordinate activities across all relevant programs in DHS, particularly in the neighbor island offices that provide support to our program participants and potential participants?
- o How can we develop partnerships to assist in improving language assistance? How can we more effectively share "best practices" among divisions and across DHS programs?
- o How can we best leverage existing assets within the Department in order to most efficiently and effectively acquire and deploy such language services as translation or interpretation?
- o To what extent should we develop consistent policies, procedures or criteria across the Department in order to improve the efficiency or effectiveness of language access services? How should the development of policies and procedures be structured within DHS, and what types of policies and procedures are appropriate for a distributed organization such as DHS?
- o How can we build upon and improve our partnerships with organizations that represent LEP constituencies to more effectively accomplish our goals?

## Written

Each division will identify and produce vital documents in languages other than English where a significant number of the individuals served or eligible to be served has limited English proficiency. Such written materials might include, and are not limited to paper and electronic documents such as publications, notices, correspondence, web sites, and signs. Specifically each Division will:

- o Define and identify its "vital documents" and take steps to ensure that vital documents are translated where the program regularly encounters languages other than English in serving the public.
- o Research new arrangements that could provide written language assistance resources more efficiently throughout the Department.
- o Take steps to make written language assistance available to individuals seeking assistance from DHS programs in response to needs identified by assessments and within resource constraints.
- o Seek to identify and implement ways to improve the efficacy of grantees, contractors and others who are required to provide written language assistance to LEP individuals, through clearer requirements, technical assistance, dissemination of best practices, coordinated support and other approaches.
- o Identify "best practices" in delivery of oral language assistance services that can be used in DHS divisions and programs.

## **5. Designate a LEP Plan Coordinator**

Each division will designate a LEP Plan Taskforce representative and one backup representative for continuity purposes. A Plan Coordinator for each Division will be named for implementation and reporting purposes. DHS, Civil Rights Compliance Officer, Geneva Watts, is designated as DHS LEP Plan Coordinator for representation of the Department at State meetings. Specifically, she will:

- o Share responsibility with Divisions for implementation of the LEP Plan
- o Respond to any inquiries or comments/complaints regarding the Plan and its implementation
- o Make any revisions and modifications to the Plan as necessary
- o Train DHS employees by providing background necessary to implement objectives of the Plan. Electronic media will be used where practical.
- o Serve as the primary contact for LEP individuals who need written translation of vital DHS documents, and
- o Coordinate efforts to implement, monitor, evaluate and invite stakeholders' input aimed at improving the current plan.

## Attachment F

### Example of Language Line Telephone Interpreter Procedures

When an in-person interpreter within DHS cannot be located, then DHS employee helping the individual will call Language Line by dialing 1-800-874-9426. The DHS employee will then be prompted to enter DHS Client ID. If the individual indicates he or she speaks Spanish, the DHS employee will press 1. Otherwise, the DHS employee will press 2 and speak the name of the language when prompted.

The DHS employee may then either press 0 or stay on the line for assistance.

The DHS employee will then communicate the following information to the Language Line representative:

- o Client ID:
- o Organization Name: Hawai'i Department of Human Services
- o Personal Code: Phone extension and the DHS 2 to 5 letter abbreviation of the particular division/office within DHS.

An interpreter will then be connected to the call.

Then, the DHS employee will (1) brief the interpreter about the situation by summarizing what the employee wishes to accomplish, and (2) convey any special instructions to the interpreter.\*

When discussion between the client and the interpreter is finished, or when the DHS employee is prompted, the DHS employee will then speak to the interpreter to find out what the client needs.

The cost of the oral interpretation services shall be borne by the division.

At the end of the transaction, the DHS employee shall complete a Service Log entry, detailing the date of the call, the start and end times, originating phone number and the language involved. A sample page of the Service Log is in Attachment E. All DHS offices/divisions shall compile the information from the daily Services Logs and submit a monthly Service Log for the office/division to the LEP Plan Coordinator within fifteen (15) days after the end of each month.

\* If the speaker phone feature is available on the DHS's employee's phone, then the speaker phone feature should be used to allow both the LEP individual and DHS client to be on the line at the same time.

## Attachment F

### No Interpreter Available or Language Not Listed on Poster

If the Language Line representative indicates that Language Line does not have an available interpreter and the language is listed on the LEP Poster (Attachment C),\* the DHS employee can contact the interpreter services listed on Attachment G for assistance. Attachment G is a list of interpreter/translation services compiled by the LEP Plan Coordinator.

As in the case of Language Line, at the end of the transaction, the DHS employee shall complete a Service Log entry (Attachment E). All DHS offices/divisions shall complete the Services Log and submit the Service Log to the LEP Plan Coordinator within fifteen (15) days after the end of each month.

Further, if the language that the client speaks is not listed on the LEP Plan poster (Attachment C), the DHS employee servicing the LEP individual shall contact the LEP Plan Coordinator and proceed as instructed. The LEP Plan Coordinator shall contact the administrator of the division servicing the LEP individual, and the LEP Plan Coordinator and the administrator of the division shall decide whether to grant the request, in whole or in part, by using the four-factor analysis discussed in the "Relevant Factors" section.

### Telephone Calls

Should a DHS employee receive a telephone call from a LEP customer or a representative of a LEP individual needing oral translation, the DHS employee should encourage that LEP individual to come into the DHS employee's office, so that oral interpretation services may be arranged.

\* Should a LEP individual require sign language services, the DHS employee may go directly to Attachment G and make the necessary arrangements for sign language interpreter services.

B. Steps DHS will take: (FY 2007-2010)

**1. Develop a reporting system designed to obtain key information about the LEP population who use Division services or have the potential for doing so.**

Each division will gather information about what languages they speak, what DHS services they use, and the frequency in which they use these services.

Each DHS Division will have in place mechanisms to assess, on a regular and consistent basis, the LEP status and language assistance needs of current and potential clients, as well as mechanisms to assess the Divisions' capacity to meet these needs according to the components of this plan. Specifically, each division will:

- o Improve its mechanisms for assessing LEP status and language assistance needs of current and potential clients, particularly for outreach and assistance activities such as customer service phone numbers, clearinghouses, ombudsman activities, satisfaction instruments and web sites.
- o Examine existing data sources (such as, and not limited to the latest Census data and Census Bureau's American Community Survey) to evaluate need for particular language services where program-specific data is not sufficient or available.
- o Share data across Divisions on estimated language needs of DHS customers and of individuals that DHS funded entities serve. This data will include information on complaints received from LEP individuals who allege inadequate language assistance from funded entities, as well as data from customer satisfaction surveys.
- o Continue to assess the capacity of the Division on a regular basis to meet the language assistance needs of LEP individuals, and to the extent practicable, coordinate across DHS programs in order to maximize the efficiency with which DHS can serve its clients. (i.e, SWOT Analysis).
- o Work with other State Departments to identify areas where coordination or collaboration would improve the efficiency with which similar services or messages can be conveyed to similar populations.
- o Continue to work with others to identify "best practices" and examples of needed skill sets for recruiting and continued development of multi-lingual and multi-cultural staff.
- o Provide a report to designated LEP Plan Coordinators no later than December 1, 2007 and every two years thereafter.

**2. Compile comprehensive multi-lingual listing of DHS employees**

- o Explore how to identify existing staff-based knowledge of non-English languages and various cultures and how to leverage that knowledge base.
- o Volunteers from employee pool will be identified and updated lists distributed to Divisions semi-annually by CRCS. (See Attachment A for example)

3. **Notify applicants and potential applicants of interpretation/translation services proactively**

Each division will provide notices to proactively inform LEP individuals of the availability of free language assistance services through both oral and written notice in his or her primary language. (See Attachment B) Specifically, each Division will:

- o Distribute guidance directly and over the Internet to applicants, potential applicants and sub-recipients in languages identified in assessments
- o Develop ways to ensure simplicity and understanding in notices and vital documents.
- o Develop a handbook (consumer version) explaining services available
- o Highlight availability of consumer-oriented materials in languages other than English on web sites
- o Identify "best practices" in providing notice to LEP individuals that can be replicated.

4. **Provide interpretation/translation services for qualified LEP individuals.**

**Oral**

Each division will arrange for provision of oral language assistance in response to the needs of LEP individuals, in face-to-face and telephone encounters. Specifically, each Division will:

- o Identify current arrangements and resources available to each program and activity for the provision of oral language assistance and make such resources known within each program and identify assets that can be shared across programs.
- o Research new arrangements that could provide language assistance resources more efficiently throughout the Department, such as the potential use of a central language line for oral translations.
- o Take steps to make oral language assistance available to individuals seeking assistance from DHS programs in response to needs identified by assessments and within resource constraints.
- o Seek to identify and implement ways to improve the efficacy of grantees, contractors and others who are required to provide oral language assistance to LEP individuals, through clearer requirements, technical assistance, dissemination of best practices, coordinated support and other approaches.
- o Identify "best practices" in delivery of oral language assistance services that can be used in DHS divisions and programs.

## **6. Train DHS staff in implementation of DHS LEP Plan**

Each Division will provide for training of front-line and managerial staff aimed at effectively implementing the plan within the Division. Specifically, each Division will:

- o Take steps to provide for adequate training concerning policies, procedures, practices related to language assistance activities and the resources available in each division.
- o Take steps to provide for adequate training of individuals who communicate with funded entities about the requirements of Title VI and DHS policy guidance.
- o Identify "best practices" in programs for organizational training and maintenance of proficiency that can be implemented in DHS programs.
- o Develop mechanisms to monitor needs of LEP individuals and to relate those needs into specific training for individuals identified by their programs and divisions as responsible for providing language access services.

## **7. Seek stakeholders' input in assessing access and quality and in review and revision of the DHS LEP Plan**

Each Division will institute procedures to assess the accessibility and quality of language assistance activities for LEP individuals. Specifically, each Division will:

- o Identify steps to assure regular assessment of services related to access and quality
- o Identify clearly a designee where LEP individuals can take their concerns and complaints if they feel they are not being understood
- o Identify "best practices" for monitoring and quality assurance procedures that can be used in language assistance activities of sub-recipients
- o Measure improvements in language access in individual programs. Take steps to insure that such information is collected in a manner that increases comparability across programs.
- o Disseminate information across the Department to facilitate DHS wide learning and coordination.

## Limited English Proficiency Task Force

### Tasks

- \* Review LEP Plan and provide input from Division.
- \* Submit recommendations for changes, if any.
- \* Address seven (7) components of plan internally.
- \* Develop Division Action Plans by September 1, 2007.

### Challenges

The LEP Task Force will address several critical challenges that we will encounter during the next year and in years to come, specifically:

- o How can we best coordinate activities across all relevant programs in DHS, particularly in the neighbor island offices that provide support to our program participants and potential participants?
- o How can we develop partnerships to assist in improving language assistance? How can we more effectively share “best practices” among divisions and across DHS programs?
- o How can we best leverage existing assets within the Department in order to most efficiently and effectively acquire and deploy such language services as translation or interpretation?
- o To what extent can we develop consistent LEP policies, procedures or criteria across the Department in order to improve the efficiency or effectiveness of language access services? How should the development of policies and procedures be structured within DHS, and what types of policies and procedures are appropriate for a distributed organization such as DHS?
- o How can we build upon and improve our partnerships with organizations that represent LEP constituencies to more effectively accomplish our goals?

### Language Interpretation/Translation Providers

- **BILINGUAL ACCESS LINE (Oral interpretation & written translation)**  
Helping Hands of Hawai'i  
2100 N. Nimitz Hwy.  
Honolulu, HI 96813  
Ph: 808-526-9724
- **PACIFIC GATEWAY CENTER (Oral interpretation & written translation)**  
720 N. King St.  
Honolulu, HI 96817  
Ph: 845-3918
- **DISABILITY & COMMUNICATION ACCESS BOARD (Sign Language)**  
Certified List of individual providers (see attached)
- **LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED (Braille services)**  
402 Kapahulu Ave.  
Honolulu, HI 96815  
Ph: 733-8444(TTY/Voice)

**Limited English Proficiency (LEP) Division/Office Report**

For: July 1, 2007—December 1, 2007

Form to be completed and submitted to DHS, Civil Rights Compliance Staff, no later than December 1 of each year. The information will be used to determine (among other things) the number of LEP persons requiring translation services and types of languages needing translated. DHS,CRCS, will utilize the questionnaire to gather more detailed information necessary to enable DHS to provide meaningful access to LEP clients.

Division/Office: \_\_\_\_\_ Contact Person \_\_\_\_\_

<b>Total LEP Persons:</b>	<b>Number Served</b>
<b>Methods used to Inform LEP Persons of LEP Information</b>	<b>Yes or No</b>
Language identification flashcard	
Posters informing LEP persons of language services	
Outreach documents in other languages	
TeleInterpreters Services	
Multilanguage mailer inserts	
LEP information on website	
Other:	
<b>Types of Documents Translated:</b>	<b>Yes or No</b>
Applications	
Agendas/Minutes	
Letters or notices regarding public meetings	
Complaint forms	
Other:	
<b>Number of complaints filed due to language access issues:</b>	<b>Number of Grievances or Complaints</b>
Please indicate number of grievances and/or complaints your division or office handled during the report period because of language access issues. Please also provide below or on an attachment the date filed and a short description of the issue.	

**Sample Form for Collecting LEP Information**

This form is to be completed by DHS staff providing services to or encountering a person with Limited English Proficiency. Please complete one LEP form for each person served or encountered.

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Name of LEP person if known:** \_\_\_\_\_

1. **What is the primary language spoken by the LEP individual?**  
(i.e., Mandarin, Cantonese, Micronese, Ilocano, Tagalog, Japanese, Korean, Samoan, etc.)
  
2. **List the dates and types of program services you provided this person?**  
(i.e. program information, processed application, decisions notification, job placement, etc.)
  
3. **Was the program service provided within the same time frame as services provided to non-LEP clients?**  
 **Yes**       **No** (If no, please indicate whether the delay was due to need for LEP assistance?)
  
4. **How often did you provide services to or encounter this individual?**  
(i.e., one time event, weekly, monthly, etc.)
  
5. **What type of LEP services did you provide this person?**  
(i.e., oral interpretation in person or by phone, written translation, none, etc.)
  
6. **Who provided the interpreter services?**  
(i.e., multilingual staff, contracted interpreter, telephone interpreter service, community volunteer, LEP person's family member, friend, own interpreter, etc.)
  
7. **Was this person satisfied with the interpreter services provided?**  
 **Yes**       **No** (if No, please explain the dissatisfaction, Use reverse side of this sheet if needed)

**THE JUDICIARY • STATE OF HAWAII**  
**LIST OF REGISTERED COURT INTERPRETERS**  
**(EXTERNAL DISTRIBUTION)**  
**May 1, 2007**

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- The Judiciary does not endorse, screen, or certify the individuals listed.
- The user is responsible for determining the qualifications and competence of the individuals to be used.

<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
AMERICAN SIGN	Oahu	BOWNS, BEVERLY K.	389-8997(C), bevsignasl@yahoo.com
AMERICAN SIGN	Oahu	COOPER, KENNEDY L.	381-8378(C), kennedyclm@yahoo.com
AMERICAN SIGN	Oahu	FRIED, JAN L.	734-5889(H), 734-9154(B), 734-9893(F), jfried@hawaii.edu or janfried@hotmail.com
AMERICAN SIGN	Oahu	HIRAGA, MARTIN K.	218-0351(C), mhiraga@mac.com(P), martin.hiraga@macsrule.com
AMERICAN SIGN	Oahu	JACKSON, DEBBRA L.	239-6163(H), dleighjackson@hotmail.com
AMERICAN SIGN	Oahu	KIA, ROSALIND K.	255-6379(C), 988-9664(F), rozkia@aol.com
AMERICAN SIGN	Oahu	KROE-UNABIA, SUSAN L.	396-1800(B), susankroe@aol.com
AMERICAN SIGN	Oahu	LAMBRECHT, LINDA Y.	239-7660(F), aslteal@tmail.com
AMERICAN SIGN	Oahu	LANI, TAMAR H.	537-5933(H), 216-6898(C), tamarlani@verizonmail.com
AMERICAN SIGN	Maui	GOODHUE, ELIZA W.	878-4194(B), elizaflower@yahoo.com
AMERICAN SIGN	Maui	POST, LAURIE A.	873-3532(B)
AMERICAN SIGN	Hawaii	DRAVIS-TUCKER, MALINA S.	936-0046(C)
AMERICAN SIGN	Hawaii	KERN, KU MEI B.	896-9059(B)(C), kooshmabob@yahoo.com
AMERICAN SIGN	Hawaii	TRUJILLO, TARA M. W.	557-1616(C), 934-0827(H), tarawolf@hotmail.com
AMERICAN SIGN	Kauai	LITTLETON, LARRY M.	litletonl@aol.com
AMERICAN SIGN	Kauai	WARREN, SUSAN K.	241-1386(H)
ARABIC	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
BULGARIAN	Oahu	STEFANOV, IOVO I.	358-2770(B)(C), iovo@iovoform.com
CANTONESE	Oahu	AU, NANETTE Y.B.	533-2108(H), 523-6468(B)
CANTONESE	Oahu	CHAN, TITUS M. W.	983-1327(H)(B)
CANTONESE	Oahu	CHANG, CHO ON	386-8554(C), 589-5553(B), 674-2796(H), longfingemails@usa.net
CANTONESE	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
CANTONESE	Oahu	CHEUNG, EMILY W.	391-2829(C)
CANTONESE	Oahu	CHEUNG, REGINA K.	737-4838(H), 398-4875(C), reginacheung7@hotmail.com
CANTONESE	Oahu	CHOI, CANDY	429-2028(C), kityeechoi@hotmail.com
CANTONESE	Oahu	CHOI, JOHNSON	524-5738(B), 222-8183(C), 524-8063(F), johnsonchoi@johnsonchoi.com
CANTONESE	Oahu	CHUN, CLARENCE FRANCIS	536-0428(B)
CANTONESE	Oahu	HO-SIPES, SUK MEI S.	meiho@hawaii.rr.com
CANTONESE	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
CANTONESE	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
CANTONESE	Oahu	LAW, LORENA L.	536-0729(H)
CANTONESE	Oahu	LEE, LAISIN H.	342-8660(C), lslee@hawaii.rr.com
CANTONESE	Oahu	LEUNG, JANICE M.	382-2787(B)(C), 595-2822(H), leungj@hawaii.edu
CANTONESE	Oahu	MA, GAIL Y.F.	944-6563(H), 561-3905(C), gma@pixi.com

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
CANTONESE	Oahu	NG, MEI LING	781-1878(C), 672-0888(H), 672-0510(F)
CANTONESE	Oahu	SUGG, ESTHER T.	597-1799(H)
CANTONESE	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
CANTONESE	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)
CANTONESE	Oahu	WONG, WILLY	677-2510(B), 676-6460(F), wongw@kahi.org
CANTONESE	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
CANTONESE	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
CANTONESE	Oahu	YIP, SHERRIE M.	531-2859(B)
CANTONESE	Oahu	YIP, WENDY	383-8938(C)
CANTONESE	Oahu	YU, CHUN KEUNG	383-5511(H)(C)(P), archieyu@yahoo.com
CANTONESE	Maui	O'NEILL, ALICE	244-6929(B), 244-9643(F)
CANTONESE	Hawaii	TRAN, TAC T.	981-2757(B)
CEBUANO	Oahu	LINDSTROM, EVA R.	728-3089(C), erepollo@yahoo.com
CEBUANO	Hawaii	VASQUEZ, ESQUIELA L.	323-2589(H)
CHIU CHOW	Oahu	SUGG, ESTHER T.	597-1799(H)
CHUNG SHAN	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
CHUNG SHAN	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
CHUUKESE	Oahu	ALBERT, JOSEPHINE M.	391-8724(C), jmatranslations@aol.com or jsalbert6@aol.com
CHUUKESE	Oahu	CHOSA, BENJAMIN K.	841-1734(H)
CHUUKESE	Oahu	FRITZ, GREGORIA M.	734-3445(H)
CHUUKESE	Oahu	HILARIO, EVANGELINE	457-2785(C), evangeline.hilario@student.chaminade.edu
CHUUKESE	Oahu	IRONS, BERTY M.	bertyirons@yahoo.com or apip98@yahoo.com
CHUUKESE	Oahu	IWO, JOANES	587-4690(H)
CHUUKESE	Oahu	KAFOTO, YOSANI ESA	386-2827(C)
CHUUKESE	Oahu	RAWIT, JUAN	723-5073(C)
CHUUKESE	Oahu	RICKYSACH, TENDER	206-2987(C), tender@hawaii.edu or tenritrs@yahoo.com
CHUUKESE	Oahu	RUBEN, FIULING S.	845-9583(H)(B), 275-6146(C), fiusr@excite.com
CHUUKESE	Oahu	SHEPHERD, RENEE J.	(503) 545-9910(C), rs2rhyme@hawaii.rr.com
CHUUKESE	Oahu	SUDA, ELFRIEDE D.	537-5953(H), 371-5999(C), elfriede@hawaii.edu
CHUUKESE	Maui	YGANA, KAREN M.	298-3720(C)
CHUUKESE	Hawaii	JOSEPH, ERUNTINA A.	989-5252(C)
CZECH	Oahu	LOCQUIAO, BARBORA S.	927-1783(C), suchabarbora2@yahoo.com
DUTCH	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
DUTCH	Maui	TORRES, SAUDINA O.	281-8629(C), 874-6223(H), 871-1114(B), sauditorr@aol.com

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
FARSI	Oahu	NIKOU, MOANA R.	254-1015(H), 845-9164(B), 226-3729(C), mmikou@hotmail.com
FARSI	Oahu	NOURBAKSH, MONIQUE	561-8666(C), moniquenour@hotmail.com
FRENCH	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uchaleda@yahoo.com
FRENCH	Oahu	CHUN, CLARENCE FRANCIS	536-0428(B)
FRENCH	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
FRENCH	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)
FRENCH	Oahu	GOPWANI, TANIA R.	530-5846(P)
FRENCH	Oahu	MILLER, STANLEY FRANCOIS	923-9079(B), 922-8309(F)
FRENCH	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
FRENCH	Hawaii	MOTOLA, J. ASHER	326-4571(H), asher@uofnkona.edu
GERMAN	Oahu	SUNDBERG, DAGMAR K.	261-9796(H)
GERMAN	Hawaii	BLATTLER, ANGELA	935-7952(H)(B), blattlers@juno.com
GERMAN FRAKTUR (Gothic)	Oahu	GAU, WAYNE W.	735-9689(B)
GREEK	Oahu	AVLONITIS, GEORGE	228-6655(H)(B)(C) [call after 1 pm]
GREEK (Classical)	Oahu	GAU, WAYNE W.	735-9689(B)
IBANAG	Oahu	DONATO, MARIA M.	677-5848(H)
ILOKANO	Oahu	AGBAYANI, GREGORIA A.	853-2386(H)

**THE JUDICIARY • STATE OF HAWAII**  
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
ILOKANO	Oahu	ALBANO, OFELIA M.	677-8878(H), 236-8301(B), 230-3273(C)
ILOKANO	Oahu	ALIMBUYUGUEN, RAFAEL O.	484-9872(H), 382-0574(B)(C), milda.agbayani@verizon.net
ILOKANO	Oahu	CLEMENTE, ROGER G.	456-4925(H), 383-5259(C)
ILOKANO	Oahu	DALERE, VICTOR T.	386-2401(C), 621-8969(H), vdalere@hotmail.com
ILOKANO	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
ILOKANO	Oahu	DONATO, MARIA M.	677-5848(H)
ILOKANO	Oahu	ELVENIA, HERMINIA	486-5295(H)
ILOKANO	Oahu	FLORES, ABRAHAM R., JR.	845-8496(H)(B)(F), 352-3030(C), floresjra@hawaii.rr.com
ILOKANO	Oahu	HARDIN, CATHERINE C.	681-0660(H), 375-2670(C)
ILOKANO	Oahu	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H), 584-3081(P), 676-8872(F)
ILOKANO	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
ILOKANO	Oahu	LOPEZ, EDISON M.	277-2435(C), 853-2247(H)
ILOKANO	Oahu	MANZANO, MARIA CORAZON B.	531-5946(H), 282-3081(P)
ILOKANO	Oahu	PACQUING, VIRGILIO A.	687-3881(H), 782-3245(C)
ILOKANO	Oahu	PASCUAL, TRINA P.	834-2970(H)
ILOKANO	Oahu	TAGAYUNA, ALEJANDRINO A.	286-2767(C), 637-9038(H), 284-0722(C)
ILOKANO	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)

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ILOKANO	Oahu	VALDEZ-MIER, CARMELITA	294-1524(C), 676-4957(H), 523-8839(B), 533-4201(F)
ILOKANO	Maui	MARIANO, MAXIMA A.	877-6895(H)
ILOKANO	Maui	YLLERA, ARNIE JEROME M.	242-1491(H), 276-2768(C), ajyllera68@hotmail.com
ILOKANO	Maui	YLLERA, FRED S.	242-1491(H), 276-1415(C)
ILOKANO	Maui	YLLERA, SARAH M.	242-1491(H), 385-3555(C), 244-5952(F), syllera@hawaiiantel.net
ILOKANO	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
ILOKANO	Hawaii	DARANGIANG, MODESTO A.	323-2569(H)
ILOKANO	Hawaii	LAMBAYAN, ANTONIA R.	959-9418(H)
ILOKANO	Kauai	ROJAS, RHODORA S.	246-2122(H), 647-0141(C), rhodorar@hawaii.edu
ILONGO	Oahu	PARK, MARGARITA E.	780-5570(C), 836-8705(H)(B)
ILONGO	Oahu	ROQUE, FELIPE V. SR.	489-0350(B)(C), 782-3310(H), 671-5692(F)
ILONGO	Hawaii	GRAVELA, NARDITA T.	928-0710(H)(F), 327-3031(B), nardir8@aol.com
ITALIAN	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
ITALIAN	Oahu	MINERBI, DANIELA R.	955-5406(H)(F), 227-8843(C), minerbi@hawaii.edu
JAPANESE	Oahu	ABE, JUSTIN	926-2204(H)(B)(F), justin.abe@verizon.net
JAPANESE	Oahu	COBBETT, PAUL A.	395-4547(H)(B), wordtradepaul@yahoo.com
JAPANESE	Oahu	FUJITA, SHUKO	545-5669(H)

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JAPANESE	Oahu	FUJIWARA, YASUNORI	927-9103(C), yfgrp@aol.com
JAPANESE	Oahu	HARA, AYANO	521-7977(H)(F), 277-9736(C), ayanohara@hotmail.com
JAPANESE	Oahu	HARVEY, EIKO MURAKAMI	864-6022(B)(C)
JAPANESE	Oahu	HIRATA, SHINOBU	524-0932(H)(B)(F), hiratas002@hawaii.rr.com
JAPANESE	Oahu	HIRAYAMA, KEN H.	949-8115(B), 225-0450(C), 949-3093(F), cfinoah@flex.com
JAPANESE	Oahu	ICHISE, TSUNENORI	456-4897(H), 561-4358(C), 534-1560(B), 534-1608(F), ichise@hawaiiintel.net
JAPANESE	Oahu	KAITE, NOBUE	220-9204(C), nobuekaite@hotmail.com or nkaite@earthlink.net
JAPANESE	Oahu	KAJIYAMA, MIYUKI	941-1777(H)(F), 831-4151(B), miyukika@hawaii.edu
JAPANESE	Oahu	KATO, MASAHIDE T.	358-2150(C), mtkato@hawaii.edu
JAPANESE	Oahu	KAWAKAMI, YASUKO	955-5257(B), 942-8117(F), translator@yasukokawakami.com or ykawakami@hawaii.rr.com
JAPANESE	Oahu	KIM, KAY	942-4439(H)
JAPANESE	Oahu	KOYAMA, YOKO	521-6228(H)(B)(F), 599-5887(F), ekoyama@hawaii.rr.com
JAPANESE	Oahu	KUWAHARA, HAROLD H.	395-8074(H)(B)(F)
JAPANESE	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), elena.lee7@verizon.net
JAPANESE	Oahu	MAEDA, YASUHIRO	521-2095(H)(B)(F)
JAPANESE	Oahu	MASUDA, JAN M.	247-6395(B), 349-7752(C), 236-4609(F)
JAPANESE	Oahu	MATSUMOTO, MICHIKO	395-4096(H)(B), 396-5609(F)

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JAPANESE	Oahu	MATSUMURA, NOBUO	596-4534(H), 596-8674(F), nobu.mats@verizon.net
JAPANESE	Oahu	MICHIHARA, MARIKO	524-4893(B), M2COMMU@aol.com
JAPANESE	Oahu	MIYAKE, GAY H.	226-3708(C)
JAPANESE	Oahu	MURPHY, YOSHI	256-6006(C)
JAPANESE	Oahu	NAKAMURA, YUMIKO K.	377-7040(B)(F), yumiko@nakamuracommunications.com
JAPANESE	Oahu	OHSUMI, MEGUMI	382-3792(H), shirokichi26@hotmail.com
JAPANESE	Oahu	ONO, JUNJI	536-1291(H), 392-0860(B)(C), 536-1957(F), bridgeofhope@hawaii.rr.com
JAPANESE	Oahu	PEAKE, DONNA M.	671-6195(H)(F), 284-6080(C)
JAPANESE	Oahu	SAWADA, KAZUO	926-4834(H)(B)(F), 927-3693(C), sawadafam@aol.com
JAPANESE	Oahu	SILVER, STEVEN C.	531-1073(B), 545-4909(F), steve@silverbridges.com
JAPANESE	Oahu	YAMAGUCHI, MASAHISA K.	221-3664(C), yamaguchm009@hawaii.rr.com
JAPANESE	Oahu	YAMAGUCHI, MASAKO	941-4260(H), yamaguchm009@hawaii.rr.com
JAPANESE	Oahu	YAMATANI, MASAKO	373-4527(H)(B), 373-4528(F)
JAPANESE	Maui	HIRATA, YOSHIYA JOSHUA	283-4410(C)
JAPANESE	Maui	UNO, JUNKO	891-1854(H)(F)
JAPANESE	Hawaii	ASANO, RIMI H.	896-1191(C), 959-7786(H), ritarimi@msn.com or rimihenricette@yahoo.com
JAPANESE	Hawaii	ERMENCE, CONNIE H.	325-0912(H), 325-2502(F), ermencec002@hawaii.rr.com

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JAPANESE	Hawaii	FROST, ANTHONY D.	961-5907(B), 217-2231(C), 443-0070(F), anthonyfrost@vrhi.com
JAPANESE	Hawaii	IIZUKA, HIROMI	775-8019(B), ao469@yahoo.com
JAPANESE	Hawaii	IZAWA, TAKEO	329-1115(B)
JAPANESE	Hawaii	MITAMURA, SAWAMI	969-1122(B), 938-5059(C)
JAPANESE	Hawaii	SMITH, XANTHE A. D.	985-8569(H), 896-3636(C), 985-7529(F), volcano@gte.net
JAPANESE	Kauai	YAMADA-TOJO, EILEEN S.	631-9567(C), eiles26yama@yahoo.co.jp
KOREAN	Oahu	CAPLETT, JOANN J.	282-1115©, 840-1344(F), sadako702@yahoo.com
KOREAN	Oahu	CHO, ESTHER S.	941-5415(H)(F)
KOREAN	Oahu	CHOI, JAE-HOON J.	256-3155(H)(B), kelemi_1971@yahoo.co.kr
KOREAN	Oahu	CHOI, RACHEL S.	735-7625(B)
KOREAN	Oahu	CHUNG, JAY H.	381-3473(C), 395-8327(H)
KOREAN	Oahu	HA, CHRISTINA J.	341-1375(B)(C), christinajuranha@gmail.com or sebic@hawaii.rr.com or sebiemom@hotmail.com
KOREAN	Oahu	JEFFERIES, MARGARET A.	236-2089(H)(F), 256-1001(C), margaretj@hawaii.rr.com
KOREAN	Oahu	JERNIGAN, EILEEN	395-4468(H), 292-4185(C), eileenjh@hotmail.com
KOREAN	Oahu	JOHNSON, SE KYONG C.	772-8108(B)(C), johnsonshawaii@msn.com
KOREAN	Oahu	KIM, DANIEL B.	847-1223(B), 259-1766(C), 847-1229(F), dannybkim@yahoo.com
KOREAN	Oahu	KIM, KAY	942-4439(H)

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KOREAN	Oahu	KIM, YOUNG K.	833-1719(H), 391-1719(C)
KOREAN	Oahu	KIM-RAHMAN, YOUNGJA	218-1889(C)
KOREAN	Oahu	KOO, KAREN	778-4225(C)
KOREAN	Oahu	LEE, RICHARD C.	836-4630(H), 391-3435(B)(C), 955-5710(F), richardchlee@hotmail.com
KOREAN	Oahu	LEE, SE RAH	942-9511(B)(F), 292-1916(C), serahlee@hotmail.com
KOREAN	Oahu	LEE, YUN I.	858-6549(P)
KOREAN	Oahu	PAK, TY	396-5757(H), 753-7751(C), tpak@hawaii.rr.com
KOREAN	Oahu	PARK, EILEEN Y.	595-0036(H)(F), 554-3512(C), emypark3043@hotmail.com
KOREAN	Oahu	PARK, MYUNG-JA	526-0542(H)
KOREAN	Oahu	PETERSON, YUSONG E.	625-5282(H)
KOREAN	Oahu	POTTS, CHUNG W.	949-4377(H), 225-8282(C), chungpts@aol.com
KOREAN	Oahu	SEAQUIST, INOK Y.	942-5566(B), 358-4877(C), 942-5568(F), inokyim@hotmail.com
KOREAN	Oahu	SHIN, YOUNG K.	218-9055(H)(B)(C), shiny2@gmail.com
KOREAN	Oahu	SUNG, JASON B.	bys3437@hotmail.com
KOREAN	Oahu	WEHRMAN, SUSAN	263-1200(B), 261-3093(F), commspan@hawaii.rr.com
KOREAN	Oahu	YI, HYE-KYUNG	479-2877(C), hkyi88@hotmail.com
KOREAN	Maui	LIM, ANGELA H.	244-0881(H), 871-9411(B), 280-8326(C), 871-9488(F), alimits@aol.com

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KOREAN	Hawaii	JEE, HAEMI	(213) 984-4942(C), amyjee@paran.com
KOREAN	Hawaii	LEE, KENNETH K.	352-5166(H), 328-9777(B), 938-8025(C), 328-2333(F), kklee@kklee.com
LAOTIAN	Oahu	HU, VINCENT C.S.	265-6879(B)(C)
LAOTIAN	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
LAOTIAN	Oahu	TANHCHALEUN, CHOU L.	486-7882(H)
LATIN	Oahu	GAU, WAYNE W.	735-9689(B)
LOONG DU	Oahu	WONG, PAUL B.H.	373-1108(H), 843-6689(P), 373-3238(F)
MALAY	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweluan@yahoo.com
MANDARIN	Oahu	CHANG, CHIA-MIN I.	348-4100(C), chiamin819@hotmail.com
MANDARIN	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
MANDARIN	Oahu	CHOI, CANDY	429-2028(C), kityeechoi@hotmail.com
MANDARIN	Oahu	CHOI, JOHNSON	524-5738(B), 222-8183(C), 524-8063(F), johnsonchoi@johnsonchoi.com
MANDARIN	Oahu	CHOU, YAO	295-4326(C), 841-3848(F), group2hawaii@msn.com
MANDARIN	Oahu	COX, MERLE	672-3628(H), 225-0182(C), makakilocoxes@att.net
MANDARIN	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
MANDARIN	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
MANDARIN	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), elena.lee7@verizon.net

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MANDARIN	Oahu	LEE, LAISIN H.	342-8660(C), lslee@hawaii.rr.com
MANDARIN	Oahu	LEE, YEU-TSU M.	423-1505(H), 423-4862(F), YTM_Lee@hotmail.com
MANDARIN	Oahu	LIANG, DAVID Z.	392-5350(C), davidzliang@gmail.com
MANDARIN	Oahu	LIU, XIN	222-4230(C), 734-6286(B)
MANDARIN	Oahu	MA, GAIL Y.F.	944-6563(H), 561-3905(C), gma@pixi.com
MANDARIN	Oahu	NG, MEI LING	781-1878(C), 672-0888(H), 672-0510(F)
MANDARIN	Oahu	QIAO, TINGTING	723-0188(H)(B)(C), jicen1506@yahoo.com
MANDARIN	Oahu	SHEN, RUI RONG	524-0802(H)
MANDARIN	Oahu	SUGG, ESTHER T.	597-1799(H)
MANDARIN	Oahu	SUN, SHIRLEY X.	979-9015(H)+E90, 223-8881(C)
MANDARIN	Oahu	TSWEI, KATHY	735-0045(H), 735-0030(F), kathy.tswei@hawaiiantel.net
MANDARIN	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
MANDARIN	Oahu	WOOLLEY, JIA L.	262-1377(H), 398-1370(C), jiawoolley@hotmail.com
MANDARIN	Oahu	WU, ZHENGKANG	946-6899(B), 941-9519(F)
MANDARIN	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
MANDARIN	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
MANDARIN	Oahu	YIP, SHERRIE M.	531-2859(B)

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MANDARIN	Oahu	YU, CHUN KEUNG	383-5511(H)(C)(P), archieyu@yahoo.com
MANDARIN	Oahu	ZENG, SUZANNE M.	942-3683(H)(F), 956-4421(B), 383-8594(C), suezeng@hawaii.edu
MANDARIN	Maui	O'NEILL, ALICE	244-6929(B), 244-9643(F)
MANDARIN	Hawaii	TAO, EUGENE Y. C.	959-7887(H), genctao@hawaii.rr.com
MANDARIN	Hawaii	TRAN, TAC T.	981-2757(B)
MARSHALLESE	Oahu	IOSIA, METWA K.	524-4824(H)(F), 723-9519(C)
MARSHALLESE	Oahu	KILUWE, VERONICA C.	683-0373(H)(B)(F), coffeyki@hotmail.com
MARSHALLESE	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
MARSHALLESE	Oahu	MINOR, BERNADIE B.	723-4415(C)
MARSHALLESE	Oahu	SWAIN, WILLIAM J.	swainwj@ldsmail.net
MARSHALLESE	Maui	LANGINBELIK, LOLITA A.	298-3268(C)
MARSHALLESE	Hawaii	LOEAK, MARYLOU	964-2107(H), 938-5931(C)
MARSHALLESE	Hawaii	SYLVESTER, REMARR	557-4310(C)
MOROCCAN	Oahu	GENANE, HICHAM	384-1698(C), 941-2362(H)
NAM LONG	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
NANKINGESE	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
PAMPANGAN	Oahu	FIESTA, TERESITA B.	843-8096(H), 232-9858(C)

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PAMPANGAN	Molokai	WAINWRIGHT, THEODOCIA G.	558-8966(H)(B), 658-0390(C)
PAMPANGAN	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
PANGASINAN	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
PIDGIN SIGNED ENGLISH	Oahu	LAMBRECHT, LINDA Y.	239-7660(F), aslteal@tmail.com
POHNPEIAN	Oahu	NANPEI, SIMAO	845-1638(H), swnanpei@yahoo.com
POLISH	Oahu	DABROWSKI, MIECZYSLAW	524-2509(H), 455-0425(B), 455-0640(F), dabrowsk@hawaii.edu
PORTUGUESE	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uchaleda@yahoo.com
PORTUGUESE	Oahu	HAYS, JOHN T., III	947-6013(B), 951-7904(F), johnhays@hawaii.rr.com
PORTUGUESE	Oahu	NEALON, JOHN P.	551-9457(C), 456-5094(H), cristinagki@hotmail.com
PORTUGUESE	Oahu	RAMIREZ-ZELADA, IRMA V.	348-2548(C), 664-0033(H), 626-8416(B)
PORTUGUESE	Oahu	SAKANISHI-MIYAKAWA, ROSA A.	396-2084(H)
PORTUGUESE	Hawaii	ALEXANDER, JEANETTE G.	775-8294(H)
PORTUGUESE	Hawaii	SEGAL, NINA J.	965-5630(H), 217-5452(C), ninasegal@hotmail.com
RUSSIAN	Oahu	CLANCEY, NATALIYA	262-5010(H)(B), 349-0248(C), mokulua@telcom.net
RUSSIAN	Oahu	DRUKER, ROMAN	487-7774(B), 641-5777(P), rdrukerr@cs.com
RUSSIAN	Oahu	FRANCIS, IRYNA	941-9839(H), irinahawaii@yahoo.com
RUSSIAN	Oahu	URBAN, IRINA L.	955-4006(H)(B)

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
SAMOAN	Oahu	AHCHING, PETER L.	524-6061(H), 225-1728(B)(C), ahchingpeter@yahoo.com
SAMOAN	Oahu	FOLA, EDDIE	845-4968(H), 284-5529(C)
SAMOAN	Oahu	KURESA, SOLOMON JR.	841-4302(H), 224-7781(C), 299-7153(P)
SAMOAN	Oahu	SAVUSA, MUAUU	520-5995(H)(C), yka007@yahoo.com
SAMOAN	Oahu	SHECK, REUPENA C.	836-6832(H), faatuatua_alofa@yahoo.com
SAMOAN	Oahu	SUAFAASEE, TAITAIAU L.	282-8993(C)
SAMOAN	Oahu	TIATIA, FOLAALELA K.	847-7214(H), 591-2511(B), 520-4757(C), ftiatia@hotmail.com
SAMOAN	Oahu	TIATIA, ROPATI T.	847-7214(H)
SAMOAN	Oahu	TOGIOLA, LEUTOGI T.	838-8843(B), 342-7141(C), 838-8751(F), togiola001@hawaii.rr.com
SAMOAN	Oahu	TUIELELEAPAGA, SANELE I.	235-8463(H), sitelone@yahoo.com
SHANGHAINESE	Oahu	KAN, RAYMOND K.O.	488-5143(H), 571-8640(P)
SHANGHAINESE	Oahu	LIANG, DAVID Z.	392-5350(C), davidzliang@gmail.com
SHANGHAINESE	Oahu	SHEN, RUI RONG	524-0802(H)
SHANGHAINESE	Oahu	YE, JING	218-8088(C), yejing@hawaii.edu
SLOVAK	Oahu	LOCQUIAO, BARBORA S.	927-1783, suchabarbora2@yahoo.com
SPANISH	Oahu	BOIDO, MARCELLA A.	946-2558(H)(F), boido@hawaii.edu
SPANISH	Oahu	CHAPA, LAURA G.	222-7655(H)(B)(C)

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SPANISH	Oahu	CHU-DUFFETT, ADELE M.	988-5176(B), uhaleda@yahoo.com
SPANISH	Oahu	CORREA, MARY ESTHER	689-4651(H)
SPANISH	Oahu	DABROWSKI, MIECZYSLAW	524-2509(H), 455-0425(B), 455-0640(F), dabrowsk@hawaii.edu
SPANISH	Oahu	DE ABREU, JORDAN E.	454-1721(H), 831-4233(B), 375-2372(C), jormardeabreu@cs.com
SPANISH	Oahu	DE ABREU, MARINA J.	454-1721(H), 372-3392(C)
SPANISH	Oahu	FELLMETH, DAVID J.	394-2702(H)(F), 222-6337(C)
SPANISH	Oahu	FLOREZ, MARCUS J.	(619) 865-1836(C), marcusflorez@yahoo.com
SPANISH	Oahu	HARPSTRITE, PATRICIA J.	247-3578(H)(B)(F), harpstrij001@hawaii.rr.com
SPANISH	Oahu	HAYS, JOHN T., III	947-6013(B), 951-7904(F), johnhays@hawaii.rr.com
SPANISH	Oahu	HERRERA, HILDRE C.	988-4942(H), 343-1504 (urgent only) , hildre@hawaii.rr.com
SPANISH	Oahu	HIRAGA, MARTIN K.	218-0351(C), mhiraga@mac.com(P), martn.hiraga@macsrule.com
SPANISH	Oahu	KENT, MARIELIZ Q.	(434) 825-5109(C), mqn@hotmail.com
SPANISH	Oahu	MANRIQUE, LUIS A.	732-4986(B), 285-3128(C), manrique@lava.net
SPANISH	Oahu	NEALON, JOHN P.	551-9457(C), 456-5094(H), cristinagki@hotmail.com
SPANISH	Oahu	NOURBAKHS, MONIQUE	561-8666(C), moniquenour@hotmail.com
SPANISH	Oahu	RAMIREZ-ZELADA, IRMA V.	348-2548(C), 664-0033(H), 626-8416(B)
SPANISH	Oahu	SAIBENE, MIGUEL A.	685-1709(H), 361-1144(P)

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SPANISH	Oahu	SAKANISHI-MIYAKAWA, ROSA A.	396-2084(H)
SPANISH	Oahu	SANCHEZ-GARCIA, KARMA M.	484-4090(H), 485-0894(B)(F), 554-7029(C)
SPANISH	Oahu	SMITH, WILLIAM H.	237-8301(H)(B)(F), 258-7971(C), smithwm@hawaii.rr.com
SPANISH	Oahu	SOUZA, AMPARO	230-8526(H)(B), teamhi2@hawaii.rr.com
SPANISH	Oahu	TOME, JOSE C.	391-8321(C), tome@hawaii.edu
SPANISH	Oahu	VEGA, LUZ	545-7806(H)(B), luzvl@earthlink.net
SPANISH	Maui	HERNANDEZ, PHYLLIS M.	205-7289(H)(C)
SPANISH	Maui	IUORNO, ANTHEA P.	573-5210(H)
SPANISH	Maui	MCNISH, ZACHARY A.	572-9642(H)(B), zmcnish@wso.williams.edu
SPANISH	Maui	MILLER, JANET CLARE	572-2554(B), 281-5438(C), 573-1554(F), millerjc@att.net
SPANISH	Maui	PALUSKY, ALICE	879-2313(H)
SPANISH	Maui	PROTTI, ROBERTO	250-0222(B)(C)
SPANISH	Maui	RABAGO, DORA M.	205-2973(B), 205-2970(C)
SPANISH	Maui	ROST, ALEXANDRINE E.	572-9964(H), pueokea@hotmail.com
SPANISH	Maui	SANCHEZ, GILBERTO M.	669-3993(B), 276-2591(C), 669-8941(F), gms0729@hotmail.com
SPANISH	Maui	TLASECA, ELIZABETH R.	385-5528(C), tlaseca02@aol.com
SPANISH	Maui	TORRES, SAUDINA O.	281-8629(C), 874-6223(H), 871-1114(B), sauditorr@aol.com

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SPANISH	Maui	WESLEY, ARTURO A.	575-9114(H), 575-2229(B), arturowesley@yahoo.com
SPANISH	Hawaii	ALEXANDER, JEANETTE G.	775-8294(H)
SPANISH	Hawaii	AVELAR, JAVIER	557-7491(C), avelarinterpreting@hawaii.rr.com
SPANISH	Hawaii	CARVALHO, MARTINA J.	345-6276(C), 885-4444(B), 885-2126(H)
SPANISH	Hawaii	CRISTOS, SAMANTHA A.	885-2748(H)(F), 989-9089(C), yozemycsam@netzero.com
SPANISH	Hawaii	ESPINOSA, ROSARIO D.P.	214-0104(C), sathya59@hotmail.com
SPANISH	Hawaii	FALCON, ROSEMARIE	573-0185(H), 573-2894(B), 281-1126(C)
SPANISH	Hawaii	HART, TAMARA O.	775-0226(H)
SPANISH	Hawaii	HERNANDEZ, MIGUEL A.	987-3204(B)(C), 966-7279(H)
SPANISH	Hawaii	MARIN, NOEMI	987-7546(C), 331-1552(H)
SPANISH	Hawaii	MOLINERO, DAWNA L.	896-7129(C), 982-5775(H)(F), djchilangol@aol.com
SPANISH	Hawaii	MOTOLA, J. ASHER	326-4571(H), asher@uofnkona.edu
SPANISH	Hawaii	PATNODE, PAUL J.	967-7903(H)
SPANISH	Hawaii	RAMIREZ, J. RAFAEL	328-7728(H), rafarumba@hotmail.com
SPANISH	Hawaii	ROBERTS, MARIA R.	romaria@juno.com
SPANISH	Hawaii	SEGAL, NINA J.	965-5630(H), 217-5452(C), ninasegal@hotmail.com
SPANISH	Hawaii	SHORT, MARISA G.	896-5502(C), learner4life2@yahoo.com

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SPANISH	Hawaii	TEPPER, MARA E.	895-4798(C)
SPANISH	Hawaii	VERGARA, LUIS A.	981-5103(H), 581-2784(P), symvergara@aol.com
SPANISH	Kauai	EMMONS, MINDY A.	245-9936(H)(F), (310) 863-5980(C), mindyemmons@aol.com
TAGALOG	Oahu	AGBAYANI, GREGORIA A.	853-2386(H)
TAGALOG	Oahu	AGUINALDO, JOCELINE F.	542-5945(C), 521-3113(H)
TAGALOG	Oahu	ALBANO, OFELIA M.	677-8878(H), 236-8301(B), 230-3273(C)
TAGALOG	Oahu	DALERE, VICTOR T.	386-2401(C), 621-8969(H), vdalere@hotmail.com
TAGALOG	Oahu	DELA PENA, LOURDES J.	256-3976(B)(C), 671-4128(H)
TAGALOG	Oahu	DONATO, MARIA M.	677-5848(H)
TAGALOG	Oahu	FIESTA, TERESITA B.	843-8096(H), 232-9858(C)
TAGALOG	Oahu	GROSS, ERIC C.	428-0479(B)(C), 677-9679(F), eg_gross@tinig.com
TAGALOG	Oahu	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H), 584-3081(P), 676-8872(F)
TAGALOG	Oahu	LINDSTROM, EVA R.	728-3089(C), erepollo@yahoo.com
TAGALOG	Oahu	LLANA, TEDDY S.	832-1488(H), 832-1487(H), t3dllana@aol.com
TAGALOG	Oahu	LOPEZ, EDISON M.	277-2435(C), 853-2247(H)
TAGALOG	Oahu	MANZANO, MARIA CORAZON B.	531-5946(H), 282-3081(P)
TAGALOG	Oahu	MATA, LYNN B.	228-0197(C), 396-3001(H), lynnkissam@hawaii.rr.com

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>NAME</u>	<u>CONTACT #</u>
TAGALOG	Oahu	PACQUING, VIRGILIO A.	687-3881(H), 782-3245(C)
TAGALOG	Oahu	PARK, MARGARITA E.	780-5570(C), 836-8705(H)(B)
TAGALOG	Oahu	ROQUE, FELIPE V. SR.	489-0350(B)(C), 782-3310(H), 671-5692(F)
TAGALOG	Oahu	TAGAYUNA, ALEJANDRINO A.	286-2767(C), 637-9038(H), 284-0722(C)
TAGALOG	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)
TAGALOG	Oahu	VALDEZ-MIER, CARMELITA	294-1524(C), 676-4957(H), 523-8839(B), 533-4201(F)
TAGALOG	Molokai	WAINWRIGHT, THEODOCIA G.	558-8376(H)(B), 658-0390(C)
TAGALOG	Maui	YLLERA, ARNIE JEROME M.	242-1491(H), 276-2768(C), ajyllera68@hotmail.com
TAGALOG	Maui	YLLERA, FRED S.	242-1491(H), 276-1415(C)
TAGALOG	Maui	YLLERA, SARAH M.	242-1491(H), 385-3555(C), 244-5952(F), syllera@hawaiiantel.net
TAGALOG	Hawaii	BAUTISTA, BELLA B.	989-3359(C)
TAGALOG	Hawaii	DARANCIANG, MODESTO A.	323-2569(H)
TAGALOG	Hawaii	GRAVELA, NARDITA T.	928-0710(H)(F), 327-3031(B), nardir8@aol.com
TAGALOG	Hawaii	LAMBAYAN, ANTONIA R.	959-9418(H)
TAGALOG	Kauai	ROJAS, RHODORA S.	246-2122(H), 647-0141(C), rhodorar@hawaii.edu
TAIWANESE	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
TAIWANESE	Oahu	LEE, ELENA	941-1650(H)(B)(F), 371-7622(C)(P), clena.lee7@verizon.net

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TAIWANESE	Oahu	TSWEI, KATHY	735-0045(H), 735-0030(F), kathy.tswei@hawaiiantel.net
TAIWANESE	Oahu	YAP CHANG, HWEE LUAN	951-0350(B), 306-4566(C), 951-0352(F), hweeluan@yahoo.com
TEOCHEW	Oahu	CHEONG, CHAY C.	taiahko@gmail.com
THAI	Oahu	DANAPONG, ICHAYA R.	949-9707(H), idanapong@gmail.com
THAI	Oahu	HU, VINCENT C.S.	265-6879(B)(C)
THAI	Oahu	JAO, DAVID	753-9090(C), 955-7222(H)(F), 955-2100(B), americanwandi@aol.com
THAI	Oahu	TANHCHALEUN, CHOU L.	486-7882(H)
THAI	Maui	DAHLBY, SUPATTRA D.	243-0061(H), daveanddaeng@earthlink.net
THAI	Hawaii	ALLEN, SUNISA	929-7164(B), 929-7434(H)(F), 938-5318(C), sunisa@konacoast.com
TOISHANESE	Oahu	WONG, JOSEPH W.K.	536-7006(H), jwguisi@aol.com
TONGAN	Oahu	FINAU, SAIA S.	841-7293(H), 428-8213(C), 843-1071(F), saiasfinau@hawaii.rr.com
TONGAN	Oahu	KAUFUSI, AIONA P.	373-3394(H), koloa@prodigy.net
TONGAN	Oahu	LEOTA, LUPE F.	291-1821(C), 299-1397(P), 671-8386(H)
TONGAN	Oahu	TAFUNA, NERISHA I.	293-5829(H)(B), ivalani42@yahoo.com
TONGAN	Oahu	TIEDEMANN, LOIS P.	739-1647(H), 554-3174(C)
TONGAN	Oahu	VATIKANI, PO'ESE U.	520-5433(C)
VIETNAMESE	Oahu	BUI, THOMAS A.	387-2374(C), tuanb@hawaii.edu

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VIETNAMESE	Oahu	CRUMPTON, THU-HUONG T.N.	239-5532(H), 284-0429(C), huyenthuong44@yahoo.com or huyenthuong@hotmail.com
VIETNAMESE	Oahu	GOPWANI, TANIA R.	539-5846(P)
VIETNAMESE	Oahu	JENSEN-LECH, TUAN	352-1002(C), imtlech@hawaii.rr.com
VIETNAMESE	Oahu	LAM, TAMMY T.	256-4161(C), tam_lam26@yahoo.com
VIETNAMESE	Oahu	NGUYEN, KIM NGOC P.	220-2762(C), kngoc3@yahoo.com
VIETNAMESE	Oahu	NGUYEN, NGOC Q.	842-0259(H), 754-4900(B)(C), 841-4305(F), colonelnguyen@yahoo.com
VIETNAMESE	Oahu	NGUYEN, NINA NHUNG T.	366-4533(B)(C), 581-3141(P), nguyennina@yahoo.com
VIETNAMESE	Oahu	NGUYEN, STEVE	545-4840(H), 371-4422(B)(C), 844-5163(P), trungmail@hotmail.com
VIETNAMESE	Oahu	NGUYEN, TONY H.	227-0136(B)(C), tiennguyen68@hotmail.com
VIETNAMESE	Oahu	THANH, LY PHUOC	267-5869(P)
VIETNAMESE	Oahu	TRINH, CUONG Q.	732-0598(H), granite4546@hotmail.com
VIETNAMESE	Oahu	VU, HOA BA	951-9910(H)
VIETNAMESE	Hawaii	TRAN, TAC T.	981-2757(B)
ZAMBAL	Oahu	TAMORIA, ANDRES G.	206-2244(C), 685-5351(H)

## **EQUAL OPPORTUNITY TO SERVICES**

**THE HAWAII DEPARTMENT OF HUMAN SERVICES** is committed to providing services and opportunities for persons to participate in its programs and activities without regard to race, color, national origin, age, sex, disability, religion or political beliefs. This applies to the application for services, determination of eligibility, and decisions relating to on-going services and benefits.

**ACCOMMODATIONS** to assist you in accessing our services (e.g. sign or foreign language interpreters, large print, taped materials or accessible parking, etc.) can be provided at no charge, if requested ahead of time.

**A COMPLAINT** may be filed if you believe that you have been discriminated against. To do so, contact the Department's **CIVIL RIGHTS COMPLIANCE OFFICE** at P. O. Box 339, Honolulu, Hawaii 96809-0339, or Phone: 586-4955 (voice) or 586-4959 (TT).

Information about your complaint will not be released to anyone except if necessary to investigate and resolve your complaint.

Equal Opp. to Svcs. - English  
DHS-9003 (06/95)

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Information about your complaint will not be released to anyone except if necessary to investigate and resolve your complaint.

Equal Opp. to Svcs. - English  
DHS-9003 (06/95)

## **Wewen jeraman ko im jemaron in bok kunaad ie**

**Department eo an Human Services ilo Hawaii ej tomak ilo lelok jiban im lukun jeraman ko jet nan arnej nan aer bok kunaer ilo program im emakitkit ko woj ilo ejelok kalijoklok ikijien jikin lotak, kil, kabun, dettan, man ak kora, naninmej ak utame ko an enbwin.**

**Wewen ko renaj bar jelet wot application eo am im bareinwot, aer naaj lale elane kokkar nan am maron buki services kein im bareinwot benefits kein.**

**Men eo im kom naaj monono in jiban eok kaki (wanjonak: katakin eok kilen ukok sign ak foreign language, large print, taped materials or accessible parking, etc.) kom maron lewaj ilo ejelok onaer ne konaj kajjitok moktalok im jab rumuj.**

**Komaron komman am abnono ne kwoj kwoj kile ke ejjab jokkun wot juon am jermal ibbam ilo am naaj kir lok Department's Civil Rights Compliance Office ilo P. O. Box 339, Honolulu, Hawaii 96809-0339. Ne ejjab eokwe call lok 586-4955 (Voice) ak 586-4959 (TT).**

**Melele ko im renaj jelet complain eo am reban walok nan jabdewot kain jokjokwotomjej ijelokkin wot ne renaj aikuj bwe ren etali im komeleleiki complain eo am.**

**Equal Opp. to Svcs. - Marshallese  
DHS 9003 (05/01)**

## **Wewen jeraman ko im jemaron in bok kunaad ie**

**Department eo an Human Services ilo Hawaii ej tomak ilo lelok jiban im lukun jeraman ko jet nan arnej nan aer bok kunaer ilo program im emakitkit ko woj ilo ejelok kalijoklok ikijien jikin lotak, kil, kabun, dettan, man ak kora, naninmej ak utame ko an enbwin.**

**Wewen ko renaj bar jelet wot application eo am im bareinwot, aer naaj lale elane kokkar nan am maron buki services kein im bareinwot benefits kein.**

**Men eo im kom naaj monono in jiban eok kaki (wanjonak: katakin eok kilen ukok sign ak foreign language, large print, taped materials or accessible parking, etc.) kom maron lewaj ilo ejelok onaer ne konaj kajjitok moktalok im jab rumuj.**

**Komaron komman am abnono ne kwoj kwoj kile ke ejjab jokkun wot juon am jermal ibbam ilo am naaj kir lok Department's Civil Rights Compliance Office ilo P. O. Box 339, Honolulu, Hawaii 96809-0339. Ne ejjab eokwe call lok 586-4955 (Voice) ak 586-4959 (TT).**

**Melele ko im renaj jelet complain eo am reban walok nan jabdewot kain jokjokwotomjej ijelokkin wot ne renaj aikuj bwe ren etali im komeleleiki complain eo am.**

**Equal Opp. to Svcs. - Marshallese  
DHS 9003 (05/01)**

**EQUAL OPPORTUNITY SERVICES** (servicios para la igualdad de derechos) La Seccion de Hawaii de Servicios Humanos se compromete a mantener servicios y oportunidades para las personas participaren en sus programas y actividades sin tener en cuenta a raza, color, el origen nacional, edad, sexo, incapacidad, religion o creencias politicas. Esto se aplica a las peticiones para los servicios, determinacion de elegibilidad, y decisiones que se relacionan a los servicios continuos y beneficios.

**COMODIDAD**, para ayudarle acceder nuestros servicios (ex: interpretes de idioma e de conversacion por senas, materiales de impresion grande grabo e en cinta magnetofonica, o el aparcamiento accesible, etc.) puede proporcionarse sin ningun cargo, si hacieren pedido en adelantado.

Una **QUEJA** puede ser presentada si usted cree que hay discrminacion en contra. Para hacerlo, avise la **OFICINA de COMPLACENCIA de DERECHOS CIVIL ( CIVIL RIGHTS COMPLIANCE OFFICE)** a P.O.Box 339, Honolulu, Hawaii.

No se soltara informacion sobre su queja a cualquiera, excepto si necesario investigar y resolver su queja.

Equal Opp. to Svcs. - Spanish  
DHS 9003 (05/01)

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Equal Opp. to Svcs. - Spanish  
DHS 9003 (05/01)

## NONOFENGEN NON PEKIN ANINIS

**NON EI HAWAII DEPARTMENT OF HUMAN SERVICES** kick mei fokun awora ekoch pekin aninis ren kich aramas io mi mochen nom won ekei pekin aninis me pwan ekoch me nukun ekei sia afata. Ina mo are kich sia feito seni neni ese nifinifin, anuach, nefonguch, kich mwam are fefin, namanam, io mi wor terin, me pwan om pusin nuknunuk non mun.

**METECH MEI TONGENI KAWOR** ren ach sipwe tongeni anisi ach angang fan itom ( ekei pekin pom, chon awewe non kapasan ekis, awatenon mesan mak, pisekin ausening, me pwan aninisin parking me pwan ekoch ). Ese tongeni kamo are mei asinesin ngeni kich me mwan.

**REN MET KOSAP TIPEW NGENI** are pwe en mei nuku pwe en mei tongeni angei ekei pekin aninis, nge rese mut ngonuk are rese mochen aninisochoh ngonuk, iei ei neni kopwe churir pwe repwe anisuk nampan, Department's CIVIL RIGHT COMPLIANCE OFFICE P. O. BOX 339, HONOLULU, HAWAII 96809-0339, or Phone: 586-4955 ( voice ) or 586-4959 ( TT ).

Ren noum ei torpwe ese fokun tongeni epwe mumuta ngeni emon chienon chok are epwe wor chosa won me pungunon om ei osukosuk kose tipweu ngeni.

Equal Opp. to Svcs. - Trukese  
DHS 9003 (05/01)

## NONOFENGEN NON PEKIN ANINIS

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Equal Opp. to Svcs. - Trukese  
DHS 9003 (05/01)

## PANTAY-PANTAY NA PAGKAKATAON SA MGA SERBISYO

ANG KAGAWARAN NG PANTAONG-SERBISYO NG HAWAII ay nangangako sa pagbibigay ng mga serbisyo at pagkakataon para sa mga tao na makisali sa kanilang mga programa at mga gawain ng hindi nagbibigay pansin sa lahi, kulay, bayan na pinanggalingan, edad, sekso, kapinsalaan, relihiyon, o pampolitikong paniniwala. Ito ay nauukol sa paghihiling ng serbisyo, pagpapasiya sa karapatang mahirang, at mga pagpapasiya tungkol sa mga pangkasalukuyang serbisyo at kapakinabangan.

ANG MGA KALUWAGAN na nakakatulong sa inyo sa paglapit sa aming mga serbisyo (halimbawa, tagapagsalin ng di-katutubong wika at paggamit ng senyas, malaking tatak, nakadiket na materyales o malapit na paradahan, at iba pa) ay maibibigay ng libre kung hiniling ng maaga.

Maari kayong magharap ng REKLAMO kung naniniwala kayo na kayo ay naapi. Sa paggawa nito, makipag-alam sa OPISINA NG PAGSUNOD NG KARAPATANG PAMBAYAN ng Kagawaran sa P.O. Box 339, Honolulu, Hawaii 96809-0339, o Telepono: 586-4955 (Tinig 586-4959)

Ang impormasyon tungkol sa inyong reklamo ay hindi ibibigay sa kaninuman maliban kung kinakailangan sa pag-imbestiga o paglutas ng inyong reklamo.

Pantay-Pantay na Pagkakataon sa mga Serbisyo (Tagalog)  
DHS-9003 (06/95)

## PANTAY-PANTAY NA PAGKAKATAON SA MGA SERBISYO

ANG KAGAWARAN NG PANTAONG-SERBISYO NG HAWAII ay nangangako sa pagbibigay ng mga serbisyo at pagkakataon para sa mga tao na makisali sa kanilang mga programa at mga gawain ng hindi nagbibigay pansin sa lahi, kulay, bayan na pinanggalingan, edad, sekso, kapinsalaan, relihiyon, o pampolitikong paniniwala. Ito ay nauukol sa paghihiling ng serbisyo, pagpapasiya sa karapatang mahirang, at mga pagpapasiya tungkol sa mga pangkasalukuyang serbisyo at kapakinabangan.

ANG MGA KALUWAGAN na nakakatulong sa inyo sa paglapit sa aming mga serbisyo (halimbawa, tagapagsalin ng di-katutubong wika at paggamit ng senyas, malaking tatak, nakadiket na materyales o malapit na paradahan, at iba pa) ay maibibigay kung hiniling ng maaga.

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Pantay-Pantay na Pagkakataon sa mga Serbisyo (Tagalog)  
DHS-9003 (06/95)

(Samoan) EQUAL OPPORTUNITIES TO SERVICES

## AVANOA TUTUSA MO FESOASOANI

Ua folafolaina e le OFISA O GALUEGA MA FESOASOANI ESEESE MO TAGATA se latou fa'amautuina o la latou galuega ina ia maua e tagata uma ni avanoa e auai i porokalama ecese e aunoa ma se fa'aailoga atunu'u, lanu, nu'u na e fanau ai, tausaga o le soifuaga, tane po'o le tama'ita'i, afaina o le tino po'o le mafufau, tapuaiga, po'o talitonuga fa'apolokiki. E a'afia ai le talosaga mo ni fesoasoani, fuafuaina o lou agava'a, ma filifiliga fa'atatau i galuega fa'amau ma ituaiga mea e maua ai.

O AUALA ESEESE e fesoasoani ia te oe e te maua ai a matou fesoasoani (fa'ata'ita'i: fa'amatala upu i lau lava gagana po'o le gagana a le gugu, mata'itusi lapopo'a, fa'amaumauga ua uma ona pu'e i le laau pu'e leo, po'o se paka o le ta'avale e faigofie ona o'o iai) e maua uma e aunoa ma se totogi pe afai e te talosagaina vave.

O SE TAGI LE MALIE e mafai ona fai pe afai ua iai se talitonuga ua faia se fa'aailoga tagata ia te oe. Ia e fa'afeso'ota'i le OFISA O LE FA'AMALOSIINA O AIA TATAU i le tuatusi o le P.O. Box 339, Honolulu, Hawaii 96809-0339, telefoni 586-4955 (leo) 586-4959 (TT).

E le mafai ona ave fua i scisi ni fa'amatalaga e uiga i lau tagi vagana ni su'esu'ega e fa'atatau i se fa'ai'uga e to'afilemu ai.

(Samoan) EQUAL OPPORTUNITIES TO SERVICES

## AVANOA TUTUSA MO FESOASOANI

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**ໂອກາດເທົ່າທຽມກັນໃນດ້ານການບໍລິຫານ**

ກະຊວງປະຊາສົ່ງເຄາະຂອງຮາວາຍມີພາຣະບໍລິການແລະເປີດໂອກາດແກ່ທຸກຄົນໃຫ້ມາເຂົ້າຮ່ວມໃນໂຄງການ ແລະກິດຈະກຳຂອງກະຊວງໂດຍບໍ່ຖືຊົນຊາດ, ສີ, ສັນຊາດ, ອາຍຸ, ເພດ, ຄວາມພິການ, ສາສນາຫຼືຄວາມເຊື່ອຖືໃນດ້ານ ການເມືອງ. ມີແມ່ນໃຊ້ໄດ້ນຳຄຳຂໍການບໍລິຫານ, ການກຳນົດໃນດ້ານຄວາມເໝາະສົມ, ແລະການຕັດສິນກ່ຽວກັບການ ບໍລິຫານທີ່ຍັງດຳເນີນຢູ່ແລະປະໂຫຍດຕ່າງໆ.

ການຈັດຫາສິ່ງອຳນວຍຄວາມສດວກ ເພື່ອຊ່ວຍໃຫ້ທ່ານໄດ້ຮັບການບໍລິຫານ (ເຊັ່ນ ນາຍພາສາກີກ ຫຼື ຜູ້ແປພາສາຕ່າງດ້າວ, ການພິມໂຕໜັງສືໃຫຍ່, ເນື້ອເຮືອງທີ່ອັດໃສ່ເທັບ ຫຼື ບ່ອນອອດຣິດທີ່ເຂົ້າສດວກ, ໆລໆ) ສາມາດມີໃຫ້ໄດ້ແບບບໍ່ເສັງຄ່າ, ຖ້າຮ້ອງຂໍມາລ່ວງໜ້າ.

ການຮ້ອງທຸກອາດຈະມີຂຶ້ນຖ້າທ່ານເຊື່ອວ່າໄດ້ມີການເລືອກຊັ້ນວັນນະ. ເມື່ອຮ້ອງທຸກ, ໃຫ້ຕິດຕໍ່ຫາຫ້ອງການຂອງ ກະຊວງປະຕິບັດຕາມສິດທິມະນຸດ ທີ່ຕູ້ໄປສະນີ 339 ໂຮໂນລູລູ, ຮາວາຍ 96809-0339, ຫຼືໂທຮະຊັບ 586- 4955 (ພາສາເວົ້າ/ 586-4959 (TT)

ຂໍ້ມູນກ່ຽວກັບການຮ້ອງທຸກຂອງທ່ານ ຈະບໍ່ຖືກເປີດເຜີຍໃຫ້ໃຜຝັ່ງໄດ້ ນອກຈາກວ່າຖ້າຈຳເປັນຕ້ອງມີການສອບສວນ ຫຼື ແກ້ໄຂຄຳຮ້ອງທຸກຂອງທ່ານ.

Equal Opp. To SVCS-Laotian  
DHS-9003 (06/95)

**ໂອກາດເທົ່າທຽມກັນໃນດ້ານການບໍລິຫານ**

ກະຊວງປະຊາສົ່ງເຄາະຂອງຮາວາຍມີພາຣະບໍລິການແລະເປີດໂອກາດແກ່ທຸກຄົນໃຫ້ມາເຂົ້າຮ່ວມໃນໂຄງການ ແລະກິດຈະກຳຂອງກະຊວງໂດຍບໍ່ຖືຊົນຊາດ, ສີ, ສັນຊາດ, ອາຍຸ, ເພດ, ຄວາມພິການ, ສາສນາຫຼືຄວາມເຊື່ອຖືໃນດ້ານ ການເມືອງ. ມີແມ່ນໃຊ້ໄດ້ນຳຄຳຂໍການບໍລິຫານ, ການກຳນົດໃນດ້ານຄວາມເໝາະສົມ, ແລະການຕັດສິນກ່ຽວກັບການ ບໍລິຫານທີ່ຍັງດຳເນີນຢູ່ແລະປະໂຫຍດຕ່າງໆ.

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ການຮ້ອງທຸກອາດຈະມີຂຶ້ນຖ້າທ່ານເຊື່ອວ່າໄດ້ມີການເລືອກຊັ້ນວັນນະ. ເມື່ອຮ້ອງທຸກ, ໃຫ້ຕິດຕໍ່ຫາຫ້ອງການຂອງ ກະຊວງປະຕິບັດຕາມສິດທິມະນຸດ ທີ່ຕູ້ໄປສະນີ 339 ໂຮໂນລູລູ, ຮາວາຍ 96809-0339, ຫຼືໂທຮະຊັບ 586- 4955 (ພາສາເວົ້າ/ 586-4959 (TT)

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Equal Opp. To SVCS-Laotian  
DHS-9003 (06/95)

## サービスにおける機会の均等

ハワイ人事サービス部 (HAWAII DEPARTMENT OF HUMAN SERVICES) はみなさまの人種、肌色、出身国、年齢、性別、心身障害、宗教あるいは政治的見解にかかわらず、全ての方々に当部のサービス、ならびに当部のプログラムや活動に参加していただく機会を提供することをお約束いたします。これはサービスの申し込み、サービスを受ける資格の有無の決定、ならびに現在受けているサービスや得点に関する決断等にも適用されます。

当部のサービスを利用しやすくするための諸便宜 (例: 手話あるいは外国語の通訳、大型プリント文字、テープによる資料、駐車場手配等) は、前もってお知らせ下されば無料で手配いたします。

差別をお受けになったと思われる場合は苦情の申し立てをすることができます。その際は当部の公民権協力事務所 (CIVIL RIGHTS COMPLIANCE OFFICE) までご連絡下さい。住所は P.O. Box 339, Honolulu, Hawaii 96809-0339、電話番号は 586-4955、または 586-4959 (TT = 聴力障害者のための特別電話) です。

みなさまからいただいた苦情は、苦情の調査ならびに処理に必要な場合以外には決して公開されません。

Equal Opp. to Svcs. - Japanese  
DHS-9003 (06/95)

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Equal Opp. to Svcs. - Japanese  
DHS-9003 (06/95)

**'OKU MAFAI TATAU 'AE TOKOTAHA KOTOA PE KIHE NGAahi  
POLOKALAMA 'O FELAVA'I MOE TOKONI KIHE KAKAI'.**

---

**KOE NGAahi POTUNGAUE KE TOKONI'I 'OE KAKAI** kuo nau 'osi fai e fokotu'utu'u kihe kakai tenau fie kau kihe ngaahi polokalama kehekehe 'ae pule'anga 'o tatau ai pe pe ko ho'o ha'u meihe fonua fe, pe lanu ha ho kili', matakali fe, lahi ho ta'u, tangata pe fefine, mahamahaki pe 'ikai,,fa'ahinga lotu pe fa'ahinga tui fakapolitikale , 'oku ke tui kiai.

'O hange koe ngaahi tokoni koeni (talanoa 'o ngaue'aki ho nima, fakatonulea, faka'atalahi 'oha saina, hiki tepi'I 'oha ngaahi fakamatala pe fakahinohino pe ki hano ma'u ha'o pakingi kapau 'oku ke mahamahaki) 'e lava pe keke ma'u 'o 'ikai totongi 'o kapau 'e fai kiai ha'o tohi kole.

'Okapau 'oku ke fakakaukau 'oku nau filifilimanako 'oku tonu keke fai mai ha'o tohi launga kihe Department's Civil Rights Compliance Office at P. O. BOX 339,HON. HI.96809-0339, OR Phone:586-4955(voice) or 586 -4959 (TT).

Koe ngaahi fakamatala kotoa pe 'o felave'I mo ho'o launga' 'e 'ikai ngofua ke 'ilo kiai ha taha tukukehe 'okapau 'e fiema'u ke fai'aki hano fakatotolo'I ho'o launga'.

Equal Opp. to Svcs. - Tongan  
DHS 9003 (05/01)

**'OKU MAFAI TATAU 'AE TOKOTAHA KOTOA PE KIHE NGAahi  
POLOKALAMA 'O FELAVA'I MOE TOKONI KIHE KAKAI'.**

---

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Equal Opp. to Svcs. - Tongan  
DHS 9003 (05/01)

## CƠ HỘI BÌNH ĐẲNG ĐỐI VỚI CÁC DỊCH VỤ

BỘ CỨU TẾ XÃ HỘI HAWAII cam kết cung cấp các dịch vụ và cơ hội cho những người tham gia vào các chương trình và các hoạt động của Bộ không phân biệt về chủng tộc, màu da, nguồn gốc dân tộc, tuổi tác, phái nam hay nữ, khiếm tật, tín ngưỡng hoặc quan điểm chính trị. Điều này ứng dụng cho việc đệ đơn xin các dịch vụ, sự xác định có đủ tiêu chuẩn hay không, và những sự quyết định liên quan tới các dịch vụ và những quyền lợi hiện hành.

CÁC TIỆN NGHI giúp đỡ Quý vị trong việc sử dụng các dịch vụ (ví dụ như những người thông ngôn bằng cách ra dấu hiệu hoặc các thông dịch viên ngoại ngữ, chữ in lớn, các tài liệu thu băng hoặc những chỗ đậu xe, v.v...) có thể được cung cấp miễn phí nếu yêu cầu trước.

Quý vị có thể đệ đơn khiếu nại nếu tin rằng mình bị kỳ thị. Để làm như vậy, xin liên lạc Văn Phòng Phục Tụng Dân Quyền của Bộ CIVIL RIGHT COMPLIANCE OFFICE ở P.O. Box 339 Honolulu, Hawaii 96809-0339, hoặc điện thoại: 586-4955 (tiếng nói) / 586-4959 (TT)

Tin tức về sự khiếu nại của Quý vị sẽ không được tiết lộ cho bất cứ ai ngoại trừ nếu cần thiết để điều tra và giải quyết việc khiếu nại.

Equal Opp. to SVCS-Vietnamese  
DHS-9003 (06/95)

## CƠ HỘI BÌNH ĐẲNG ĐỐI VỚI CÁC DỊCH VỤ

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Equal Opp. to SVCS-Vietnamese  
DHS-9003 (06/95)

## 在服務上有公平的待遇

夏威夷民眾服務部保證提供各種服務和機會給所有參與我們主辦的一切項目和活動的人而不論種族，膚色，原籍，年齡，性別，殘障，宗教或政治信仰，以上適用於各項服務之申請，資格之裁定，以及一切有關持續服務和福利之決定。

設施：一切用以協助你得到我們的服務的設施，例如：手語或外語譯員，大字印刷品，錄音或錄像之資料或方便泊車位等等），如果你預早提出要求，我們可以免費提供。

投訴：如果你相信你曾受到歧視，你可以向人權違守辦公室投訴。通訊處 P.O. Box 339, Honolulu, Hawaii 96809-0339. 或電 586-4955 (普通人和聾啞人)

關於你的投訴，資料絕對保密。除非為了進行調查以及解決你的投訴。

Equal Opp. to Svcs - Chinese  
DHS-9003 (06-95)

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Equal Opp. to Svcs - Chinese  
DHS-9003 (06-95)

## 공평한 서비스

하와이주 사회후생국은 본 사회후생국에서 실시하는 프로그램이나 업무수행에 있어 민족, 피부색, 출신국, 연령, 성별, 신체장애, 종교 또는 정치적 신념에 관계없이 서비스와 참여의 기회를 공평하게 제공 할 것을 약속합니다. 본 약속은 서비스의 신청, 자격심사와 현재 받고 있는 서비스나 복지 수당에 관한 결정에 적용됩니다.

우리가 제공하는 서비스를 이용하는데 필요한 도움(예: 手話, 외국어 통역, 큰 활자 인쇄물, 녹음한 자료, 사용가능한 주차장등)을 사전에 요청하시면 무료로 제공해드릴 수 있습니다.

**항의:** 차별을 받았다고 생각될 때는 항의를 제출할 수 있습니다. 이러한 항의는 본 사회후생국의 민권 준수실 (CIVIL RIGHTS COMPLIANCE OFFICE)로 연락하십시오. 우편주소 P.O. BOX 339, HONOLULU, HAWAII 96809-0339, 일반 전화 586-4955 , 맹아용 전화 586-4955

귀하의 항의를 해결하기 위한 조사에 필요할 때 이외에는 누구에게도 귀하의 항의내용을 알리지 않을 것입니다.

Equal Opp to Svc - Korean  
LHS-9003 906/660

## 공평한 서비스

하와이주 사회후생국은 본 사회후생국에서 실시하는 프로그램이나 업무수행에 있어 민족, 피부색, 출신국, 연령, 성별, 신체장애, 종교 또는 정치적 신념에 관계없이 서비스와 참여의 기회를 공평하게 제공 할 것을 약속합니다. 본 약속은 서비스의 신청, 자격심사와 현재 받고 있는 서비스나 복지 수당에 관한 결정에 적용됩니다.

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Equal Opp to Svc - Korean  
DHS-9003 906/950

ILOCANO

SANGAPADA A GUNDAWAY KADAGITI SERBISIO  
(EQUAL OPPORTUNITY TO SERVICES)

NAIPAKUMIT ITI DEPARTAMENTO DAGITI SERBISIO nga agpaay kadagiti tattao ditoy Hawaii (THE HAWAII DEPARTMENT OF HUMAN SERVICES) ti pannakaipaay dagiti serbisio ken gundaway kadagiti tao tapno makiramanda kadagiti programa ken aramid nga awan ti pannakaibilang ti puli, maris ti kudil, pagilian a naggapoan, edad, kinatao (sex), saan a pannakabalbalin (disability), relihion, wenno pammati iti politika. Maipakat daytoy iti panagkiddaw iti serbisio, pannakaamiris ti pannakaitutop, ken pangngeddeng mainaig iti agdama a serbisio ken tulong (benefits).

MAIPAAY TI TULONG kadakayo tapno nalaka ti pannakaalayo kadagiti serbisio (kas iti agyulog babaen ti senias wenno sabali a pagsasao--foreign language, naisurat iti dadakkel, banbanag a mangegan babaen ti makina--taped materials wenno nalaka a sapulen a pangisardengan ti lugan--accessible parking, ken dadduma pay) mabalin a maipaay nga awan bayadna, no makiddaw a nasapsapa.

MABALIN A MAIPAULI TI DARUM no mamatika nga adda naaramid a pannakaisalsalumina a maisupiat kenka. Tapno maaramid daytoy, awagan ti Opisina nga Agipatungpal kadagiti Nailian a Kalintegan ti Departamento (Department's CIVIL RIGHTS COMPLIANCE OFFICE) iti P.O. Box 339, Honolulu, Hawaii 96809-0339, wenno Telepono: 586-4955 (timek)/586-4959 (TT).

Dagiti inpormasion maipapan iti darumyo saan a mabalin a maited iti siasino man malaksid no kasapulan iti pannakausig ken pannakaritut ti darumyo.

ILOCANO

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Geneva Watts /DHS  
08/05/2008 02:57 PM

To Benjamin Fong/DHS@dhs, Edwin Igarashi/DHS@dhs,  
James Lum/DHS@dhs, Ed Nose/DHS@dhs, Susan  
Wong/DHS@dhs, Pankaj Bhanot/bessd/DHS@DHS, Joe  
cc kfink@medicaid.dhs.state.hi.us  
bcc Henry Oliva/DHS/StateHiUS@StateHiUS; Luanne  
Murakami/nibadmin/bessd/DHS@DHS; Alan  
Takahashi/MQD/DHS@dhs; Gibby  
Fukutomi/SSD/DHS@dhs; William  
Keahi/OYS-HYCF/DHS@DHS; Glori T  
Inafuku/DHS/StateHiUS@hcdch; Valerie  
Johnson/VR/DHS@DHS  
Subject For immediate action

Please open and take appropriate action in follow-up of August 1 SODA meeting. Hard copies are in the interoffice mail to you.



Nondiscrimination transmittal DD.PDF Language Access Cover for Applications.pdf

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**INTERNAL  
COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

**Suspense**

**August 15, 2008**

**Subject:** Required Notices

**Originator:**

**To:** SOs, DAs

**From:** Deputy Director

**Date:** August 4, 2008 **Memo No. 1**

Please make sure that the attached joint Nondiscrimination Notice is placed in ALL WAITING AREAS AT EYE LEVEL EFFECTIVELY IMMEDIATELY as discussed in the August 1, 2008 SODA meeting. Copies can be downloaded and printed at <http://hawaii.gov/dhs/main/civil-rights-corner/CRTrainingModules>

Additional required notices that MUST BE PLACED IN ALL WAITING AREAS can be found at <http://www.hawaii.gov/dhs> in the Civil Rights Corner under the respective subject areas.

You will also find Reporting Tools, Training Modules, Best Practices, Affirmative Action Plan, Limited English Proficiency Plan and Self-Evaluation Plan at <http://www.hawaii.gov/dhs> in the Civil Rights Corner. Please inform your Branch Administrators and appropriate staff of this availability.

 : AUG 05 2008

**Deputy Director**

## Nondiscrimination

In accordance with Federal law and U. S. Department of Agriculture (USDA) and U. S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. In the State of Hawaii additional groups are protected.

To file a complaint of discrimination, contact the Department of Human Services, Personnel Office, Civil Rights Compliance Staff at (808) 586-4955 or P. O. 339, Honolulu, HI 96809-0339 and/or USDA and/or HHS.

Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write USHHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S. W., Washington, D. C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

DHS, USDA, and USHHS are equal opportunity providers and employers. Individuals needing an interpreter may call (808) 586-4955 and/or (808) 586-8730.

**INTERNAL  
COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

**Suspense**

**August 15, 2008**

**Subject:** Bilingual and Sign Interpreter Services

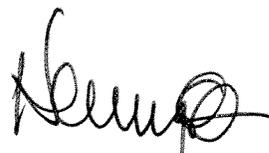
**Originator:**

**To:** SOs, DAs

**From:** Deputy Director

**Date:** August 4, 2008 **Memo No. 1**

Please make sure that the attached is placed on TOP OF ALL APPLICATIONS for SERVICES AND EMPLOYMENT at DHS effectively immediately as discussed in the August 1, 2008 SODA meeting.



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**Deputy Director**

**YOU HAVE THE RIGHT TO HAVE A BILINGUAL OR SIGN-LANGUAGE INTERPRETER.**

All our oral and written communication to you will be in English. If you do not understand what you hear or read, please contact your worker right away. **Bilingual and Sign Interpreter Services**

\_\_\_\_\_ will provide a free bilingual or sign language interpreter  
Yes, I need a \_\_\_\_\_ language interpreter.

English

\_\_\_\_\_ 將會供給您一位免費的雙語翻譯員或手勢語的翻譯員。

Chinese

是，我要一位 (選一個)  普通話 / 國語 (M)  廣東話 (C) 的翻譯員。

\_\_\_\_\_ epwe aora emon chon affou ese kamo. mei sinenap non poraus are pomwen poraus.

Chuukese

U. U-mochen emon chon affou non kapasen chuuk.

E kókua a há awi ana o \_\_\_\_\_ i kekahi kanaka unuhi 'olelo a i 'ole i kekahi kanaka 'sign language.

Hawaiian

'Ae, makemake au i kekahi kanaka unuhi 'olelo.

Ti \_\_\_\_\_ mangted iti libre nga interprete nga makaammo iti nadumaduma a pagsasao (bilingual) wenna pagsasao babaen iti senyal (sign)

Ilocano

Wen, masapul ko ti interprete nga Ilokano.

\_\_\_\_\_ が、無料で、バイリンガルあるいは手話の通訳をつけてくれます。

Japanese

はい、私は日本語の通訳が必要です。

\_\_\_\_\_ 에서는 통역이나 수화 통역사를 무료로 제공 합니다.

Korean

네, 저는 한국 통역이 필요 합니다.

\_\_\_\_\_ ຈະຈັດຫາ ນາຍພາສາ ທີ່ເວົ້າໄດ້ສອງພາສາ ຫລື ນາຍພາສາກຶກ ໃຫ້ພິດ.

Laotian

ແມ່ນແລ້ວ, ຂ້າພະເຈົ້າ ຕ້ອງການ ນາຍພາສາລາວ.

\_\_\_\_\_ enaj lewoj ejelok wönen juön rukok ak rukok kin sign.

Marshallese

Aet, iaikuji i juön rukok kajin majöl.

\_\_\_\_\_ pahn kahk sawasikida sewesepehn tohn kawehwei ni sohte pweipwei.

Pohnpeian

Ehi, ih anahne tohn kawehwei ohng ni lokoiahn Pohnpeian.

O le a saunia ele \_\_\_\_\_ se faamatala upu ile gagana poo le faaogaina o sami ma lima e aunoa mase tofogi.

Samoan

\_\_\_\_\_ le proporcionará un intérprete sin cargo bilingüe o de lenguaje de signos.

Spanish

Si, necesito un intérprete de español.

Ang \_\_\_\_\_ ay nagbiggay ng libreng interprete na makakaalam ng iba-ibang wika (bilingual) o lenggwahe sa pamamagitan ng senyas (sign)

Tagalog

Oo, kailangan ko ang interprete na Tagalog.

'E lava he'e \_\_\_\_\_ o 'omai e kau fakatonulea 'o tatau pe kine lea moe faka ilonga lea 'aki e nima.

Tongan

\_\_\_\_\_ se cung cáp mỗt thông dịch viên song ngữ hoặc thông dịch viên ra dâu miên phi.

**If I am not satisfied with the way I am treated, I should write to the Department of Human Services, Civil Rights Compliance Staff, P. O. Box 339, Honolulu, Hawaii 96809-0339 or the U. S. Department of Health and Human Services, Office of Civil Rights/Region IX, 90 7<sup>th</sup> Street, Suite 4-100, San Francisco, CA 94103. Discrimination Complaint, Consent Forms, and Joint Nondiscrimination Notices, are in multiple languages at <http://www.hawaii.gov/dhs> in the Civil Rights Corner.**

Vietnamese

Vàng, tôi cần một thông dịch viên tiếng Việt Nam.

## Food Stamp Nondiscrimination

### English

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director; Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

### Spanish

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en ingles), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, religión, creencias políticas, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Select here for Vietnamese, Chinese and Korean

# IF YOU NEED AN INTERPRETER . . .

We provide free interpreter services on request to conduct your business with the State of Hawai'i. *gwatts@dhs.hawaii.gov*  
 If you need an interpreter in a particular language, point to that language below:

	မြန်မာဘာသာနှင့်စကားပြန်လိုလျှင် ဤနေရာကိုလက်ညှိုးညွှန်ပြပါ။	Burmese
	ចូលនិរន្តរ៍បើអ្នកត្រូវការអ្នកបកប្រែភាសានេះ	Cambodian
	E punto guene unnesesita intepete ni esta na lenguahe.	Chamorro
	Ei ekiek ikei, are pwe en mi tongeni apasa me weweiti ei fos, Iwe chon awewe repwe kawor.	Chuukese
	Itudom ditoy no makaso ken maka-awat iti daytoy a sarita. Maitdanka iti mangi-patarus.	Ilocano
	お話しになる言語を指して下さい。	Japanese
	여러분이 어언어를 이해하시고 사용하시면 이곳을 가르키십시오 저희가 통역을 제공하겠습니다	Korean
	Kom fin nikin, kom enenu in oasr met leng kahs lom.	Kosraen
	ຖ້າທ່ານເວົ້າແລະເຂົ້າໃຈພາສານີ້, ໃຫ້ຊີ້ໄສທີ່ນີ້. ນາຍພາສາຈະຊ່ວຍທ່ານ	Lao
	如果您明白此種語言，請指向本文。我們會提供該種語言翻譯員。	Mandarin or Cantonese
	Jitōñe ñe elōñ am ñoñ rikook kajin.	Marshallese
	Idih wasabt ma ke anahne soun kawehwe ni lokaia wet.	Pohnpeian
	Afai e te mana'omia le faaliliu upu ile gagana Samoa faailoa mai faamolemole.	Samoan
	Apunte aqui si necesita un traductor en: Espanol	Spanish
	Ituro dito kung ikaw ay nanganga-ilangan ng ganitong salita.	Tagalog
	กรุณาชี้ตรงนี้ภาคต้องการผู้ช่วยแปลภาษา	Thai
	Tuhu ki he tohi ni Kapau'oku Fie. ma'u ha Tokoni ke Fakamatala atu 'ae 'uhinga 'oe ton.	Tongan
	Chh' vao đây nê'u ba cân mô t thông di ch viên cho ngôn ngữ Vietnam.	Vietnamese
	Itudlo diric kung nanginahanglan ka ug interpreter nianing pinulongan.	Visayan
	Mu guchum ngarag ni faania gabadag ninge thilyeg bee e thin rom.	Yapese



DHS CIVIL RIGHTS (808) 586-4955  
 State of Hawai'i  
 Linda Lingle, Governor

*I speak ...*



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*A*

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**Arabic**

أنا أتحدث اللغة العربية

**Armenian**

Ես խոսում եմ հայերեն

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*B*

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**Bengali**

আমী বাংলা কথা বোলতে পারী

**Bosnian**

Ja govorim bosanski

**Bulgarian**

Аз говоря български

**Burmese**

ကျွန်တော်/ကျွန်မ မြန်မာလို ပြောတတ်ပါတယ်

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**C**

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**Cambodian**

ខ្ញុំនិយាយភាសាខ្មែរ

**Cantonese**

我講廣東話 (Traditional)

我讲广东话 (Simplified)

**Catalan**

Parlo català

**Croatian**

Govorim hrvatski

**Czech**

Mluvím česky

**CCJS**

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*D*

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**Dari**

من دری حرف می زنم

**Dutch**

Ik spreek het Nederlands

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*F*

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**Farsi**

من فارسی صحبت می کنم

**French**

Je parle français

**CCJS**

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**G**

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**German**

Ich spreche Deutsch

**Greek**

Μιλώ τα ελληνικά

**Gujarati**

હુ ગુજરાતી બોલુ છુ

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**H**

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**Haitian Creole**

M pale kreyòl ayisyen

**Hebrew**

אני מדבר עברית

**CCJS**

**Hindi**

**मैं हिंदी बोलता हूँ ।**

**Hmong**

**Kuv has lug Moob**

**Hungarian**

**Beszélek magyarul**

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*I*

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**Italian**

**Parlo italiano**

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*J*

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**Japanese**

**私は日本語を話す**

**OCJS**

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*K*

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**Korean**

한국어 합니다

**Kurdish**

man Kurdii zaanim

**Kurmanci**

man Kurmaanji zaanim

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*L*

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**Laotian**

ຂອຍປາກພາສາລາວ

**Latvian**

Es runāju latviski

**CCJS**

**Lithuanian**  
Aš kalbu lietuviškai

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*M*

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**Mandarin**

我講國語 (Traditional)

我讲国语/普通话 (Simplified)

**Mon**

ဒီပုဂ္ဂိုလ်အတွက်

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*N*

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**Norwegian**  
Jeg snakker norsk

**CCJS**

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*P*

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**Persian**

من فارسی صحبت می کنم.

**Polish**

Mówię po polsku

**Portuguese**

Eu falo português do Brasil  
*(for Brazil)*

Eu falo português de Portugal  
*(for Portugal)*

**Punjabi**

ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

**CCJS**

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*R*

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**Romanian**

Vorbesc românește

**Russian**

Я говорю по-русски

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*S*

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**Serbian**

Ja говорим српски

**Slovak**

Hovorím po slovensky

**Somali**

Waxaan ku hadlaa as Soomaali

**Spanish**

Yo hablo español



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*U*

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**Ukrainian**

Я розмовляю українською мовою

**Urdu**

میں اردو بولتا ہوں

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*V*

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**Vietnamese**

Tôi nói tiếng Việt

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*W*

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**Welsh**

Dwi'n siarad

**CCJS**

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**X**

**Xhosa**  
Ndithetha isiXhosa

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**Y**

**Yoruba**  
Mo nso Yooba

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**Z**

**Zulu**  
Ngiyasikhuluma isiZulu





State of Hawaii  
Department of Human Services



**BILINGUAL OR SIGN INTERPRETER SERVICES**

**We can provide a bilingual or sign language interpreter at no charge to you, so that you know what we are saying. Do you want us to provide an interpreter?**

**Complete this form and return to the address listed at the top of the first page.**

- Yes, I will need a \_\_\_\_\_ language interpreter.
- No. I will provide my own interpreter or have a family member or friend interpret for me. I understand that my interpreter must be good enough so that I know what you are saying to me. I speak/understand \_\_\_\_\_ language.

My name is \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Apt.#  
\_\_\_\_\_ City Zip Code

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

CHINESE

**雙語或手語傳話服務**

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

- 是的，我需要一位能夠講\_\_\_\_\_話的譯員。
- 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。

我講\_\_\_\_\_話。

我的姓名：\_\_\_\_\_ (先寫姓，後寫名)

地址：\_\_\_\_\_ (門牌、街道、單位)

\_\_\_\_\_ (市、郵區號碼)

電話：\_\_\_\_\_ 社會保障 (即工卡) 號碼：\_\_\_\_\_

JAPANESE

二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1ページ目の上部に記載されている住所宛に返送してください。

- [ ] はい。\_\_\_\_\_語を話す通訳者を手配してください。
- [ ] いいえ。自分で通訳者を用意するか、家族/親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなたの言葉を理解するために十分な能力を持った者でなければならぬことを了承します。私は\_\_\_\_\_語を話します。

名前：\_\_\_\_\_

住所：\_\_\_\_\_  
\_\_\_\_\_

電話：\_\_\_\_\_ ソーシャル・セキュリティ番号：\_\_\_\_\_

TAGALOG

**PAGLILINGKOD NG PAGSASALITA NG DALAWANG WIKA O PAGSASALIN SA PAMAMAGITAN NG SENYAS**

Upang maunawaan ninyo ang aming sinasabi, magbibigay kami ng taong marunong magsalita ng dalawang wika o magsasalin sa pamamagitan ng senyas ng walang bayad. Nais niyo bang magkaroon ng tagasalin?  
Tapusin ang pormas na ito at ibalik sa direksiyon na nakalista sa itaas ng unang pahina.

\_\_\_ Oo, kailangan ko ng tagasalin na marunong magsalita ng \_\_\_\_\_.

\_\_\_ Hindi, magkakaroon ako ng sarili kong tagasalin o kamag-anak na magsasalin para sa akin.  
Naiinundihan ko na ang aking tagasalin ay dapat marunong upang maunawaan ko ang sinasabi mo sa akin. Ang aking wika ay \_\_\_\_\_.

Ang pangalan ko ay \_\_\_\_\_  
Apelyido Pangalan

Tirahan: \_\_\_\_\_  
Kaiye Bilang ng Tirahan

\_\_\_\_\_  
Lungsod Zip Code

Telepono: \_\_\_\_\_ Bilang ng Sosyal Sekyuriti: \_\_\_\_\_

ILOCANO

**SERBISYO TI DUA NGA PAGSASAO WENNO PANANGIPAWAAT BABAEN TI SENYAS**

Tapno maawatam ti sawsaw-en mi, ikkan dakayo ti tao nga makaammo ti dua nga pagsasao wenno mangipaawat babaen ti senyas nga awan ti bayad na. Kayat yo kadi nga maikkan kayo ti mangipaawat kadayo?  
Palpasen daytoy nga pormas ken isubli iti direksiyon nga nakalista iti ngato ti umuna nga pahina.

\_\_\_ Wen, masapul ko ti mangipaawat kaniak nga makasao ti \_\_\_\_\_.

\_\_\_ Saan, mangbirokak ti bukukod ko nga mangipaawat kaniak wenno miyembro ti kaamaak nga mangipaawat kaniak. Ammok nga ti tao nga mangipaawat kaniak ket masapul nga nalaing tapno maawatak ti ibagbagam kaniak. Ti pagsasaok ket \_\_\_\_\_.

Ti nagan ko ket \_\_\_\_\_  
Apelyido Nagan

Pagnaedan: \_\_\_\_\_  
Kaiye Bilang ti Pagnaedan

\_\_\_\_\_  
Siudad Zip Code

Telepono: \_\_\_\_\_ Numero ti Sosyal Sekyuriti: \_\_\_\_\_

VIETNAMESE

**SỰ PHỤC VỤ THÔNG DỊCH VIÊN SONG NGỮ VÀ NGÔN NGỮ ƯỚC HIỆU**

Chúng Tôi có thể cung cấp một thông dịch viên song ngữ hay là ngôn ngữ ước hiệu cho các bạn miễn phí, nên các bạn hiểu chúng tôi đang nói gì. Các bạn có muốn chúng tôi cung cấp một thông dịch viên không?

Hãy điền vào đơn này và gửi lại theo địa chỉ đăng trên đầu trang thứ nhất.

Vâng, tôi sẽ cần một thông dịch viên mà có thể nói được tiếng \_\_\_\_\_.

Không, tôi sẽ tự cung cấp một thông dịch viên cho tôi hoặc nhờ một người trong gia đình hay là một người bạn thông ngôn cho tôi. Tôi hiểu rằng thông dịch viên của tôi cần phải có đầy đủ khả năng để cho tôi hiểu các ông/bà đang nói gì với tôi.

Tôi nói tiếng \_\_\_\_\_.

Tôi tên là \_\_\_\_\_  
Họ Tên

Địa chỉ: \_\_\_\_\_  
Đường Số phòng (apt. #)

\_\_\_\_\_  
Thành phố Số bưu chính (zip code)

Số điện thoại: \_\_\_\_\_ Số an ninh xã hội: \_\_\_\_\_

\_\_\_\_\_**SAMOAN**\_\_\_\_\_

LUA GAGANA POO SAINI I LIMA INA IA MALAMALAMA

E mafai ona matou saunia gagana e lua poo saini i lima e te iloa ma malamalama ai e aunoa ma se tau. E mafai ona matou saunia se faamatala upu mo ia itu mo oe.

Faatumu avanoa o loo i lalo i le IOE poo le LEAI ma meli mai.

- Ioe, ou te manao i se faamatalaupu i le gagana \_\_\_\_\_
- Leai, ou te aumaia lava e au sau faamatala upu poo se tasi o lo'u aiga e malamalama lelei ina ia ou iloa mea uma. Ou te tautala i le gagana \_\_\_\_\_

O lo'u igoa \_\_\_\_\_  
Faai'u Igoa Muamua

Tuatusi \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City Zip code

Telefoni \_\_\_\_\_ Numera Saogalemu \_\_\_\_\_

\_\_\_\_\_**TONGAN**\_\_\_\_\_

**KO E POTO LELEI HA LEA FAKAFONUA 'E UA PE KO E FAKATONULEA 'OKU FAKA'ILONGA'AKI 'A E NIM'A**

Te mau lava 'o 'omai ha taha 'oku poto lelei ha lea fakafonua 'e ua pe talanoa faka'ilonga'aki 'a e nima' 'o ta'e totongi pē ia kiate koe, koe'uhí ke tau femahino'aki 'a 'etau talanoá. 'Oku ke loto fiemálie ke mau 'omai ha taha ke fakatonulea?

Fakafonu 'a e pepa ko ení pea fakafoki ki he tu'asila 'oku hā atu 'i 'olunga 'i he peesi 'uluakí.

[ ] 'Io, te u fiema'u ha fakatonulea faka \_\_\_\_\_

[ ] 'Ikai, te u ha'u pē au mo 'eku fakatonulea pe ko e mēmipa pē 'o hoku fāmílí, pē ko hoku maheni pē te ne fakatonulea ma'akú. 'Oku mahino lelei kiate au kuopau foki ke fu'u matu'aki poto lelei mo fe'unga 'a 'eku fakatonulea koe'uhí ke tau femahino'aki. 'Oku ou lea faka \_\_\_\_\_

Ko hoku hingoá ko \_\_\_\_\_  
fakaku ulaaki

Tu'asilá: \_\_\_\_\_  
hinguo'io e hula fika'io e upi

\_\_\_\_\_  
koto lahi fika fakatou'u

Fika telefóni: \_\_\_\_\_ Fika ngaue \_\_\_\_\_

雙語或手語傳話服務

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

- 是的，我需要一位能夠講\_\_\_\_\_話的譯員。
  - 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。
- 我講\_\_\_\_\_話。

我的姓名：\_\_\_\_\_ (先寫姓，後寫名)

地址：\_\_\_\_\_ (門牌、街道、單位)

\_\_\_\_\_ (市、郵區號碼)

電話：\_\_\_\_\_ 社會保障 (即工卡) 號碼：\_\_\_\_\_

JAPANESE

二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1ページ目の上部に記載されている住所宛に返送してください。

- [ ] はい、\_\_\_\_\_語を話す通訳者を手配してください。
  - [ ] いいえ。自分で通訳者を用意するか、家族/親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなたの言葉を理解するために十分な能力を持った者でなければならぬことを了承します。
- 私は\_\_\_\_\_語を話します。

名前：\_\_\_\_\_

住所：\_\_\_\_\_

\_\_\_\_\_ ZIPコード

電話：\_\_\_\_\_ ソーシャル・セキュリティ番号：\_\_\_\_\_

LAOTIAN

ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

ພວກເຮົາສາມາດຊ່ວຍແປພາສາ, ແລະພາສາກີກໃຫ້ທ່ານໃດ້ໂດຍໃຊ້ເສັຽເງິນຫຍັງໜຶ່ງ, ຫວັງວ່າທ່ານຄິງຈະເຂົ້າໃຈສິ່ງທີ່ເວົ້າມານີ້. ທ່ານຕ້ອງການຍາກໃຫ້ພວກເຮົາຊ່ວຍໃນດ້ານແປພາສາບໍ່ ກະຊວງເພີ່ມຂໍ້ຄວາມໃສ່ໃນຟອມນີ້ ແລ້ວໃຫ້ສົ່ງຕາມທີ່ຢູ່ຂ້າງເທິງນີ້.

- ຕົກລົງ. ຂ້ອຍຕ້ອງການບາຍພາສາ ທີ່ ປາກພາສາ.....ໃດ້.
- ບໍ່. ຂ້ອຍຈະເອົາບາຍພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນບາຍພາສາ. ຂ້ອຍເຂົ້າໃຈດີວ່າ ບາຍພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈດີທຸກຢ່າງທີ່ເຈົ້າເວົ້າມາ. ຂ້ອຍປາກພາສາ.....

ຂໍ້ຂ້ອຍເພີ່ມ \_\_\_\_\_

ທີ່ຢູ່ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 이중언어 또는 귀먹은 사람을 위한 통역자 봉사

우리는 당신에게 우리가 무엇을 말하는지 아시도록, 이중언어나 사인언어 통역자를 무료로 제공해드릴수 있습니다. 우리가 당신께 통역자를 제공해 드리기를 원하십니까? 이 양식을 완성시키셔서 첫장의 맨 꼭대기에 적힌 주소로 돌려보내주십시오

- 네, 저는 \_\_\_\_\_ 말 할수있는 통역자가 필요합니다.
- 아니요. 저는 저의 통역자를 마련하거나 내 가족중에서나 친구가 저를 위해 통역을 해줄수있습니다. 저는 저의 통역자가 당신이 저에게 말하는 것을 제가 이해 할 수있게 할 능력이 있음을 인지합니다.  
저는 \_\_\_\_\_ 말을 합니다.

저의 이름은 \_\_\_\_\_  
성 이 름

주소: \_\_\_\_\_  
거리 아파트 번호

\_\_\_\_\_  
시 우편번호

전화: \_\_\_\_\_ 사회보장제도번호: \_\_\_\_\_

### ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

ພວກເຮົາສາມາດຊ່ວຍແປພາສາ, ແລະພາສາກີກໃຫ້ທ່ານໃດ້ໂດຍບໍ່ໃດ້ເສັຽເງິນຫຍັງໜຶ່ງ, ຫວັງວ່າ ທ່ານຄົງຈະເຂົ້າໃຈສິ່ງທີ່ເວົ້າມານີ້. ທ່ານຕ້ອງການບາກໃຫ້ພວກເຮົາຊ່ວຍໃນດ້ານແປພາສາບໍ່ ?  
ກະນຸນາເພີ້ມຂໍ້ຄວາມໃສ່ໃນຟອມນີ້ ແລ້ວໃຫ້ສົ່ງຕາມທີ່ຢູ່ຂ້າງເທິງນີ້.

- ຕົກລົງ. ຂ້ອຍຕ້ອງການນາຍພາສາ ທີ່ ປາກພາສາ.....ໃດ້.
- ບໍ່. ຂ້ອຍຈະເອົານາຍພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນ ນາຍພາສາ. ຂ້ອຍເຂົ້າໃຈດີວ່າ ນາຍພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈດີທຸກຢ່າງທີ່ເຈົ້າເວົ້າມາ.  
ຂ້ອຍປາກພາສາ.....

ຊື່ຂ້ອຍແມ່ນ \_\_\_\_\_

ທີ່ຢູ່ \_\_\_\_\_  
ບ້ານ/ສະຖານ ວັດ  
ລາກສີອນ/ລະກາບິນ ວາລານ

ໂທລະຄາບ \_\_\_\_\_ ເມັງ ຣັດ ຊິນດີ  
ເລກໂທໂສ. \_\_\_\_\_

**SPANISH**  
**SERVICIOS DE INTERPRETATION BILINGUE E CONVERSACION POR SENAS**

Nosotros podemos proporcionar un interprete de idioma o de senas, sin ningun cargo a usted, para que usted sepa lo que nosotros estamos diciendo. Quiere usted que nosotros proporcionemos a un interprete?

Complete este formulario y devuelva a la direccion listada a la cima de la primera pagina.

\_\_\_ Si, yo necesitare a un interprete bilingue de \_\_\_\_\_

\_\_\_ No, yo proporcionare a mi propio interprete o tendre un miembro familiar o amigo interpretando para mi. Yo entiendo que mi interprete debe ser bastante bueno, para que yo sepa lo que usted esta diciendome.  
 Yo hablo/comprendo \_\_\_\_\_ language

Nombre \_\_\_\_\_  
 Apellido \_\_\_\_\_ nombre de pila \_\_\_\_\_

Direccion \_\_\_\_\_  
 Calle \_\_\_\_\_ numero \_\_\_\_\_

Telefono \_\_\_\_\_ Ciudad \_\_\_\_\_ codigo postal \_\_\_\_\_  
 Numero de Seguridad Social \_\_\_\_\_

**MARSHALLESE**  
 Kajin ko jet im jemaron in komeleleik doon kaki

Kom maron in jiban eok kon juon eo im emaron Ukok jabdewot kajin bwe kwon maron melele ta ko komij konono kaki. Kokonan ke bwe komin bukot juon rukot ainikiem ak ainikiom?

- ( ) Aet, inaj aikuj juon ri \_\_\_\_\_ bwe en maron iton ukok tok nan eo.
- ( ) Jaab, inaj make kabbukot juon ao rukok, ak ne ejjab eokwe juon nuku ak jera eo im elab an tijemlok ilo ukok bwe in maron melele kon aolep men ko komnej ba tok nan eo.

Na ij konono im melele kajin \_\_\_\_\_.

Eta in \_\_\_\_\_ Last Name eo ao ej \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Social Security number: \_\_\_\_\_

**TRUKESE**  
**MI WOR ACH ANINIS NON PEKIN AWEWE ME NON PEKIN POM**

Kich mei tongeni awora chon epwe awewe me chon pom nge kosap moni, pun sia mochen om kopwe weweiti met sia tongeni arenuk. En mei mochen epwe wor chon awewe ngonuk?

Kopwe amasawa ei toropwe, iwe ka tongeni tini ngeni ei neni mei nom asan ei paich.

- // cheki U, ngang upwe nounou \_\_\_\_\_ chon awewe.
- // Ap, upwe pusin awora nei chon awewe are upwe pusin areni chon non ai family ika upwe areni emon chiechiei. Ngang mei weweiti pwe io epwe chon awewe ngeni ei epwe fokun sinei meinisin met ami aua areni ei.  
 Ngang ua kapas/ wewe non \_\_\_\_\_  
 Itom \_\_\_\_\_

Neniom \_\_\_\_\_ Ome nas name \_\_\_\_\_ Itom \_\_\_\_\_

Phone \_\_\_\_\_ nampan noum sosen sikuriti \_\_\_\_\_

LANGUAGE IDENTIFICATION FLASHCARD

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                          | 1. Arabic              |
| <input type="checkbox"/> իսրգրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                         | 3. Bengali             |
| <input type="checkbox"/> ឈ្លូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។                        | 4. Cambodian           |
| <input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.   | 5. Chamorro            |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。   | 6. Simplified Chinese  |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。   | 7. Traditional Chinese |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.                | 8. Croatian            |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.                         | 9. Czech               |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.                    | 10. Dutch              |
| <input type="checkbox"/> Mark this box if you read or speak English.                                    | 11. English            |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.                   | 12. Farsi              |

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຂ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

- Assinale este quadrado se você lê ou fala português. 26. Portuguese
- Însemnați această căsuță dacă citiți sau vorbiți românește. 27. Romanian
- Пометьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- Обележите овај квадратик уколико читате или говорите српски језик. 29. Serbian
- Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. 30. Slovak
- Marque esta casilla si lee o habla español. 31. Spanish
- Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. 32. Tagalog
- ให้ทำเครื่องหมายในช่องนี้ถ้าท่านอ่านหรือพูดภาษาไทย. 33. Thai
- Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. 34. Tongan
- Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. 35. Ukrainian
- اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ 36. Urdu
- Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. 37. Vietnamese
- באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. 38. Yiddish



# DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 - Honolulu, Hawaii 96814  
Ph. (808) 586-8121 (V/TDD) - Fax (808) 586-8129

## Communication Access Providers as of 2/28/2006

- 1.) Agencies and businesses who employ communication access providers are encouraged to review Hawaii Administrative Rules, Title 11, Chapter 218 (as explained in the DCAB Fact Sheet) for general guidelines, recommended fee schedules and an explanation of credentials and certification levels.
- 2.) This list is provided as a convenience for state agencies, other public agencies, and private businesses who employ communication access providers. Inclusion on this list does not represent an endorsement or recommendation of the provider by DCAB.
- 3.) Providers included on this list have given DCAB written permission to publish the included information. Responsibility for the accuracy of the information remains with the provider.
- 4.) Agencies and businesses who employ any of these providers are encouraged to verify that the provider's certification or other professional credentials are current as of the date of employment. (If a provider has submitted current copies of their credentials to DCAB, an asterisk\* appears next to their credential.)
- 5.) Communication access providers are usually employed as independent contractors. All terms and conditions of such employment should be negotiated between the contractor and the hiring agency.
- 6.) Agencies and businesses with limited experience in the direct employment of sign language interpreters are encouraged to use a professional referral service such as Hawai'i Services on Deafness.
- 7.) This list has been customized to meet the needs of your request. Information is current as of 2/28/2006 . Please contact DCAB if this list is more than 30 days old.

Name and Certification	Telephone and Email	Mailing Address
<b><i>Baird, Darlene L.</i></b> Interpreter_Sign Certification: HQAS V* Expires: 6/30/2008 No Courts or Legal Appts	Cell: 352 2246 Bus. Email: pukapantz@hotmail.com	<i>Oahu</i> 84-550 Nukea St Waianae, Hi 96792
<b><i>Bownds, Beverly K.</i></b> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2005	Cell: 389 8997 Bus. Email: bevsignasl@yahoo.com	<i>Oahu</i>
<b><i>Fried, Jan</i></b> Interpreter_Sign Certification: RID IC CI&CT EXPIRED: 6/30/2003	Res. Tel: 734-5889 V/T Pager: 288-7928 Fax: 734-9893 Pers. Email: janfried@hotmail.com	<i>Oahu</i> 1731 Mikahala Way Honolulu, Hi 96816 Availability: Part Time

"G"

**Communication Access Providers as of 2/28/2006**

<b>Name and Certification</b>	<b>Telephone and Email</b>	<b>Mailing Address</b>
<b>Howard, Kathy</b> GA-to-SK Professional Interpreting Svcs Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Bus. Email: howardkat@msn.com	<i>Oahu</i> P.O. Box 22519 Honolulu, HI 96823-2519
<b>Jackson, Debbie</b> Interpreter_Sign Certification: RID CSC* Expires: 6/30/2006	Res. Tel: 239-6163 V/T Cell: 392-2549 Bus. Email: dleighjackson@hotmail.com	<i>Oahu</i> Availability: Part Time After 4:00 pm Mon-Fri and all day on Weekends
No Performing Arts Assignments		
<b>Kern, Ku Mei Butler</b> Interpreter_Sign Certification: HQAS V* Expires: 8/1/2010	Res. Tel: 808 969 3193 Cell: 808 896 9059 Pers. Email: kooshmabob@yahoo.com	<i>Hawaii</i> 19A Aina St. Hilo, HI 96720
<b>Kroe-Unabia, Susan</b> Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Res. Tel: 396-1800 V/T Bus. Email: susankroe@aol.com	<i>Oahu</i>
<b>Lambrecht, Linda</b> Interpreter_Deaf_Relay Certification: RID RSC CLIP:R EXPIRED: 6/30/2004	Bus. Tel: 808-239-7660 V/T/F Pager: 808-255-4979 Bus. Email: linje40s@hotmail.com Pers. Email: aslteal@tmail.com (mobile)	<i>Oahu</i> Availability: Part Time Spring 2002 MWF 8-11am; TTH 8am-2pm
Note: Relay Interpreter must be teamed with hearing interpreter.		
<b>Lani, Tamar</b> Terpreting Connection Interpreter_Sign Notetaker Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Tel: 808-537-5933 Res. Tel: 808-537-5933 Bus. Email: tamarlani@verizonmail.com Pers. Email: tamar_costa@juno.com	<i>Oahu</i> P.O. Box 1380 Kaneohe, HI 96744-1380
<b>Love, Mary Rose</b> Mary R. Love Inc. Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Res. Tel: 808 291 9146 Bus. Email: marylove999@hotmail.com Pers. Email: mary.love7@verizon.net	<i>Oahu</i> 409 Portlock Rd Honolulu, HI 96825

**Communication Access Providers as of 2/28/2006**

<b>Name and Certification</b>	<b>Telephone and Email</b>	<b>Mailing Address</b>
<b><i>McDonald, Loretta Ann</i></b> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2004 No Performing Arts Assignments	Res. Tel: 947-7640 V/T/Fax Pers. Email: chuandme@juno.com	<i>Oahu</i> Availability: Part Time
<b><i>Miehlstein, Valerie</i></b> Island Skill Gathering (ISG, Inc.) Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2007 No Courts or Legal Appts No Performing Arts Assignments	Res. Tel: 808-732-4622 V/T Bus. Email: isg@aloha.net	<i>Oahu</i> 3472 Kanaina Avenue Honolulu, Hi 96815 Availability: Part Time
<b><i>Morris, Michele</i></b> Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006 No Courts or Legal Appts	Cell: 808-284-0402	<i>Oahu</i> 91-1029 Ahuua St. Ewa Beach, Hi 96706
<b><i>Nakamoto, Lynn</i></b> Interpreter_Sign Certification: RID CSC* Expires: 6/30/2008	Cell: 551-3778 Bus. Email: nakamoto@verizon.net	<i>Oahu</i> 4490 Luaole St. Honolulu, Hi 96818
<b><i>Park Okuna, Inga</i></b> Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2003	Bus. Email: ingapark@tmail.com	<i>Oahu</i> Availability: Part Time
<b><i>Sakal, Patty</i></b> Interpreter_Sign Certification: HQAS V* Expires: 4/30/2010	Res. Tel: 486-1797 Cell: 808-223-5841 Pager: 808-686-0013 Bus. Email: 6860013@islandpage.com Pers. Email: sakalp002@hawaii.rr.com	<i>Oahu</i> 98-410 Koauka Loop No. 20J Aiea, Hi 96701
<b><i>Sapko, Regina</i></b> Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Cell: 808-429-3553 Bus. Email: reginaclare@hotmail.com	<i>Oahu</i> PO Box 22701 Honolulu, Hi 96823-2701
<b><i>Thorpe, Malina Steffanie Dravis</i></b> Interpreter_Sign Certification: NAD V EXPIRED: 6/30/2004	Res. Tel: 808-966-7840 Cell: 808-936-0046	<i>Hawaii</i> HCR3 Box 11087 Keaau, HI 96749

**Communication Access Providers as of 2/28/2006**

<b>Name and Certification</b>	<b>Telephone and Email</b>	<b>Mailing Address</b>
<b><i>Trujillo, Tara</i></b> Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006	Cell: 808 557 1616 Bus. Email: tarawolf@hotmail.com	<i>Hawaii</i> 2033 Kaiwiki Road Hilo, HI 96720
<b><i>Wallace, Scott</i></b> Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Email: scottcict@aol.com	<i>Oahu</i> 44-663 Kuono Place Kaneohe, HI 96744
<b><i>Blake, Jenny Stanton</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 4/30/2006	Res. Tel: 239-8953 V/TTY Pager: 277-0785 Bus. Email: codasign@aol.com	<i>Oahu</i>
<b><i>Collier, Cathie L.</i></b> Colliers Interpreter Services Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2003	Bus. Email: smile4cathie@aol.com	<i>Oahu</i>
<b><i>Cooper, Kennedy L.</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 5/31/2007 No Courts or Legal Appts	Cell: 808-381-8378 Bus. Email: kennedyclm@yahoo.com	<i>Oahu</i> Atkinson Tower No. 404 419-Atkinson Drive Honolulu, HI 96814
<b><i>Doran, Jean-Marie T.</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 2/28/2010	Cell: 808 989 2522 Pers. Email: jmdterp@hotmail.com	<i>Hawaii</i> P.O. Box 10937 Hilo, HI 96721
<b><i>Fischer, Susan</i></b> Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2004	Res. Tel: 808 732-3954 Cell: 808 282 3350 Bus. Email: hulasusan@hotmail.com	<i>Oahu</i> 4840 Kilauea Ave. #3 Honolulu, HI 96816

**Communication Access Providers as of 2/28/2006**

<b>Name and Certification</b>	<b>Telephone and Email</b>	<b>Mailing Address</b>
<b><i>Fogarty, Maureen</i></b> Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2003	Cell: 505-550-7788 Pers. Email: mofogarty@yahoo.com	<i>Maui</i> PO Box 12857 Lahaina, HI 96761-7857 Availability: Part Time After school hours (May be Off- Island in summer.)
No Courts or Legal Appts		
<b><i>Goodhue, Eliza Wright</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 11/30/2009	Res. Tel: 808 572-2173 Pers. Email: elizaflower@yahoo.com	<i>Maui</i> Availability: Part Time
<b><i>Haynesworth, Alycen</i></b> Interpreter_Sign Certification: RID CI* Expires: 6/30/2006 No Courts or Legal Appts	Res. Tel: 808 895 8918	<i>Hawaii</i>
<b><i>Hiraga, Martin</i></b> Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2005	Bus. Tel: 808 428 8100 Res. Tel: 301 588 1473 Cell: 202 460 4747 Pager: chino@tmail.com Bus. Email: mhiraga@aol.com	<i>Oahu</i>
No Performing Arts Assignments		
<b><i>Kia, Rosalind</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 9/30/2007	Res. Tel: 808-988-6801 V/TTY Cell: 808-255-6379 Bus. Email: rozkia@tmail.com (Pager) Pers. Email: rozkia@aol.com	<i>Oahu</i>
<b><i>McEvoy, Colleen</i></b> Interpreter_Sign Certification: HQAS IV* Expires: 6/1/2010	Cell: 917 334-2897 Bus. Email: mcevoy@hawaii.edu Pers. Email: cmcevoy1@nyc.rr.com	<i>Oahu</i>
<b><i>Miller, Linda G.</i></b> ASL/ENG Interpreting Services Interpreter_Sign Certification: HQAS IV* Expires: 7/31/2006	Res. Tel: 808-735-7111 Cell: 808-342-9095 Bus. Email: lindagmiller52@yahoo.com	<i>Oahu</i> 4114 Maunaloa Ave Honolulu, HI 96816-4525

**Communication Access Providers as of 2/28/2006**

<b>Name and Certification</b>	<b>Telephone and Email</b>	<b>Mailing Address</b>
<b><i>Palmer, Stephen C.</i></b> Interpreter_Sign Certification: NAD IV	Bus. Tel: 808-428-0734 Res. Tel: 808-428-0734 Bus. Email: singingasl@hotmail.com	<i>Oahu</i> P.O. Box 971806 Waipahu, HI 96797
<b><i>Tawasha, Lori</i></b> Interpreter_Sign Certification: RID CI	Res. Tel: 808 874 8398	<i>Maui</i> Availability: Part Time
<b><i>Christian, Amanda Jean</i></b> Interpreter_Sign Certification: HQAS III* Expires: 4/30/2007	Res. Tel: 808 836 6727 Cell: 808 351 9954 Pers. Email: manaki201@yahoo.com	<i>Oahu</i> 2936 Noonan St. Honolulu, HI 96818
<b><i>Licciardo, Susan C.</i></b> SuSigns Interpreter_Sign Certification: HQAS III* Expires: 10/31/2006 No Medical Appts No Courts or Legal Appts	Bus. Tel: 808-372-9456 Cell Fax: 808-396-1458	<i>Oahu</i> Availability: Part Time
<b><i>Linter, Vicki</i></b> Interpreter_Sign Certification: RID IC&TC EXPIRED: 6/30/2003	Bus. Tel: (808) 935-8535 ext.13 Res. Tel: (808) 965-0289 Bus. Email: vickilinter@hotmail.com	<i>Hawaii</i> Availability: Part Time Mon-Fri 8:30-9:30 am and 11:00 am to 1:00 pm
No Performing Arts Assignments		
<b><i>Wong, Darlene W.L.</i></b> Interpreter_Sign Certification: HQAS III* Expires: 8/1/2007	Cell: 384 0940 Pers. Email: pochacs074@yahoo.com	<i>Oahu</i> Availability: Part Time



- ### Promising Practices Written Translation
- Assess your situation and determine objectives & scope
  - Balance linguistic accuracy with cultural competency
  - Remember the medium is part of the message
  - Ensure quality by relying on proven methodology
  - Choose translation services wisely
  - Take the guesswork out of translation budgeting

## **# 1 Assess Your Situation**

- Broadly assess languages challenges
- Conduct periodic surveys of clients and potential clients
- Update the demographic makeup of your service area at least every two years
- Be aware of multiple dialects, idioms, forms of address and so forth

## **Language/Cultural Requirements**

- Materials/documents to be translated
- Audience
- Languages
- Cultural Groups
- Population
- % of Plan
- Literacy in Native Language
- English Proficiency
- Generation
- Age Ranges

### **Determining Requirements**

- Identify all languages needed
- Identify all countries and/or cultural groups
- Tally the population for each cultural group
- Identify % of total population of each group
- Determine whether each groups overall literacy level is low, medium or high. (work with members of the community)
- Determine English proficiency as low, medium or high
- Determine generational range for each group (according to length of time they have been in the country)
- List target age ranges
- Alert all vendors in printing or producing materials that multilingual versions are forthcoming

### **Materials (written translation)**

- Rights and obligations
- Applications and enrollment forms
- Letters or notices on eligibility or changes in benefits
- Consent forms
- Complaint forms
- Any other documents requiring a response from the client

## **#2 Balance linguistic accuracy with cultural competency**

- **Ensure genuine sensitivity and respect**
- **Understand background, cultural values and beliefs**
- **Recognize and anticipate misunderstandings**
- **Don't assume one size fits all**
- **Make cultural adaptation an essential step in translation**

## **Communication Grid**

- **Program elements that require special attention (message, names, slogan, graphics)**
- **Cultural touchstones and taboos: (idioms, symbols, colors, images, acronyms and mnemonics, etc.)**
- **Other cultural beliefs and values to note: (dietary, non-Western medical practices, etc.)**

## #3 Medium is part of message

- Form and matter go together
- Adapt message for each culture (style and tone)
- Localize multimedia applications (avoid flashing symbols--ADA)
- Manage content updates in all languages

## Communication Grid #2

- Add column to identify media for each
- Add column for localization
- Add required file format column

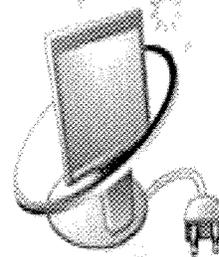
## #4 Quality by proven methodology

- Glossaries
- Style Guides
- Simple is better
- Language text can expand by 35%
- Leave extra white space

## Phasing is promising

- Phase 1 Evaluation and Scope
  - Getting to know
  - Tech talk
  - Deadlines and review cycle
  - Ensuring cultural adaptation
- Phase 2 Planning and Setup
  - Project staffing and resource planning**
  - Training and assimilation**
  - Project Planning**
  - Glossaries and style guides**
  - Translation memory**
- Phase 3 Implementation
  - Translation, Editing Proofreading
  - Formatting and engineering
  - Quality assurance and testing
- Phase 4 Maintenance, measurement, continual improvement
  - Measuring success
  - Reviewing objectives
  - Updating tools and technology
  - Follow-on planning

### Continual Improvement



### Planning Execution Evaluation Maintenance

## **#5 Choose translation services wisely**

- Not all resources are the same
  - In-house
  - Individual freelance translator
  - Existing advertising or other agencies
  - Professional LSP
  - Online translation management
  - Competent in-country translators
- Get references
- Ensure translation expertise in field
- Assess project management capabilities and methodology
- Evaluate tools and technology

## **#6 Take guesswork from budgeting**

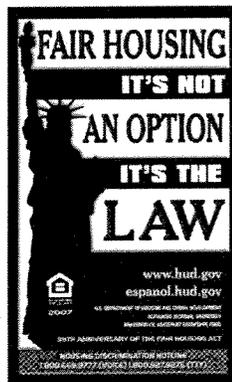
- **Start with Fed/State compliance**
- **Look at demographics**
- **Leverage past translations and translation memory for savings**
- **Save on desktop publishing costs**
- **Share documents with other organizations**
- **Focus funds where and when you need them**
- **Measure return on investment**

## Translations Tips

- Be aware of government mandates
- Avoid Top 10 timeline killers
- Save time and money with translation memory
- Become efficient with glossaries and style guides
- Find peace of mind with good project manager

## Current U.S. HUD Fair Housing Posters:

What Do You Think?



## Top 10 Timeline Killers

1. Unclear expectations; unclear roles
2. Unrealistic timelines
3. Inadequate preparation
4. Delays in starting project
5. Not enough time allowed for review/corrections
6. Holidays and vacations not factored in schedule
7. Missing files, fonts, images
8. Not anticipating potential issues
9. Format issues
10. Inadequate or incomplete translation memory

### **Civil Rights Compliance Staff** (CRCS)

586-4955

[gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)



- ✓ Serves as departmental liaison for all civil rights related matters
- ✓ Investigates civil rights complaints
- ✓ Provides technical and advisory services to the department regarding standards and requirements of civil rights laws, rules and regulations
- ✓ Develops departmental policies, procedures and plans

**Japanese**

この書類の翻訳をご希望の方は、州労働・労使関係省、英語能力の限られた方を支援するプログラムのコーディネータ、Department of Human Services 586-4999.

**Kosraen**

Kom fin enenu pepu se inge in lengla nu ke kas inŋlis, nunakmunas pangon  
Department of Human Services 586-4999.

**Lao**

“ຖ້າທ່ານຕ້ອງການແປເອກກະສານນີ້, ກະຮຸນາໂທຣໂປກົມພົວພັນແຮງງານ  
ແລະອຸສາຫະກຳຮັດຮາວາຍຜູ້ຕິດແຜນການດ້ອຍພາສາອັງກິດ ທີ່ 586-4999

**Marshallese**

Ne kwoj aikuij jiban joiij pok nompā in Department of Human Services 586-4999.

**Pohnpeian**

Ma ke anahne daropwe wet en kaweweda, a ke menlau doko delepwoh; 586-4999oh  
kosoing ohpis me kin sewese anahn en lokaian wai na ohpis lap en apwali kosoandi en  
doadoake en aramas akan

**Samoaan**

Mo se fa'amalamalamaga i lau gagana, fa'afeso'ota'i mai le ofisa  
Department of Human Services 586-4999.

**Spanish**

Si necesita una traducción de este documento, favor de llamar el  
Department of Human Services 586-4999.

**Tagalog**

Kung kailangan mong isalin ang mga dokumentong ito, pakitawagan ang koordineytor  
Department of Human Services 586-4999.

**If you need this document translated, please call the State  
Department of Human Services 586-4999.**

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**Burmese**

အကယ်၍ စာရွက်စာတမ်းများကို ဘာသာပြန်ဖို့ လိုအပ်လျှင်  
အလုပ်သမားနှင့်စက်မှုဝန်ကြီးဌာနမှ အကူအညီပေးသူကို  
အောက်ပါဖုန်းနံပါတ်ကို ခေါ်ယူ၍ အကူအညီတောင်းခံနိုင်ပါသည်။  
ဆက်သွယ်ရန် Department of Human Services 586-4999.

**Cambodian**

បើអ្នកត្រូវការឯកសារនេះចក់ប្រែច្រើនជាភាសាអង្គក  
សូមអ្នកទាក់ទងទិច ក្រសួងកិច្ចការនិងទំនាក់ទំនង  
រដ្ឋសម្របសម្រួលភាសា តាមរយៈ Department of Human Services 586-4999.

**Chamorro**

Yanggen un nisisita na u ma translada este na dokumento, pot fabot agang i State  
Department of Human Services 586-4999.

**Chinese**

假如你需要翻譯這份文件，請致電 Department of Human Services 586-4999。  
向州政府勞工與工業關係部"英語有限協助計劃"協調員聯絡

**Chuukese**

Are kopwe mochen eman enwe awewei novin taropwe mei auchea, kopwe kan kori  
Department of Human Services 586-4999.

**Ilocano**

No agkasapulan iti mangipatarus iti daytoy a dokumento, pangnga-asiyo ta tumawag iti  
Department of Human Services 586-4999.

**Thai**

ถ้าคุณต้องการข้อมูลเพิ่มเติมเกี่ยวกับบริการโทรศัพท์ฟรีไปสำนักงานและสถานประกอบการสมัคร  
หน่วยงานช่วยเหลือผู้ต้องการความช่วยเหลือทางด้านภาษาอังกฤษ โทร : 586-4999.

**Tongan**

Kapau 'oku ke fie ma'u ha taha ke liliu ae ngaahi fakamatala ni ki he 'etau lea faka-  
Tongan pea ke fakamolemole 'o telefoni mai ki he Kautaha Tokoni 'ae Siteiti 'o Hauai'i,  
moe Tokotaha oku ne toknoi kihe lea faka papalangi, Fakamolemole o telefoni mai kihe  
fika telefoni koe 586-4999Malo Aupito.

**Vietnamese**

Nếu bạn cần vẫn kiên nhẫn thông dịch, xin vui lòng gọi Bộ Lao Động và Nhân viên Ban  
Department of Human Services | 586-4999.

**Visayan**

Kung imong guikinahanglan nga kining mga dokyumento hubaron, palihug tawagi ang  
Department of Human Services 586-4999.  
Proficiency F

**Yapese**

Fa'anra gabadag ni ngani translate nag ere babyor ney, wenig ngom mu kol nag e State  
Department of Human Services 586-4999.

**STATE OF HAWAII**  
**Department of Human Services**

**DISCRIMINATION COMPLAINT FORM**

NAME	SS NO. (Last 4 digits only)	PHONE (Business)	PHONE (Home)
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STREET ADDRESS	CITY/STATE	ZIPCODE
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EMPLOYER (Division/Unit) if applicable \_\_\_\_\_

1. JOB TITLE, if applicable \_\_\_\_\_

2. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate item/s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race/color             | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation      |
| <input type="checkbox"/> Sex/Gender             | <input type="checkbox"/> Breast-Feeding           | <input type="checkbox"/> Marital Status   |
| <input type="checkbox"/> Religion               | <input type="checkbox"/> Arrest/Court Records     | <input type="checkbox"/> Age              |
| <input type="checkbox"/> Disability             | <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Citizenship      |
| <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Sexual Orientation       | <input type="checkbox"/> Political Belief |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

5. Does your complaint concern alleged discrimination in employment?  Yes  No

6. Is the alleged discrimination against you?  No  Yes, By whom? \_\_\_\_\_

Discrimination Complaint Form

Page 2

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

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(Attach additional sheets if you require more space.)

8. Is the alleged discrimination against others? \_\_\_ No \_\_\_ Yes, please list, name(s), addresses(s) and phone number(s).

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9. What is the specific date or period of time of the alleged discrimination?

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10. Please indicate the relief/remedy you are seeking. \_\_\_\_\_

---

11. I will notify DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS AND NON-RETALIATION REQUIREMENT.)

## NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services DISCRIMINATION COMPLAINT FORM, DHS 9004 (rev 06-2007). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII  
Department of Human Services  
Personnel/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959  
gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate

- 1) Collective Bargaining Unit,
- 2) State and Federal Compliance Agencies, and/or
- 3) Civil Court action.

**Confidentiality:** All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue/s in the complaint. A complainant consent release form (DHS 9007) will be required to complete an investigation.

**Non-retaliation:** Section 704 (a) of the Civil Rights Act of 1964, as amended states:

It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant/s for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339, if any attempt at retaliation is made as a result of filing a complaint.

**Rights and Responsibilities:** (The following list highlights some rights and responsibilities and is NOT all inclusive.)

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance. Such representative shall not be a departmental or State EO representative or Personnel Specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal.

3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

Following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii  
Hawaii Civil Rights Commission  
830 Punch bowl Street, Room 411  
Honolulu, Hawaii 96813  
Telephone (808) 586-8636

U. S. Department of Labor  
Office of Contract Compliance Programs  
Prince Kuhio Federal Building, Room 7326  
300 Ala Moana Boulevard  
Honolulu, Hawaii 96850  
Telephone (808) 541-2933

U. S. Department of Health and Human Services  
Office of Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, California 94103-6705  
Telephone (415) 437-8324

U. S. Department of Agriculture  
Office of Civil Rights Food and Nutrition Service Western Region  
90 7th Street, Suite 10-100  
San Francisco, CA 94103  
Telephone (415) 705 1322 TTY (800) 735-2922

U. S. Department of Education  
Office of Civil Rights, Seattle Office  
915 Second Avenue, Room 3310  
Seattle, WA 98174-1099 (206) 220-7900 Fax (206) 220-7887

U. S. Department of Justice  
Office of Civil Rights  
810 7th Street, NW  
Washington, C. C. 20531 (202) 307-0690

## NOTICE OF NON-RETALIATION REQUIREMENT

Section 704 (a) of the Civil Rights Act of 1964, as amended states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment....because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department's Civil Rights Compliance Staff (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

**CONSENT / RELEASE FORM**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.**

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

\_\_\_\_\_  
Initial on line above if  
you give consent.

**CONSENT GRANTED** -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

\_\_\_\_\_  
Initial on line above if  
you deny consent

**CONSENT DENIED** -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed, signed and dated form to: State of Hawaii  
Department of Human Services  
PERS/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Questions may be sent to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

**State of Hawaii**  
**Department of Human Services**  
**COMPLAINT WITHDRAWAL FORM**

I, \_\_\_\_\_ hereby WITHDRAW my Discrimination Complaint  
signed by me on (Date) \_\_\_\_\_  
Full Name. I am revoking any consent I might have granted  
previously for release of information. I am voluntarily revoking this consent and the request for  
an investigation and do not wish to proceed with this complaint. I have received no promises,  
rewards or concessions which might have influenced me in withdrawing this complaint.

\_\_\_\_\_  
Complainant  
\_\_\_\_\_  
Date

**Note:** Please be advised that no one may intimidate, threaten, coerce, or engage in other  
discriminatory conduct against anyone because he or she has either taken action or participated  
in an action to secure rights protected by civil rights laws. Any individual alleging such  
harassment or intimidation may file a complaint with appropriate internal or external agencies  
who will investigate such a complaint if the situation warrants.

**Please help us by checking all statements that apply, sign and date and return to  
DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against  
\_\_\_\_\_ because:

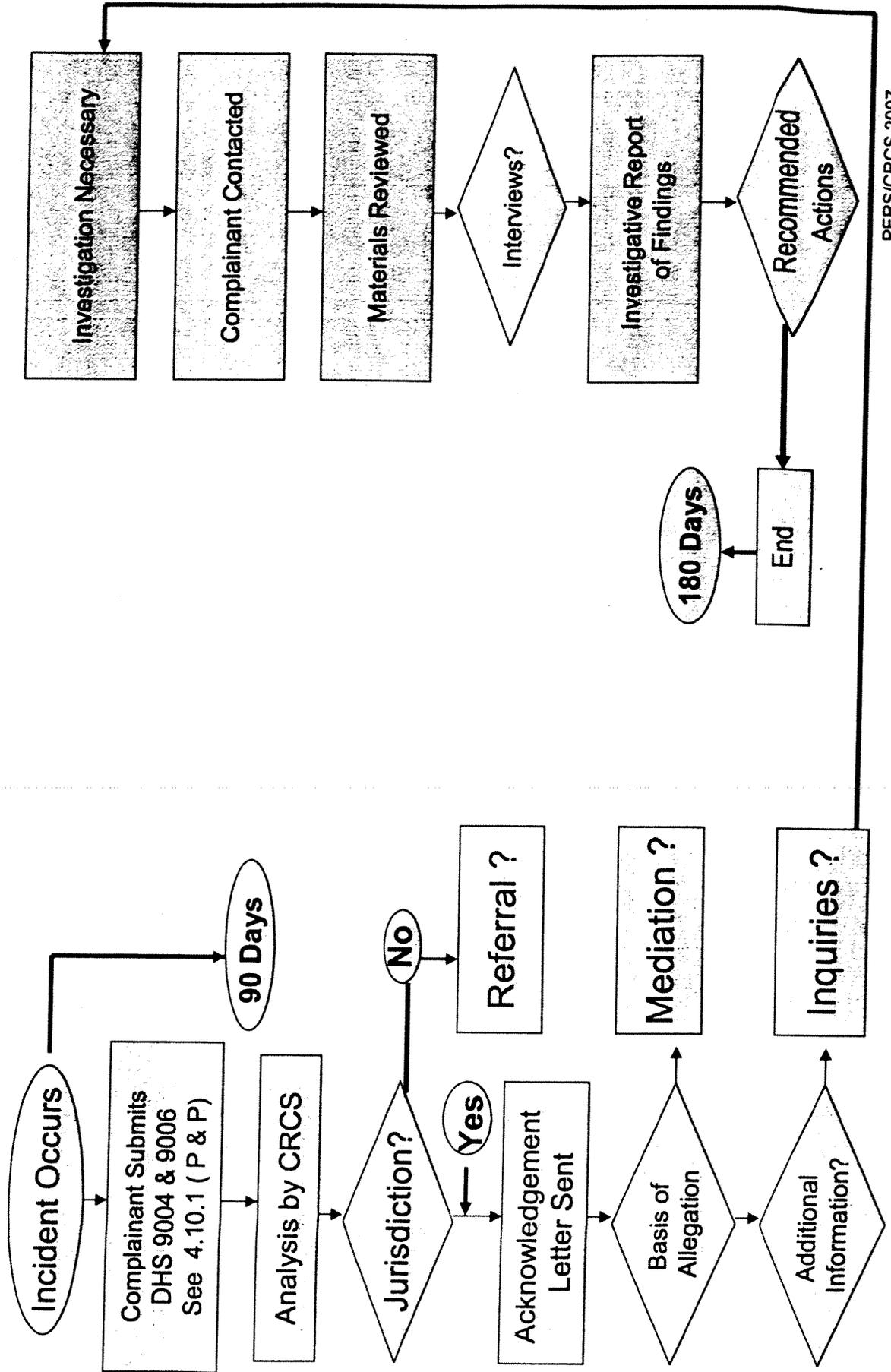
- \_\_\_ 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- \_\_\_ 2. I no longer believe that I have a discrimination complaint.
- \_\_\_ 3. I am currently receiving the benefits I am entitled to receive.
- \_\_\_ 4. I understand that the changes in current laws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

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

Questions may be submitted to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

# DHS Discrimination Complaint

## Procedures and Timelines



ハワイ州  
福祉サービス局

差別申立てフォーム

名前 \_\_\_\_\_ ソーシャルセキュリティ番号、  
(下4桁のみ) \_\_\_\_\_ 電話番号  
(会社) \_\_\_\_\_ 電話番号  
(自宅) \_\_\_\_\_

住所 \_\_\_\_\_ 市・州 \_\_\_\_\_ 郵便番号 \_\_\_\_\_

勤務先 (課/室), 当てはまる場合 \_\_\_\_\_

1. 職務名, 当てはまる場合 \_\_\_\_\_
2. 差別申立ての根拠 (当てはまる項目を選択して下さい)

<input type="checkbox"/> 人種	<input type="checkbox"/> 出身国・先祖	<input type="checkbox"/> 報復行為
<input type="checkbox"/> 性別	<input type="checkbox"/> 母乳哺育	<input type="checkbox"/> 結婚歴
<input type="checkbox"/> 宗教	<input type="checkbox"/> 逮捕歴・裁判歴	<input type="checkbox"/> 年齢
<input type="checkbox"/> 障害	<input type="checkbox"/> 養育費割当	<input type="checkbox"/> 市民権
<input type="checkbox"/> 州兵の為の欠勤	<input type="checkbox"/> 性的志向	<input type="checkbox"/> 政治的所信

3. 申立てをしている差別に対して何か行動を起こしたなら、それを簡潔に説明して下さい。  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. サービスに関する差別申立てですか。       はい       いいえ

5. 雇用に関する差別申立てですか。       はい       いいえ

6. 差別申立てはあなたに対してですか。  
 いいえ       はい。誰によってですか。 \_\_\_\_\_

7. どのように、何故差別されたと思うのか説明して下さい。明細をお願いします。名前、日付、証人、そして事が起こった場所も含めて下さい。

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(もし紙面が足りない場合は追加の紙を添付して下さい)

8. 差別申立ては他の人に対してですか。 \_\_\_ いいえ \_\_\_ はい、名前、住所、電話番号を記入して下さい。

---

9. 申立てをしている差別が起こった明確な日付、若しくは期間を書いてください。

---

10. あなたが求める慰籍・救済策を述べて下さい \_\_\_\_\_

---

11. もし住所や電話番号を変更する場合は、DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339に通知します。私は上記の陳述文を読み、私の最善の認識と信念において真実だという事を誓います。

全てを記入、見直し、署名、日付、そして上記の住所に送って下さい。

署名 \_\_\_\_\_ 日付 \_\_\_\_\_

このフォームは、福祉サービス局に申立て申請をする際のお手伝いを目的にしています。あなたはこのフォームの使用を義務付けられている訳ではなく、同様の情報を明記した手紙でも充分です。しかし、フォーム使用有無に関わらず、上記の情報は提供しなければなりません。

(添付の差別申立て通知と非報復条件通知を読んで下さい。)

## 差別申立て申請者への通知

サービス上、または雇用上で差別待遇を受けた個人は、福祉サービス局の差別申立てフォームDHS9004（2007年6月改訂）にて訴えを提出する権利があります。フォームと同様の情報を記載していれば手紙での申請でも大丈夫です。申立ては下記まで送付して下さい。

ハワイ州 福祉サービス局 人事部 公民権サービス課  
STATE OF HAWAII  
Department of Human Services  
Personnel/CRCS P.O. Box 339  
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959  
gwatts@dhs.hawaii.gov

また個人は申立てに対し以下の機関を通し救済策を求める権利があります

- 1) 労働協約室
- 2) 州、連邦政府準拠局、または/そして
- 3) 民事裁判

守秘: 全ての情報は厳密に守秘され、情報開示は申立ての論点解決に必要な時のみ許されます。調査遂行には申立て免除認可同意フォーム（DHS9006）が必要となります。

非報復: 1964年公民権法セクション704(a)修正陳述によると

このタイトルの実施に反対した事があつたり、告発、証言、助力、またどのような形にしるこのタイトル下での調査や法的手続きや審問に参加した事がある従業員、雇用応募者（またはサービス申込者）に対し雇用主が差別する事は非合法的雇用行為とするものである。

その上、執行された法は、連邦政府より財政援助を受け取っている者が、法により守られた権利確保の為の行為を取った者、またそれに参加した者への脅迫や報復をする事を禁じています。福祉サービス局にサービスを求める者、また若しくは雇用を求める者は、非報復条件を知り、申立てをした結果報復行為を企てられた場合は人事部・公民権サービス課、Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339へ通告するようにして下さい。

権利と責任: (下記のリストは、権利と責任の重要点であるが、包括的ではありません)

1. あなたはあなたを代理する弁護士を自費で雇う権利があり、または苦情申立てのどの段階でも代理人を立てる事が出来ます。そのような代理人は局、または州の機会平等代表や人事専門員ではあつてはなりません。
2. あなたは取り消し書を提出すればいつでも申立てを中断する権利があります。

3. あなたは、申立て手続きの各段階の通知、質疑や協議の事前通知、そして書面にて各段階で出された結果通知を受ける権利があります。
4. あなたは、障害のある個人の為に、言語通訳・翻訳、補助援助、設備、駐車場等を含む、但しそれに限定しない妥当な便宜を受ける権利があります。
5. あなたは、どの時でもこの通知に掲載された適切な州または連邦政府の機関に申立て申請をする権利があります。あなたは救済策に要する手段に関して直接これらの機関に尋ねる責任があります。

以下申立てをする機関の追加リストです。

ハワイ州ハワイ公民権委員会  
State of Hawaii  
Hawaii Civil Rights Commission  
830 Punch bowl Street, Room 411  
Honolulu, Hawaii 96813  
Telephone (808) 586-8636

米国労働省 連邦契約承諾プログラムオフィス  
U. S. Department of Labor  
Office of Contract Compliance Programs  
Prince Kuhio Federal Building, Room 7326  
300 Ala Moana Boulevard  
Honolulu, Hawaii 96850  
Telephone (808) 541-2933

米国保険福祉省 公民権オフィス 9区  
U. S. Department of Health and Human Services  
Office of Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, California 94103-6705  
Telephone (415) 437-8324

米国農務省 西部地区食糧及び栄養サービス公民権オフィス  
U. S. Department of Agriculture  
Office of Civil Rights Food and Nutrition Service Western Region  
90 7th Street, Suite 10-100  
San Francisco, CA 94103  
Telephone (415) 705 1322 TTY (800) 735-2922

米国教育省 公民権オフィス シアトルオフィス  
U. S. Department of Education  
Office of Civil Rights, Seattle Office  
915 Second Avenue, Room 3310  
Seattle, WA 98174-1099 (206) 220-7900 Fax (206) 220-7887

米国司法省 公民権オフィス  
U. S. Department of Justice  
Office of Civil Rights  
810 7th Street, NW  
Washington, C. C. 20531 (202) 307-0690

## 非報復条件通知

1964年公民権法セクション704(a)修正陳述によると、

このタイトルの実施に反対した事があつたり、告発、証言、助力、またどのような形にしるこのタイトル下での調査や法的手続き、審問に参加した事がある従業員、雇用応募者（またはサービス申込者）に対し雇用主が差別する事は非合法的雇用行為とするものである。

雇用差別告発申請を行う者は、この非報復条件を知った上で、もし申立て申請の結果、報復行為企図があるようなら、局の公民権準拠職員（808）586-4955まで通知して下さい。

ハワイ州  
福祉サービス局  
苦情申し立て取り消しフォーム

私 (氏名) \_\_\_\_\_ は、ここに、(日付) \_\_\_\_\_ 付  
けで申し立てた苦情を取り消します。私は、以前情報開示の為に許可した全ての承諾を  
無効とします。私は自らの意志によりこの承諾と調査要請を取り消し、苦情手続きをこ  
れ以上取る事を望みません。私はこの苦情申し立て取り消しを左右するような保証、報  
償、若しくは利権は受け取っていません。

\_\_\_\_\_  
申立て人

\_\_\_\_\_  
日付

**注意：** 何者も、公民権法上の権利を確保する為に措置を講じた者、若しくは関係し  
た者に対し、威嚇、脅迫、強制、または差別行為を行う事はしてはなりません。ハラス  
メントや威嚇を受けた者は、苦情を適切な内部若しくは外部の機関に申立てをする事が  
でき、それら機関が状況正当化が出来れば申立ての調査をする事になります。

当てはまる全ての項目に印しを付け、署名、日付を記入し、下記住所まで送付して下  
さい。

**DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

私、末尾署名者は、\_\_\_\_\_ に対  
しての差別苦情申立ての取り消しを願います。なぜなら、

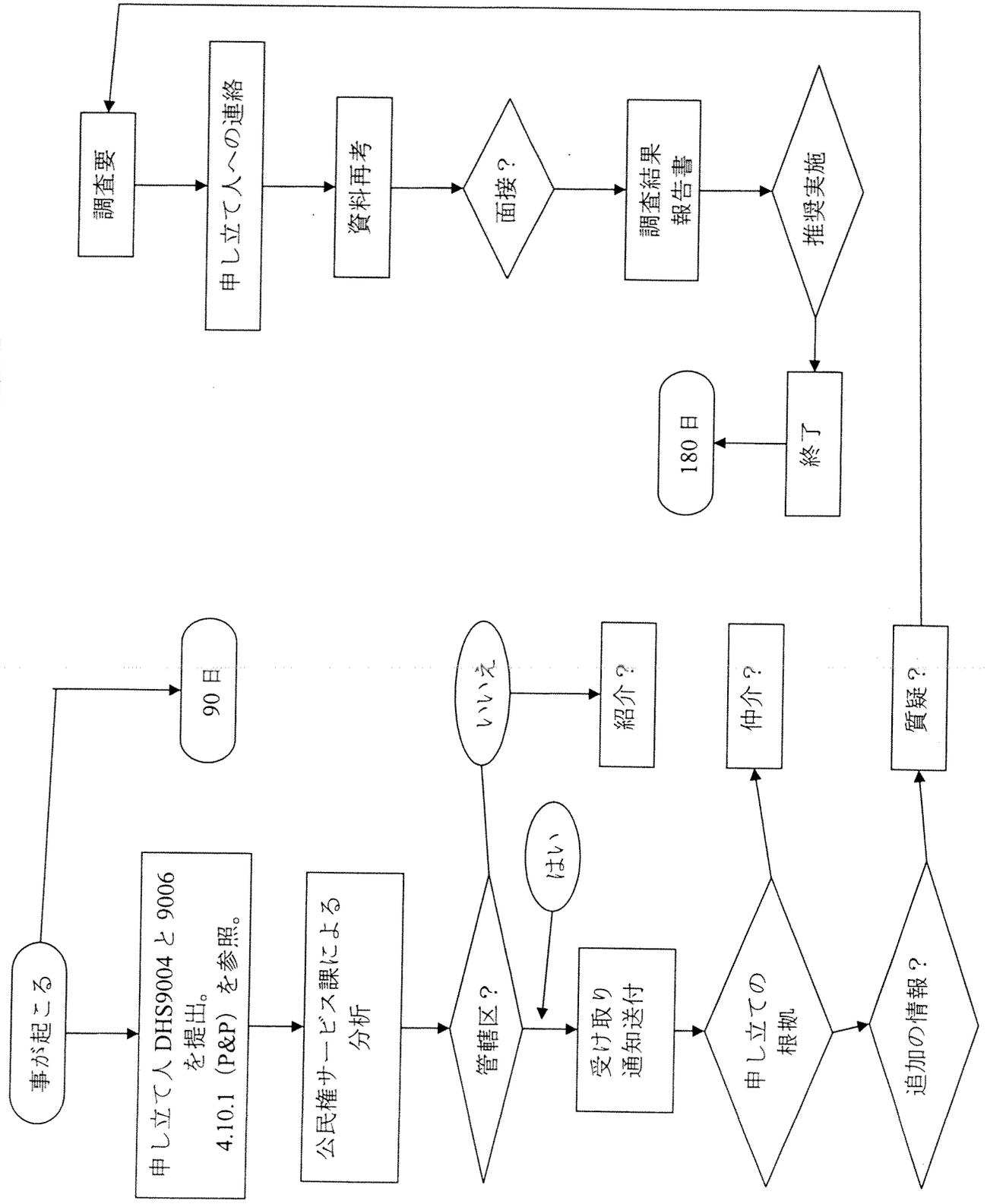
1. もう解決したので、苦情申立て続行を望みません。
2. 差別苦情がなくなったと考えます。
3. 今現在、資格のある恩恵を受け取っています。
4. 現法律の変更により恩恵を受け取る事が禁止されるという事を理解しています。

\_\_\_\_\_  
署名

\_\_\_\_\_  
日付

質問等はこのアドレスまで提出して下さい。 [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

# 福祉サービス局 差別苦情申し立て 手続き手順とスケジュール



**INTERNAL  
COMMUNICATION FORM**

**Suspense**

**DEPARTMENT OF HUMAN SERVICES**

**Subject: DHS VOLUNTEER INTERPRETER LIST UPDATE**

**Originator:**

**To: SOs, DAs, BAs, SAs, USs**

**From: PERS**

**Date: July 1, 2008**

**Memo No. 1**

The attached Volunteer Interpreter List represents part of the Department's effort to comply with State and Federal laws which prohibit discrimination based on race, color and national origin (including and not limited to Limited English Proficiency—LEP). These laws, and accompanying regulations, strictly prohibit discrimination against applicants, potential applicants, and/or clients who speak little or no English and require that we inform our service applicants, potential applicants, and recipients of their right to interpreter services ***free of charge***. **REQUIRING APPLICANTS, POTENTIAL APPLICANTS, OR CLIENTS TO BRING THEIR OWN INTERPRETERS WITH THEM TO INTERVIEWS OR OTHER APPOINTMENTS IS PROHIBITED, EVEN THOUGH THIS IS WHAT THEY PREFER.**

Please be aware that employees on the list are volunteers and should be contacted only when other resource options, including procurement of professional interpreter services, have been considered. Divisions functioning under contractual language interpretation agreements should attempt to make service arrangements with the contractor before contacting volunteer employees for interpreter services. All other divisions may use the agency of choice. One recommended source to consider includes court interpreters. Another is a list of sign language interpreters provided by the Disability and Communication Access Board (DCAB) which is available from the Civil Rights Compliance Staff, 586-4955. Also both lists are available for use on DHS' Director Web Page (<http://www.hawaii.gov/dhs>) under *Civil Rights Corner in Handouts*. Other sources may include electronic contacts which can be identified by using the web. Prudent verification of credentials of interpreters is encouraged. A copy of paid and volunteer interpreter Code of Ethics should be provided interpreters as well.

To the extent possible, please adhere to the following guidelines when requesting volunteer assistance:

1. Ensure that other options are not available or practical;
2. Seek volunteers who are familiar with your program;
3. Consider the feasibility of having the volunteer perform interpretation electronically and/or through video conferencing or phones, as appropriate;
4. When your interpreter needs require face-to-face contact, seek volunteer employees located at the same worksite or general geographical area.
5. While the Office of Language Access (OLA) provides training and monitoring services, they are not responsible for providing interpreters and DHS employees should NOT refer clients to OLA in search of an interpreter. DHS must provide an interpreter free of charge to the LEP individual in provision of services, programs and activities.

**Subject:** DHS VOLUNTEER INTERPRETER LIST UPDATE

**Originator:**

**To:** SOs, DAs, BAs, SAs, USs

**From:** PERS

**Date:** July 1, 2008

**Memo No. 1**

Remember that volunteer interpreters perform interpreter services in addition to their official duties. Therefore, they are available to the extent that their participation in this program does not conflict with the performance of their regular duties.

If you have questions regarding the volunteer interpreter program, or if there are changes that need to be made to this list, please call Geneva Watts, Personnel Office, CRCS, at 586-4955 or e-mail [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov).

  
PERS

Attachment

c: DIR, CSW, HPHA, OYS

1-Jul-08		DEPARTMENT OF HUMAN SERVICES VOLUNTEER EMPLOYEES INTERPRETER LIST									
LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	LEVEL SPOKEN	LEVEL WRITTEN		
ANDERSON	RONNIE	SS ASST	HAWAII	SSD	WHCWS/Kamuela, U39	327-4783	FRENCH	FLUENT	FLUENT		
BARRESE	PETER	EW 1	HAWAII	BESSD	NIB/WHI/KAMULA-HAMAKUA	889-0856	FRENCH	FLUENT	N/A		
VALLENTE	CARLINA	CLK TYPIST	HAWAII	BESSD	NIB/WHS/632	775-8854	ILOCANO	FLUENT	FLUENT		
DEMELLO	KAY J	SW/HSP	HAWAII	BESSD	WEST HI/N KONA 2	327-4755	JAPANESE	FLUENT	N/A		
LEVITT	MICHAEL	HSP	HAWAII	BESSD	NIB/NORTH Kona 2	327-4755	SPANISH	FLUENT	FLUENT		
ESPINA	AVELINA	ELIG WKR	HAWAII	BESSD	N HILO II	933-0321	TAGALOG	FLUENT	FLUENT		
ANDERSON	RONNIE	SS ASST	HAWAII	SSD	WHCWS/Kamuela, U39	327-4783	TAHITIAN	FLUENT	FLUENT		
ESPINA	AVELINA	ELIG WKR	HAWAII	BESSD	N HILO II	933-0321	VISAYAN	FLUENT	FLUENT		
PANEM	JOCELYN S.	SW III	HAWAII	SSD	SSD/CWSB/EHCWSS	933-0358	VISAYAN	FLUENT	FLUENT		
CHRISTIAN	CLAUDIA	SSA	KAUAI	SSD	EAST CWS	821-4457	GERMAN	FLUENT	FLUENT		
REVELS	ROBERT	ELIG WKR	KAUAI	MQD	ELIG BRANCH	241-3578	SIGN LANG	FLUENT	N/A		
DOUTHITT	LUCY	C/APS SUPV	KAUAI	SSD	CENTRAL CWS	274-3311	SPANISH	FLUENT	FLUENT		
IBRAHIM	SAHAR	BLDG ENG	OAHU	HPHA	DB/CMS 2	832-6006	ARABIC	FLUENT	FLUENT		
CHU	YUEN KAI	PA CLK	OAHU	FMO	MPS	586-5043	CANTONESE	FLUENT	FLUENT		
KWONG	NEUMAN	RPN	OAHU	SSD	ADLT PRO SV	832-5074	CANTONESE	FLUENT	N/A		
LI	WATSON	CLK	OAHU	BESSD	PAWAA	587-5294	CANTONESE	FLUENT	FLUENT		
LUO	XIAOPING	IT SPEC	OAHU	OIT	SYS MGMT	586-2385	CANTONESE	FLUENT	FLUENT		
MIU	CHARLES	SSSSS	OAHU	BESSD	DT FTW I	587-3855	CANTONESE	FLUENT	N/A		
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUJHI #103	586-8108	CANTONESE	FLUENT	FLUENT		
TSARK	AMY	SOC SVC MGR	OAHU	SSD	CWSB	586-5667	CANTONESE	FLUENT	N/A		
GALLEN	MYRA	CLK TYPIST	OAHU	BESSD	KINAU UT	832-4970	CHUUKESE	FLUENT	FLUENT		
VANEK	JIRI	IT SPEC	OAHU	OIT	SSMS	586-5075	CZECH	FLUENT	FLUENT		
KEMPER	MAIJA	ELIG WKR	OAHU	BESSD	KINAU UT	832-4960	FINNISH	FLUENT	FLUENT		
KOENIG	NORMA K.	SCP Director	OAHU	SSD	ACCSB/SCP	586-5190	FRENCH	FLUENT	FLUENT		
DELORME	MARC	Aging Spec IV	OAHU	SSD	ACCSB/SCP	586 5191	FRENCH	FLUENT	FLUENT		
BURMEISTER	KATHARINA	ELIG WKR	OAHU	MQD	EB OOU III	587-3548	GERMAN	FLUENT	FLUENT		
BUMAGAT	MATILDE	CLK	OAHU	BESSD	WAIKELE IM	675-0042	ILOCANO	FLUENT	FLUENT		
CALDERON	FLORENCE	HSP III	OAHU	SSD	CWSB/LCWSS/LCW3/UNIT 18	692-7862	ILOCANO	FLUENT	N/A		
GALIZA	JERRY	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5207	ILOCANO	FLUENT	FLUENT		
LASQUITE	EVELYN	PRE-AUD CLK	OAHU	FMO	PRE-AUDIT	586-5024	ILOCANO	FLUENT	FLUENT		
HENSON	AIMEE	VOCREHB SP	OAHU	VRBBD	METRO	586-4845	ILOCANO	FLUENT	FLUENT		
RAMOS-RAZON	BEATRICE	RPN	OAHU	SSD	SSO/MWS/C&M	587-4265	ILOCANO	FLUENT	FLUENT		
LUMABUS	PLACIDO	BMWJ	OAHU	HPHA	PMMSB/OMU III	832-3153	ILOCANO	FLUENT	FLUENT		
ITO	TOMOKO	PERS-MGT-SPEC	OAHU	PERS	TRAINING-UNIT	586-4973	JAPANESE	FLUENT	FLUENT		
LEE	HYOJIN	CLERK TYPIST	OAHU	OYS	HASEKO	393-41-45	KOREAN	FLUENT	FLUENT		
SALCEDO	DIANN	ELIG WKR	OAHU	BESSD	PAUJHI	587-3732	KOREAN	FLUENT	N/A		

LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	LEVEL SPOKEN	LEVEL WRITTEN
CHARLES	HUI SON	ELIG WKR	OAHU	MQD	EB OAU II	587-3564	KOREAN	FLUENT	N/A
LEE	CHU	FISCAL OFFICER 1	OAHU	HPHA	FMO	832-3835	KOREAN	FLUENT	FLUENT
YEE	SUNNY	ELIG WKR	OAHU	MQD	KAPOLEI	692-7381	KOREAN	FLUENT	FLUENT
OUANESISOUK	PHET	SECTY	OAHU	VRSBD	CENTRAL	586-5162	LAO	FLUENT	FLUENT
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUAAHI #103	586-8108	MANDARIN	FLUENT	FLUENT
LUO	XIAOPING	IT SPEC	OAHU	OIT	SYS MGMT	586-2385	MANDARIN	FLUENT	FLUENT
YU	MINGQIU	RES STAT	OAHU	MSO	RESEARCH	586-5111	MANDARIN	FLUENT	FLUENT
ZHANG	JING	INFO TECH SPEC	OAHU	OIT	OIT	586-9441	MANDARIN	FLUENT	FLUENT
KONOU	CASTER M.	SSD	OAHU	cwsb	DHCWSS/DHCW 2	832-5400	MARSHALLESE	FLUENT	FLUENT
CHO	SHIL-FONG	ELIGIBILITY WORKER	OAHU	MQD	UNIT 115	587-3540	CHINESE	FLUENT	FLUENT
ROBERTS	HASINTA	PRE-AUD CLK	OAHU	FMO	BENEFIT/PAY	586-5047	PALAUAN	FLUENT	FLUENT
RAMOS-RAZON	BEATRICE	RPN	OAHU	SSD	SSO/MWS/C&M	587-4265	PAMPANGO	FLUENT	FLUENT
MORIN	BEATA	C/APS SPC	OAHU	SSD	SP SVC CMU	692-7838	POLISH	FLUENT	FLUENT
MASANIAI	BARBARA C.	SS AIDE	OAHU	SSD	CCWSS/CCW2	692-7800	SAMOAN	FLUENT	FLUENT
NIUPULUSU	CRISSY KAISALA	SSWII	OAHU	SSD	CWSB/DHCWSS/DHCWS U3	832-5347	SAMOAN	FLUENT	N/A
TAUVAO	LIVINGSTONE	ASW/HSP	OAHU	SSD	CWSB/OSCWSS/OSSAU	832-5215	SAMOAN	FLUENT	FLUENT
SAMIMALO	MALAEITIA	CLERK III	OAHU	BESSD	OB/OS3/MOANALUA,U3	832-5503	SAMOAN	FLUENT	FLUENT
AINU'U	SINA	MAC	OAHU	SSD	CWSB/SCWSS	832-0624	SAMOAN	FLUENT	N/A
AINU'U	SINA	MAC	OAHU	SSD	CWSB/SCWSS	832-0624	SPANISH	FLUENT	N/A
MC GOVERN	LITA	SOC.WKR III	OAHU	SSD	CWS/CCWP	832-5473	SPANISH	FLUENT	FLUENT
SPULER	CRISTINA	ELIG WKR	OAHU	BESSD	KALIHI IM	832-5529	SPANISH	FLUENT	FLUENT
VILLAREN III	IRENO	SSA	OAHU	SSD	DHCWSU 3	832-5344	SPANISH	FLUENT	FLUENT
WAITHERWERCH	GUADALUPE	HOMELESS PROG SPEC	OAHU	HPHA	HOMELESS PROG BR	832-5930	SPANISH	FLUENT	N/A
HERNANDEZ	SUELEN	CLERK TYPIST II	OAHU	MQD	UNIT 113	692-7364	SPANISH	FLUENT	FLUENT
DE ANDA	HEIDE	CLERK TYPIST II	OAHU	BESSD	KALIHI UNIT/SECTION 3	832-5523	TAGALOG	FLUENT	FLUENT
GALIZA	JERRY	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5207	TAGALOG	FLUENT	FLUENT
GALLANO	LORNA D.	ACCT CLK	OAHU	VRSBD	SBB/ES	586-5286	TAGALOG	FLUENT	N/A
GOMEZ	CYNTHIA	ACCT	OAHU	FMO	PRGM ACCTG I	586-5647	TAGALOG	FLUENT	FLUENT
LASQUITE	EVELYN	PRE-AUD CLK	OAHU	FMO	PRE-AUDIT	586-5024	TAGALOG	FLUENT	FLUENT
NAKASONE	IMELDA C.	CLERK	OAHU	MQD	CSB/MFIS	692-8162	TAGALOG	FLUENT	FLUENT
PLACENCIA	DAYLINDA	SEC	OAHU	SSD	CWSB	586-8256	TAGALOG	FLUENT	FLUENT
RAMOS-RAZON	BEATRICE	RPN	OAHU	SSD	SSO/MWS/C&M	587-4265	TAGALOG	FLUENT	FLUENT
LUMABUS	PLACIDO	BMW I	OAHU	HPHA	PMMSB/OMU III	832-3153	TAGALOG	FLUENT	FLUENT
SHAW	HAIDEE C.	BUS ANALYST	OAHU		SYSTEMS	692-7963	TAGALOG	FLUENT	FLUENT
SPULER	CRISTINA	ELIG WKR	OAHU	BESSD	KALIHI IM	832-5529	TAGALOG	FLUENT	N/A
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUAAHI #103	586-8108	VIETNAMESE	FLUENT	N/A
NAKASONE	IMELDA C.	CLERK	OAHU	MQD	CSB/MFIS	692-8162	VISAYAN	FLUENT	FLUENT
PLACENCIA	DAYLINDA	SEC	OAHU	SSD	CWSB	586-8256	VISAYAN	FLUENT	FLUENT
RUBO	NINETH	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5206	VISAYAN	FLUENT	N/A
YANONG	CERES	SECY	OAHU	BESSD	WAIANAE FTW	692-7760	VISAYAN	FLUENT	FLUENT

## INTERPRETER CODE OF ETHICS

1. Accuracy
  - a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
  - b. Interpreters shall accurately interpret obscenities and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
  - c. Interpreters shall seek clarification when needed.
  - d. Upon recognizing that communication has been misunderstood, the interpreter shall identify the misunderstanding and request direction from the parties involved, except in legal proceedings.
2. Confidentiality
  - a. Interpreters shall maintain confidentiality in all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to, information gained through access to documents or other written materials.
3. Impartiality
  - a. Interpreters shall refrain from accepting an assignment when professional skills, family, or close personal or professional relationships affect impartiality.
  - b. An interpreter shall reveal any relationship with the party that might be perceived as a conflict of interest.
  - c. The interpreter shall demonstrate respect towards all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.
4. Role Boundaries
  - a. The interpreter shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interview situation.
  - b. The interpreter shall use first person speech to help facilitate as much direct communication as possible.
  - c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.
5. Professionalism
  - a. The interpreter shall arrive punctually at the appointed location, be prepared and dressed appropriately.
  - b. Interpreters, when hired by an agency, shall not propagate their own business directly with clients or accept/request gratuities or additional fees.
  - c. Interpreters shall accurately represent their certification(s), training and experience.
  - d. Interpreters shall participate in continuing education programs when available.
  - e. Interpreters shall seek evaluative feedback in order to improve their performance.

DEPT. DEPT. OF HUMAN SERVICES  
PERC PERSONNEL

**INTERNAL**

**COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

**Suspense**

**Subject:** Civil Rights

**Originator:**

**To:** SOs, DAs

**From:** DIR

**Date:** 03/10/08

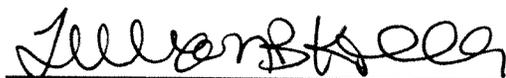
**Memo No.** 1

Please read the attached documents and take appropriate actions which include, and are not limited to, asking all DHS employees to acknowledge receipt of the documents by signing and dating a log provided by their supervisor or his/her designee.

The updated ACCESS HAWAII brochure must be given to clients instead of the one dated November 1998 which is currently being given to applicants and clients.

1. Civil Rights brochure, ACCESS HAWAII Services to the Public: Your Rights, Our Responsibilities (03/08)
2. Director's Memorandum #08-01 Equal Opportunity to Participate in Programs and Services (1/03/08)
3. Director's Memorandum #08-02 Non-discrimination & Prevention and Prohibition of Discrimination in Employment and Services (1/04/08)
4. DHS Policy & Procedure 4.10.1 Departmental Discrimination Complaint Procedure (7/12/07)
5. DHS Policy & Procedure 4.10.2 Harassment (9/17/07)
6. DHS Policy & Procedure 4.10.3 Opportunity to Participate in Programs, Services and Activities (9/17/07)

If you have any questions, please e-mail Geneva Watts, Civil Rights Compliance Staff, at [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov).



**DIRECTOR**

B. Personnel Office  
Civil Rights Compliance Staff  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

C. Discrimination complaints may also be filed concurrently with the following agencies:

U. S. Department of Health & Human Services, Region IX  
Office of Civil Rights  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103-6705  
(*Financial & Medical Assistance*)

U. S. Department of Agriculture  
Food & Nutrition Service  
Office of Civil Rights  
Western Region  
90 7<sup>th</sup> Street, Suite 10-100  
San Francisco, CA 94103  
(*Food Stamp Program*)

U. S. Department of Education  
Region IX, Office of Civil Rights  
915 Second Avenue, #3310  
Seattle, WA 98174-1099  
(Vocational Rehabilitation Services)

U. S. Department of Justice  
Office of Civil Rights  
810 7th Street, NW  
Washington, D.C. 20531  
(Youth Services)

## BASIS FOR THE POLICY

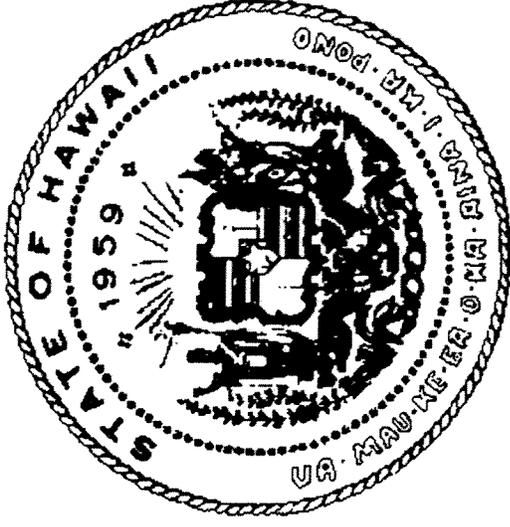
This fundamental policy concerning equal Services opportunity shall be applied within the parameters of Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans With Disabilities Act of 1990, and the Hawaii Revised Statutes, including and not limited to, 371 and 378, as revised In 2006.

## QUESTIONS?

Write or call the Department of Human Services Civil Rights Compliance Staff:

Civil Rights Office  
Queen Liliuokalani Building  
1390 Miller Street  
Honolulu, Hawaii 96813

Phone: 586-4955  
TTY: 586-4959  
Fax: 586-4990  
E-mail: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)



# ACCESS HAWAII

## Services to the Public:

Your Rights

Our Responsibilities

Civil Rights Brochure  
Department of Human Services

March 2008  
DHS 050

## DEPARTMENT OF HUMAN SERVICES' POLICY

It is the policy of the Department of Human Services (DHS) that all individuals shall be provided an equal opportunity to participate in programs, activities and services of the DHS without regard to race color, national origin, age, disability, sex, political beliefs or religion.

This policy applies to all organizational divisions, agencies and/or commissions and organizations that receive State or Federal funds through contracts or other arrangements with the DHS.

State and Federally-funded programs must be planned and administered such that they do not have the effect of denying services and/or participation in the program to any particular person or groups of persons. For example, materials such as notices and brochures written only in English, may have the effect of denying services or participation in a program to limited and non-English speaking persons. Similarly, architectural barriers to DHS offices may have the effect of preventing persons with disabilities from accessing our services.

### DISCRIMINATION

There are many forms of discrimination, both overt and subtle, that may adversely affect individuals or groups' opportunity to gain equal access to services. These include:

- treating individuals differently in the determination of eligibility for services;
- segregating or subjecting individuals to separate services or different treatment, which does not provide equal access to services;
- failing to provide language interpreter services for limited or non English speaking individuals or sign language interpreters for persons with hearing or speech impairments; and
- establishing hours of service that have an adverse effect on certain groups of individuals.

### EMPLOYEE RESPONSIBILITIES

All employees are responsible for the implementation of the DHS' equal service opportunity policy (4.10.3). This includes, and is not limited to:

- treating all individuals equally and courteously; and
- informing persons of their right to equal service opportunity and their right to free interpreter service as well as their right to file a discrimination complaint when they feel their civil rights have been violated and/or an internal complaint when they feel they have been treated unfairly.

*Any employee who intentionally obstructs the DHS' objective of providing equal access to services shall be subject to disciplinary action.*

### Program Administrators are

Responsible for determining the needs of the population they serve considering language, culture, and physical accessibility needs, and planning programs that are consistent with those needs and in compliance with the law.

Supervisors are responsible for ensuring that their staff are aware of their responsibility to treat all clients equally and fairly, and to provide assistance to persons with special needs. Supervisors shall also ensure that clients are informed of their right to nondiscriminatory services.

### COMPLAINT PROCEDURES

#### 4.10.1

Persons who feel they have been treated unfairly because of their race, color, national origin, age, disability, sex, political beliefs or religion, may file a discrimination complaint (DHS forms 9004 & 9006). Concurrent complaints may be filed with appropriate Federal and State Agencies within stated timeframes. Written complaints may be filed with:

- A. the respective Program Administrator w/ copy to Director;

**INTERNAL  
COMMUNICATION FORM**

**Suspense**

**DEPARTMENT OF HUMAN SERVICES**

**Subject:** DIRECTOR'S MEMORANDUM #08-01  
EQUAL OPPORTUNITY TO PARTICIPATE IN  
PROGRAMS AND SERVICES

**Originator:**

**To:** SOs, DAs, BAs, SAs, USs

**From:** DIR

**Date:** 1/3/08

**Memo No. 1**

The Department of Human Services (DHS) is committed to assuring that program benefits and services are made available to all persons and provided to all eligible individuals without regard to race, color, national origin, political beliefs, ancestry, age, sex, religion, disability, marital status, arrest and court records, sexual orientation, breastfeeding, citizenship status, assignment of child support and/or national guard absence. This commitment is consistent with federal and state statutes and regulations that prohibit discrimination in the provision of services by recipients of federal and state funds.

To ensure that all persons are provided with an equal opportunity to participate in, and benefit from our programs, services and activities, we must eliminate barriers that may preclude meaningful access for otherwise qualified individuals who may have special needs. In particular, persons with disabilities and those with limited English skills may require assistance to access and participate in our programs, services and activities in and outside our facilities.

**Providing Equal Access for Persons with Disabilities**

Federal and State laws such as the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 and the Hawaii Revised Statutes 368-1.5, prohibit discrimination against individuals with disabilities. Further, it is the policy of the State of Hawaii that, "no qualified individual with a disability is excluded from participation in, denied the benefits of, or is otherwise subjected to discrimination by any program, service or activity of the State of Hawaii on the basis of disability." In keeping with this policy (4.10.3), and to meet our obligation under the law as well as to benefit from the ideas and efforts of individuals with disabilities, the DHS shall take the following actions:

- Make reasonable modifications to our policies, procedures and practices, to ensure that persons with disabilities are not excluded from participation;
- Provide auxiliary aids and services (i.e., Sign Language interrupters/translators, TDDs, telephone relay service, large print, Braille, audiocassette, transcribers, and so forth) to ensure effective communication access for persons with disabilities, taking into consideration the requesting individual's preference; and
- Ensure our offices that serve the public on a regular basis are physically accessible. If this is not readily achievable, services shall be programmatically accessible to qualified individuals.

**Subject:** EQUAL OPPORTUNITY TO PARTICIPATE IN PROGRAMS AND SERVICES

**Originator:**

**To:** SOs, DAs, BAs, SAs, USs

**From:** DIR

**Date:** 1/3/08

**Memo No. 1**

Providing Equal Access for Limited-English Proficient (LEP) Persons

Title VI of the Civil Rights Act of 1964 states, "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." The exclusion of LEP persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination. In order to comply with Title VI, as well as Hawaii Act 290, and to benefit from the opportunities to serve LEP persons as well as ensure that they are free from discriminatory practices, we must take the following steps to assure that all eligible persons with LEP have meaningful access to the benefits, services, and activities we provide.

- Ensure that LEP persons are informed of their right to be provided with interpreter and/or translation services free of charge. Please do not encourage or request that such individuals bring a friend or relative to interpret for them. For example, a friend or family member may not understand the often technical terminology and might not interpret or translate accurately. Also, LEP persons may be reluctant to divulge confidential information in front of such persons or, because they are not properly trained, the interpreters might not observe confidentiality.
- Translate written materials that are routinely provided in English into regularly encountered languages other than English as needed. It is particularly important to translate vital documents such as applications, consent forms and notices regarding denial or changes in benefits into other languages based on guidelines from program funding agencies and State laws. Additional languages could be required on a case-by-case basis per request of client or potential clients.
- Use the Four-Factor Analysis to determine when to translate written materials (number, frequency, nature/importance and cost). Please note that cost is only one of the four factors to be considered in determining when documents must be translated.
- Contact qualified individuals and organizations, profit and/or non-profit, such as educational institutions, religious organizations, community entities, when interpreter and/or translation services are needed. Utilize qualified multi-lingual staff as well as qualified employees who have volunteered to serve as interpreters and/or translators. A volunteer interpreter list is generated by the Personnel Office, Civil Rights Compliance Staff. (For a current list, see ICF dated 01/03/08.)
- Utilize technology effectively to promote communication and understanding about programs, processes and rights.

**Subject:** EQUAL OPPORTUNITY TO PARTICIPATE IN PROGRAMS AND SERVICES

**Originator:**

**To:** SOs, DAs, BAs, SAs, USs

**From:** DIR

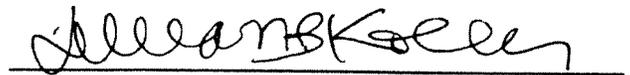
**Date:** 01/03/08

**Memo No. 1**

- All employees must be aware of these requirements and shall conduct themselves appropriately when servicing applicants/participants. Discrimination will not be tolerated by the DHS. We have an opportunity and obligation to provide services through processes that are free of discriminatory practices. Employees who engage in discriminatory conduct shall be subject to disciplinary action in accordance with the applicable personnel rules and regulations and/or bargaining unit agreement.

This memorandum should be disseminated to all employees and filed in the Director's Memorandum section of the DHS Policies and Procedures Manual (Reference 4.10.3).

This memorandum replaces Director's Memorandum #07-01.



DIR

**INTERNAL  
COMMUNICATION FORM**

**Suspense**

**DEPARTMENT OF HUMAN SERVICES**

**Subject:** DIRECTOR'S MEMORANDUM #08-02  
NON-DISCRIMINATION

**Originator:**

**To:** SOs, DAs, BAs, SAs, USs      **From:** DIR      **Date:** 1/04/08      **Memo No. 1**

This memorandum serves to reinforce the commitment of the Department of Human Services (DHS) to equal opportunity and access for all Departmental employees, applicants, clients, and potential clients.

State and Federal anti-discrimination laws make it unlawful to discriminate based on protected classes such as race, color, national origin, political beliefs, ancestry, age, sex, religion, disability, marital status, arrest and court records, sexual orientation, breastfeeding, citizenship status, assignment of child support and/or national guard absence.

In accordance with these laws, the DHS policy is that discrimination, including and not limited to discriminatory harassment in the workplace, is strictly prohibited, and will not be tolerated. DHS prohibits discrimination against any individual in regard to recruitment, appointment, training, promotion, retention, discipline, or any other terms or conditions of a person's employment, services or status as an applicant for employment or services. DHS further prohibits conduct and behavior that result in the creation of a hostile or abusive work environment as a result of any of the bases protected by law, and prohibits retaliation against anyone who files a complaint or participates in the complaint process. The workplace and services areas must be free from any and all discriminatory practices.

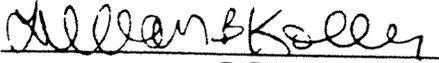
All DHS employees are expected to conduct themselves in a manner that is respectful and courteous to others and to refrain from hostile and harassing behavior that might be considered offensive or discriminatory. Additionally, all employees, particularly managers, supervisors, and service providers (sub-recipients), are responsible for creating and maintaining a work environment that is free of all discriminatory practices including and not limited to harassment.

Employees who engage in discriminatory conduct shall be subject to disciplinary action in compliance with the appropriate bargaining unit agreement.

Individuals who believe that they have been discriminated against, including discriminatory harassment, may file a complaint in accordance with DHS Policies and Procedures, Sections 4.10.1 *Departmental Discrimination Complaint Procedure*, 4.10.2 *Harassment*, and/or 4.10.3 *Opportunity to Participate in Programs, Services, and Activities as appropriate*.

This memorandum and the ICF on the back of this memorandum should be disseminated to all employees for information and posted in a conspicuous location in each work site. A copy should also be filed in the Director's Memorandum section of the DHS Policies and Procedures Manual.

This memorandum replaces Director's Memorandum #07-02.

  
DIR

c: DIR's, Ofc, OYS, CSW, HPHA

**INTERNAL  
COMMUNICATION FORM**

**Suspense**

**DEPARTMENT OF HUMAN SERVICES**

**Subject: PREVENTION AND PROHIBITION OF  
DISCRIMINATION IN EMPLOYMENT AND SERVICES**

**Originator:**

**To: ALL EMPLOYEES**

**From: DIR**

**Date: 1/04/08**

**Memo No. 1**

Federal law, Title VII of the Civil Rights Act of 1964, prohibits discrimination in employment on the basis of race, color, national origin, religion, and sex. State law, Hawaii Revised Statutes Chapter 378, also prohibits discrimination in these and other areas. In accordance with these Federal and State laws, and in an effort to provide a workplace that is free from any and all discriminatory practices, the Department of Human Services (DHS) is committed to ensure that all employees are afforded the opportunity to work in an environment that is free of discrimination and harassment. All DHS employees are expected to conduct themselves in a manner that reflects sensitivity and respect for the diverse backgrounds represented in our workforce. The following guidelines serve to remind all employees of their duty and responsibility in the creation and maintenance of a discrimination-free workplace:

**1. Race, Color, and National Origin (including Limited English Proficiency)**

- Avoid the use of racial or ethnic slurs or other derogatory or negative remarks
- Avoid racial or ethnic or religious jokes
- Avoid conduct that may threaten, intimidate, or create a racially or ethnically abusive work environment

**2. Religion**

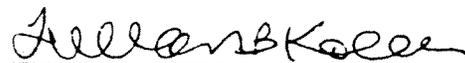
- Be sensitive to the diverse religious views that exist—avoid discrimination against or harassment of individuals based on their religion or perceived religion
- When holding celebrations and ceremonies such as blessings in the workplace, determine whether a prayer is appropriate or necessary. Consider alternatives such as a moment of silence, a poem, or a song
- Supervisors and managers must reasonably accommodate the religious practices and beliefs of employees, unless to do so would pose an undue hardship on the operations of the office.

**3. Sex/Gender, Sexual and other forms of Harassment**

- Be aware that unwelcome sexual advances and requests for sexual favors are unlawful when submission to such conduct is made either explicitly or implicitly a term or condition of employment or is used as a basis for employment decisions
- Avoid physical or verbal conduct that may be offensive or create a hostile or abusive work environment; this includes jokes and comments of a sexual nature and/or can be perceived as bullying.

Individuals who engage in discriminatory or harassing conduct shall be subject to disciplinary action in compliance with the appropriate bargaining unit agreement.

If you believe that you have been the subject of discrimination or harassment based on any of the factors mentioned in this ICF, you may file a complaint in accordance with DHS Policies and Procedures, Section 4.10.1, Departmental Discrimination Complaint Procedure in the DHS Policies and Procedures Manual.



DIR

	<b>Department of Human Services POLICIES AND PROCEDURES MANUAL</b>	Number 4.10.1	Page 1 of 6
	Subject <b>DEPARTMENTAL DISCRIMINATION COMPLAINT PROCEDURE</b>	OPR Personnel Office	
		Issue/Revision Date <b>JUL 12 2007</b>	

## INTRODUCTION

### 1.0 PURPOSE

To establish a timely, uniform, and effective means of resolving internal discrimination complaints filed by employees, former employees, applicants for employment and service applicants/recipients. This is to enhance the morale and efficiency of employees, and to encourage public confidence in the Department's commitment towards providing services and benefits exclusive of discriminatory practices.

### 2.0 REFERENCES AND DEFINITIONS

#### 2.1 REFERENCES

- a. Title VI and VII of the Civil Rights Act
- b. Equal Pay Act
- c. Age Discrimination in Employment
- d. Age Discrimination Act (services)
- e. Section 503 and 504 of the Rehabilitation Act
- f. Titles I and II of the Americans with Disabilities Act
- g. Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act
- h. Civil Rights Restoration Act
- i. Executive Order 11246, as amended
- j. Hawaii Revised Statutes Chapter 76, 78, 371 and 378, Part I
- k. and others

#### 2.2 DEFINITIONS

- a. Applicant for employment - Any person who submits a written application for State employment with the Department of Human Services.
- b. Complaint - An informal or formal (written) claim of discrimination which indicates that a person or group of persons were treated differently, or adversely impacted by action(s) of the DHS, based on one or more memberships in protected groups.
- c. Complainant - Any person who alleges discrimination in the employment process, or in the provision of services and/or benefits.
- d. Department - Department of Human Services

<b>DHS</b>  <b>P&amp;PM</b>	Subject <b>DEPARTMENTAL DISCRIMINATION COMPLAINT PROCEDURE</b>	Number 4.10.1	Page 2 of 6
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- e. Discrimination - Any action(s) or lack of action(s) by the DHS, which results in disparate treatment or has an adverse impact on a person or group of persons, on the basis of one or more memberships in protected groups.
- f. External Enforcement Agencies - Government agencies which enforce statutes prohibiting discrimination, and which are responsible for receiving, investigating and adjudicating discrimination complaints. Federal agencies include, but are not limited to, The U.S. Equal Employment Opportunity Commission, U.S. Department of Justice, U.S. Department of Labor, Office of Federal Contract Compliance Programs, and any other federal agency from which the Department receives funding. The State agency is the Hawaii Civil Rights Commission.
- g. Factors Protected by Law - Characteristics of a person or group of persons, which are protected under civil rights laws. For employment, these factors include race, color, national origin, sex, religion, age, disability, arrest and court records, sexual orientation, marital status, veteran status and assignment of income for the purpose of child support obligations. Services, factors include, race, color, national origin, age, sex, religion, disability status, and political beliefs.
- h. Respondent(s) - Any person or group of persons alleged to be responsible for discrimination.
- i. Service Applicant/Recipient - Any person applying for, having the potential for applying, or receiving program benefits or services provided by the Department.

### 3.0 POLICY

It is the policy of the Department that all employees, former employees, applicants for employment and service potential applicants or applicants/recipients be provided an equal opportunity in the employment process and in the provision of services. In keeping with this policy, complaints of discrimination are to be processed fairly and promptly.

Individuals filing a complaint, or participating in the complaint process have the right to:

- a. Representation by legal counsel, union agent, if appropriate, or designee of their choice.
- b. Confidentiality, provided such confidentiality does not impede the process of fairly and thoroughly investigating the complaint. (An individual will be asked to complete a Consent/Release Form—see APPENDIX B)
- c. Freedom from restraint, interference, coercion, or retaliation in presenting complaints or in providing information in the resolution of problems or complaints.

<b>DHS</b>	Subject <b>DEPARTMENTAL DISCRIMINATION COMPLAINT PROCEDURE</b>	Number	Page
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<b>P&amp;PM</b>		Issue/Revision Date JUL 12 2007	

- d. Forego this internal complaint process and file a complaint directly with an appropriate external enforcement agency.
- e. Alternative means of participation, such as the provision of an interpreter (e.g. sign or other language), written material in large print, and other reasonable modifications, free of charge.

#### 4.0 SCOPE

This policy and procedure shall apply to all employees, former employees, applicants for employment and potential applicants or applicants/recipients for services provided by the Department.

#### 5.0 RESPONSIBILITIES

##### 5.1 DEPARTMENT HEAD (DIRECTOR)

The Department Head is responsible for the establishment, modification and implementation of the departmental uniform complaint procedure. The Department Head may designate these functions to others.

##### 5.2 PERSONNEL OFFICER

The Personnel Officer shall monitor and oversee the application of this policy and procedure and provide staff services to the Department Head.

##### 5.3 CIVIL RIGHTS COMPLIANCE STAFF

The Civil Rights Compliance Staff (CRCS) of the Personnel Office, shall be responsible for providing technical guidance to management personnel in the resolution of informal discrimination complaints. The CRCS shall also be responsible for receiving, processing and investigating formal internal discrimination complaints.

##### 5.4 MANAGEMENT PERSONNEL

Management Personnel, in consultation with the CRCS, shall be responsible for receiving and resolving informal discrimination complaints by employees and potential service applicants/recipients.

##### 5.5 COMPLAINANTS

Complainants shall follow the provisions of the policy and procedures contained herein.

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6.0 PROCEDURES (Departmental)

6.1 EMPLOYMENT COMPLAINTS

a. Informal Complaints

1. Employees who believe they have been discriminated against, may discuss the matter with their immediate supervisor, division administrator or designee (i.e. management personnel). If employees elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
2. Complainants shall be informed that they may forego the informal complaint process and file a formal written complaint directly with the CRCS.
3. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary, to address the situation.
4. If the matter is not resolved to Complainant's satisfaction, Complainant may file a formal complaint with the CRCS, in accordance with the procedures outlined below.

b. Formal Complaints

1. Employees or applicants for employment, may file a formal internal complaint in writing with the CRCS. Complaints must be filed within ninety (90) days from the most recent incident of alleged discrimination using the "Departmental Discrimination Complaint Form" (APPENDIX A).
2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, and is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations.
3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review

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4. The Department Head shall review the evidence and render a decision in writing, with copies to Complainant and Respondent(s). The decision shall include:
  - (a) Reasons and explanation for the decision; and
  - (b) Alternative avenues of recourse available to Complainant.
  
5. If the investigation confirms that discrimination occurred, the Department will take immediate corrective action.
  
6. If complaint is not resolved to Complainant's satisfaction, Complainant may appeal to an appropriate external enforcement agency. Complainants shall be advised that they have a timeframe of 180 days to file a complaint with the Hawaii Civil Rights Commission and 300 days to file same with the Equal Employment Opportunity Commission. Complainants must be advised that they can file concurrent complaints.

## 6.2 SERVICE COMPLAINTS

### a. Informal Complaints

1. Service Applicants/Recipients or potential applicants who believe they have been discriminated against in the application for, or provision of services, may discuss their concerns with the unit supervisor, division administrator, or designee (i.e. management personnel). If Service Applicants/Recipients elect to proceed through the informal complaint process, they should do so within thirty (30) days from the most recent incident of alleged discrimination.
  
2. After discussing the situation with Complainant, management personnel shall consult with the CRCS in order to conduct an appropriate investigation; prepare a written response to Complainant summarizing the investigative findings; and take remedial measures, if necessary, to address the situation.
  
3. If the matter is not resolved to Complainant's satisfaction, a formal complaint may be filed with the CRCS, in accordance with the procedures outlined below.

### b. Formal Complaints

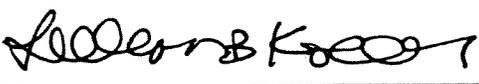
1. Service Applicants/Recipients, or potential applicants, may file a formal written complaint with the CRCS, within ninety (90) days from the most recent incident of alleged discrimination, using the departmental "Discrimination Complaint Form."

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2. Upon receipt of a written complaint, the CRCS shall conduct a fact-finding investigation. The investigation shall include, and is not limited to, contacting the Complainant to clarify or obtain additional facts relative to the complaint, and obtaining information from individuals with apparent knowledge of Complainant's allegations. These individuals will be asked to complete a Consent/Release Form, APPENDIX B.
3. Upon completion of the investigation, the CRCS shall prepare a written summary of the investigative findings for the Department Head's review.
4. The Department Head shall review the evidence obtained during the investigation and render a decision in writing, with a copy to Complainant and Respondent(s). The decision shall include:
  - a. Reasons and explanation for the decision; and
  - b. Alternative avenues of recourse available to Complainant.
5. If the investigation reveals that discrimination occurred, the Department shall take remedial measures to ensure that Complainant is afforded an equal opportunity to participate in, and benefit from its programs, services and activities.
6. If the matter is not resolved to Complainant's satisfaction, an appeal may be made to an appropriate external enforcement agency.

## 7.0 IMPLEMENTATION

This Discrimination Complaint Procedure shall be effective as of the date of approval and shall remain in effect until cancelled or superseded by order of the Director.

APPROVED:   
 \_\_\_\_\_  
 Lillian B. Koller, Director

**STATE OF HAWAII**  
**Department of Human Services**

**DISCRIMINATION COMPLAINT FORM**

NAME	SS NO. (Last 4 digits only)	PHONE (Business)	PHONE (Home)
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STREET ADDRESS	CITY/STATE	ZIPCODE
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EMPLOYER (Division/Unit) if applicable \_\_\_\_\_

1. JOB TITLE, if applicable \_\_\_\_\_

2. BASIS OF ALLEGED DISCRIMINATION (Choose appropriate item/s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race/color             | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation      |
| <input type="checkbox"/> Sex/Gender             | <input type="checkbox"/> Breast-Feeding           | <input type="checkbox"/> Marital Status   |
| <input type="checkbox"/> Religion               | <input type="checkbox"/> Arrest/Court Records     | <input type="checkbox"/> Age              |
| <input type="checkbox"/> Disability             | <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Citizenship      |
| <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Sexual Orientation       | <input type="checkbox"/> Political Belief |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

5. Does your complaint concern alleged discrimination in employment? \_\_\_ Yes \_\_\_ No

6. Is the alleged discrimination against you? \_\_\_ No \_\_\_ Yes, By whom? \_\_\_\_\_

Discrimination Complaint Form  
Page 2

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

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(Attach additional sheets if you require more space.)

8. Is the alleged discrimination against others? \_\_\_ No \_\_\_ Yes, please list, name(s), addresses(s) and phone number(s).

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9. What is the specific date or period of time of the alleged discrimination?

---

10. Please indicate the relief/remedy you are seeking. \_\_\_\_\_

---

11. I will notify DHS, Personnel, CRCS, P.O. Box 339, Honolulu, HI 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(PLEASE READ THE ATTACHED NOTICE ON DISCRIMINATION COMPLAINTS AND NON-RETALIATION REQUIREMENT.)

## NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services DISCRIMINATION COMPLAINT FORM, DHS 9004 (rev 06-2007). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII  
Department of Human Services  
Personnel/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Tel: (808) 586-4955 TTY: (808) 586-4959  
gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate

- 1) Collective Bargaining Unit,
- 2) State and Federal Compliance Agencies, and/or
- 3) Civil Court action.

**Confidentiality:** All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue/s in the complaint. A complainant consent release form (DHS 9007) will be required to complete an investigation.

**Non-retaliation:** Section 704 (a) of the Civil Rights Act of 1964, as amended states:

It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant/s for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/CRCS, P.O. Box 339, Honolulu, Hawaii 96809-0339, if any attempt at retaliation is made as a result of filing a complaint.

**Rights and Responsibilities:** (The following list highlights some rights and responsibilities and is NOT all inclusive.)

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance. Such representative shall not be a departmental or State EO representative or Personnel Specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal.

3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

Following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii  
Hawaii Civil Rights Commission  
830 Punch bowl Street, Room 411  
Honolulu, Hawaii 96813  
Telephone (808) 586-8636

U. S. Department of Labor  
Office of Contract Compliance Programs  
Prince Kuhio Federal Building, Room 7326  
300 Ala Moana Boulevard  
Honolulu, Hawaii 96850  
Telephone (808) 541-2933

U. S. Department of Health and Human Services  
Office of Civil Rights, Region IX  
90 7th Street, Suite 4-100  
San Francisco, California 94103-6705  
Telephone (415) 437-8324

U. S. Department of Agriculture  
Office of Civil Rights Food and Nutrition Service Western Region  
90 7th Street, Suite 10-100  
San Francisco, CA 94103  
Telephone (415) 705 1322 TTY (800) 735-2922

U. S. Department of Education  
Office of Civil Rights, Seattle Office  
915 Second Avenue, Room 3310  
Seattle, WA 98174-1099 (206) 220-7900 Fax (206) 220-7887

U. S. Department of Justice  
Office of Civil Rights  
810 7th Street, NW  
Washington, C. C. 20531 (202) 307-0690

## **NOTICE OF NON-RETALIATION REQUIREMENT**

Section 704 (a) of the Civil Rights Act of 1964, as amended states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment....because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department’s Civil Rights Compliance Staff (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

**CONSENT / RELEASE FORM**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.**

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

\_\_\_\_\_  
Initial on line above if  
you give consent.

**CONSENT GRANTED** -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

\_\_\_\_\_  
Initial on line above if  
you deny consent

**CONSENT DENIED** -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed, signed and dated form to: State of Hawaii  
Department of Human Services  
PERS/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Questions may be sent to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

**State of Hawaii**  
**Department of Human Services**  
**COMPLAINT WITHDRAWAL FORM**

I, \_\_\_\_\_ hereby WITHDRAW my Discrimination Complaint  
signed by me on (Date) \_\_\_\_\_  
Full Name. I am revoking any consent I might have granted  
previously for release of information. I am voluntarily revoking this consent and the request for  
an investigation and do not wish to proceed with this complaint. I have received no promises,  
rewards or concessions which might have influenced me in withdrawing this complaint.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

**Note:** Please be advised that no one may intimidate, threaten, coerce, or engage in other  
discriminatory conduct against anyone because he or she has either taken action or participated  
in an action to secure rights protected by civil rights laws. Any individual alleging such  
harassment or intimidation may file a complaint with appropriate internal or external agencies  
who will investigate such a complaint if the situation warrants.

**Please help us by checking all statements that apply, sign and date and return to  
DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against  
\_\_\_\_\_ because:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Questions may be submitted to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

	<p align="center"><b>STATE OF HAWAII</b> <b>DEPARTMENT OF HUMAN SERVICES</b></p> <p align="center"><b>POLICIES &amp; PROCEDURES</b></p>	NUMBER 4.10.2 1 of 6
		ISSUE/REVISION DATE SEP 17 2007

SUBJECT: HARASSMENT

OPR: PERSONNEL

1.0 PURPOSE

To establish a policy that prevents harassment in the Department of Human Services, thereby fostering respect and enhancing the morale and efficiency of employees, applicants, potential applicants, and clients.

2.0 REFERENCES AND DEFINITIONS

2.1 References

- Civil Rights Act, Title VI and VII
- Age Discrimination in Employment Act
- Americans with Disabilities Act
- Hawai'i Revised Statutes Chapter 378-2, Part I
- and others

2.2 Definitions

Harassment - Harassment based on a person's membership in a protected group (race, color, sex, religion, national origin, ancestry, age, disability, sexual orientation, marital status, arrest and court record, income assignment for child support, national guard absence, uniformed service, breastfeeding, political beliefs or citizenship status) is unlawful when unwelcome behavior becomes so severe and pervasive that it alters a person's terms and conditions of employment, unreasonably interferes with work, or creates an intimidating, hostile or offensive environment.

(Behavior that does not meet this definition may be addressable by changes in management practices or by corrective action under other personnel policies.)

Sexual Harassment - Unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature, is unacceptable when:

- submission to such conduct is made either explicitly or implicitly a term or condition of employment or receipt of services;
- submission to or rejection of such conduct by an individual is used as the basis for employment or receipt of services decisions affecting said individual; or
- such conduct has the purpose or effect of creating an intimidating, hostile or offensive environment.

Examples of verbal sexual harassment might include, and are not limited to, offensive and derogatory comments, jokes of an offensive nature, innuendoes, unwelcome repeated requests for dates or obscene or graphic descriptions of an individual's body, and threats made to a person who refuses a sexual advance.

Examples of non-verbal sexual harassment may include, and are not limited to, sexually suggestive or offensive objects or pictures, written comments, suggestive or offensive sounds, whistling, catcalls or obscene gestures.

Sexual harassment with respect to terms and conditions of employment might include treating a person differently when that individual refuses a sexual advance. Examples of such disparate treatment include, and are not limited to, limiting benefits which other employees presently receive

and enjoy, refusing to grant a promotion, giving someone a negative evaluation which does not reflect that person's actual performance, and demoting or terminating a person.

Sexual harassment with respect to provision of services might include treating an applicant, potential applicant, service provider, contractor or client differently when that individual refuses a sexual advance.

### 3.0 POLICY

All employees and applicants for employment or services shall be entitled to an environment free of discrimination, including harassment. Harassment based on a person's membership in a protected group is strictly prohibited, and will not be tolerated at DHS.

### 4.0 SCOPE

This policy applies to all departmental organizational units, employees, clients, applicants, and potential applicants for employment and services, service providers, and contractors. This also includes individuals subjected to unlawful harassment because of their association with persons who are protected by anti-discrimination law.

### 5.0 RESPONSIBILITIES

#### 5.1 Managers and Supervisors

Managers and supervisors shall ensure an environment that is free from discriminatory practices relating to harassment and discrimination. Managers and supervisors, who witness or receive reports of harassment, shall take immediate and appropriate action to ensure that the harassment ceases.

Managers and supervisors shall conduct an inquiry and/or investigation of complaints of alleged harassment.

Supervisors will ensure consistent application of the Department's Harassment policy and method of administration in the unit's provision of programs, services, contracts with service providers, and/or activities to the public.

## 5.2 Employees

Employees are expected to conduct themselves appropriately while at work and during work-related functions. Employees who experience or observe any job-related harassment or believe they have been treated in a disrespectful manner, have a duty and responsibility to report the incident(s) in order to correct and prevent harassment.

## 6.0 PROCEDURES

Complainants should follow the appropriate DHS Departmental Discrimination Complaint Procedure (P&P Manual 4.10.1 or 4.10.3) when filing complaints of harassment which are discriminatory in nature. In implementing this policy and procedure, the following shall apply.

### Confidentiality

Confidentiality will be maintained to the extent possible to successfully conduct a thorough investigation. Information regarding the complaint will be shared with appropriate individuals on a "need to know" basis. Complainants will be asked to sign a consent/release form indicating their consent or denial of consent to release information. (Appendix A)

## Retaliation

The Department of Human Services prohibits retaliation against any individual, who files a complaint of harassment, participates in complaint proceedings or who otherwise opposes acts of harassment.

## Violations of Policy

Employees who violate this policy shall be subject to disciplinary action in accordance with the respective collective bargaining agreement and related DHS Policies.

Disciplinary action shall be designed to correspond with the seriousness of the action, and be reasonably calculated to stop the harassment and to ensure that the harassment will not recur.

## 7.0 IMPLEMENTATION

This policy shall be effective as of the date of approval and shall remain in effect until cancelled or superseded.

APPROVED: Allen Stoller

DATE: Director  
SEP 17 2007

**CONSENT / RELEASE FORM**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for DHS, CRCS, to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS Policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

\_\_\_\_\_  
Initial on line above if  
you give consent.

**CONSENT GRANTED** -- I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records, and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

\_\_\_\_\_  
Initial on line above if  
you deny consent

**CONSENT DENIED** -- I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed, signed and dated form to: State of Hawaii  
Department of Human Services  
PERS/CRCS  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Questions may be sent to: [gwatts@dhs.hawaii.gov](mailto:gwatts@dhs.hawaii.gov)

	<b>STATE OF HAWAII</b> <b>DEPARTMENT OF HUMAN SERVICES</b>	NUMBER 4.10.3 1 of 16
	<b>POLICIES &amp; PROCEDURES</b>	ISSUE/REVISION DATE <b>SEP 17 2007</b>

SUBJECT: OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES  
AND ACTIVITIES

OPR: PERSONNEL OFFICE

1.0 PURPOSE

To establish guidelines to ensure that all persons are provided with an opportunity to participate in, and benefit from, programs, services, and activities administered by the Department of Human Services.

2.0 REFERENCES AND DEFINITIONS

2.1 REFERENCES

Title VI of the Civil Rights Act  
 Americans with Disabilities Act  
 U.S. Department of Health and Human Services, Office for Civil Rights, Policy  
 Guidance: Prohibition Against National Origin Discrimination as it Affects Persons  
 with Limited English Proficiency  
 Food Stamp Act  
 Hawaii Revised Statutes, Chapter 489  
 Hawaii Revised Statutes, Chapter 368, 1.5  
 Hawaii Revised Statutes, Chapter 371, Part II, 371-31 to 37 Language Access  
 Hawaii Administrative Rules, Title 11, Chapter 218, Utilization of Sign  
 Language/English and Oral Interpreter Services  
 Administrative Directive 07-01, Equal Opportunity to Participate in Programs and  
 Services

2.2 DEFINITIONS

- a. Auxiliary aids and services – A wide variety of equipment, materials and personal services that may be used to provide effective communication for people who have visual, hearing, speech or cognitive disabilities.

	STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES	NUMBER 4.10.3 2 of 16
	POLICIES & PROCEDURES	ISSUED BY DIVISION D <b>SEP 17 2007</b>

SUBJECT: OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES

OPR: PERSONNEL OFFICE

- b. Department- Department of Human Services
- c. Director - Director of the Department of Human Services
- d. Interpreter – A sign or other language interpreter who has the knowledge, skills, and abilities to interpret in more than one language.
- e. Limited English Proficient (LEP) - An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social service agencies and providers.
- f. Organizational Units - All administratively attached agencies, staff offices and divisional segments that comprise the Department.
- g. Person with a Disability – An individual who has a physical or mental impairment that substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such impairment.
- h. Service Provider - A person, or a group of persons, an agency, organization, institution, political subdivision, that delivers a program, service or activity with federal or state financial assistance through contractual, licensing or other arrangements with the Department.

### 3.0 POLICY

It shall be the policy of the Department of Human Services to provide all persons with an equal opportunity to participate in, and benefit from, all departmental programs, services and activities. Affirmative Action goals will be set as needed.

	<b>STATE OF HAWAII</b> <b>DEPARTMENT OF HUMAN SERVICES</b>	<b>NUMBER</b> 4.10.3 3 of 16
	<b>POLICIES &amp; PROCEDURES</b>	<b>ISSUE/REVISION DATE</b> <b>SEP 17 2007</b>

**SUBJECT: OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES**

**OPR: PERSONNEL OFFICE**

**3.1 Services Provided by Contractors or Sub-recipients**

- a. This policy extends beyond those programs, services and activities administered directly by the Department. This policy applies to all contractors, service providers and other sub-recipients that receive federal and state funds that provide services on behalf of the Department.
- b. The Department or its organizational units will not approve any application for or make any expenditures of federal or state funds for the establishment, conduct or continuation of any program or activity, until the service provider furnishes an assurance in writing to comply with all of the requirements imposed by, or pursuant to, the applicable federal and state laws and regulations.
- c. Each program will be responsible for securing that written assurance of compliance and for monitoring the service delivery practices of the service provider to ensure compliance with the applicable laws, regulations and this policy.

**3.2 Dissemination of Information**

- a. Programs shall inform clients, applicants, potential applicants, and related program participants, that the Department's programs, services and activities are provided in a manner that is free of discriminatory practices. Additionally, such individuals shall be informed of their right to file a complaint with the Department or appropriate enforcement agency.
- b. All such information and assurance of compliance statements, shall be included as a provision in all contracts, grant assignments, licensing agreements, and other similar documents that are used in the administration of programs, services and activities of the Department of Human Services.

	<b>STATE OF HAWAII</b> <b>DEPARTMENT OF HUMAN SERVICES</b>	NUMBER 4.10.3 4 of 16
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SUBJECT: OPPORTUNITY TO PARTICIPATE IN PROGRAMS, SERVICES AND ACTIVITIES

OPR: PERSONNEL OFFICE

### 3.3 Maintenance of Records and Reports

- a. The Department will maintain such records and submit such reports as may be required by federal or state agencies to assure compliance with the regulations.
- b. The Department will require such program, agency or facility receiving federal or state financial assistance directly or through contractual, licensing or other arrangements with the Department, to maintain and submit those records and reports deemed necessary to determine compliance.

### 3.4 Comparable Level of Service

- a. The Department shall take the necessary steps to ensure that resources are available to provide all persons with an equal opportunity to participate in the programs, services and activities administered by the Department. The level of service shall be equally effective as that provided to the general public. Accordingly, each program, service or activity shall be responsible to ensure that:
  1. no person is denied program services or benefits because of the person's inability to communicate in the English language; or due to a disability; and
  2. each unit employee shall arrange for a sign or language interpreter for anyone requiring such accommodation in order to access benefits or services.
- b. To promote a comparable level of service to that provided the general public, programs or activities that have substantial participation of LEP persons or persons with disabilities, shall take the necessary steps to furnish vital program information and notices in the appropriate languages or in alternate format.

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- c. To ensure that all persons are provided an opportunity to participate in, and benefit from, our programs, services and activities, we must eliminate barriers that may preclude meaningful access for otherwise qualified individuals who might have special needs. In particular persons with disabilities and those with limited English skills might require assistance to access and participate in our programs, services and activities.

1. Providing Access for Persons with Disabilities

Federal and State laws such as the Americans with Disabilities Act, the Rehabilitation Act and the Hawaii Revised Statutes, 371 and 268 prohibit discrimination against individuals with disabilities.

Further it is the policy of the State of Hawaii that, "no qualified individual with a disability is excluded from participation in, denied the benefits of or is otherwise subjected to discrimination by any program, service or activity of the State of Hawaii on the basis of disability."

In keeping with this policy and to meet our obligation under the law as well as benefit from the ideas and efforts of individuals with disabilities, the DHS shall take the following actions:

- (a) Make reasonable modifications to our policies, procedures and practices, to ensure that persons with disabilities are not excluded from participation;
- (b) Provide auxiliary aids and services (i.e., Sign and other language interpreters/translators, TDDs, telephone relay service, large print, Braille, audiocassette, transcribers and so forth) to ensure effective communication access for persons with disabilities, taking into consideration the requesting individual's preference; and
- (c) Ensure our offices that serve the public on a regular basis are accessible. If this is not readily achievable, services shall be programmatically accessible to qualified individuals.

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**2. Providing Access for Limited English Proficient (LEP) Persons**

Title VI of the Civil Rights Act states, "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." The exclusion of LEP persons from our programs because of their inability to communicate in English, could be considered a form of national origin discrimination.

In order to comply with Title VI and to benefit from the opportunities to serve LEP persons as well as ensure that they are free from discriminatory practices, we must take the following steps to assure that all eligible persons with LEP have meaningful access to benefits and services we provide.

- (a) Ensure that LEP persons are informed of their right to be provided with interpreter and/or translation services free of charge.
- (b) Translate written materials that are routinely provided in English into regularly encountered languages other than English. It is particularly important to translate vital documents such as applications, consent forms and notices regarding denial or changes in benefits into other languages.
- (c) Contact qualified individuals and organizations, profit and/or non-profit, such as educational institutions, religious organizations, community entities, when interpreter and/or translation services are needed. Utilize qualified bi-lingual staff as well as other qualified multi-lingual individuals who have volunteered to serve as interpreters and/or translators.

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- (d) Utilize technology effectively to promote communication and understanding about programs.

Discrimination will not be tolerated by the DHS. We have an opportunity and obligation to provide services through processes that are free of discriminatory practices.

Employees who engage in discriminatory conduct shall be subject to disciplinary action in accordance with the applicable personnel rules and regulations and/or bargaining unit agreement.

#### 4.0 SCOPE

This policy and procedure applies to all departmental organizational units and administratively attached agencies, employees, clients and potential clients, service providers and contractors.

#### 5.0 RESPONSIBILITIES

##### 5.1 Director

Ensure that all programs, services and activities administered by the Department are provided in an environment free of discriminatory practices.

##### 5.2 Civil Rights Compliance Staff (CRCS)

- a. Develops, coordinates, monitors and maintains all departmental programs related to civil rights and access to services, in accordance with the appropriate federal and state laws and regulations.
- b. Develops and implements policies and procedures relative to providing an opportunity to participate in programs, services and activities.
- c. Provides technical assistance and staff support to the Director, Deputy Director and supervisory personnel in matters concerning non-discrimination in the provision of services.

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- d. Investigates complaints of discrimination in accordance with section 4.10.1 of this Policy and Procedure Manual.
- e. Establishes and maintains a Volunteer Interpreter List of employees and disseminate to each program or activity. The list shall be updated on a semi-annual basis.
- f. Works in consonance with personnel in staff offices and divisions on matters relating to equal opportunity in the provision of services.
- g. Negotiates settlements for, or submits recommendations to the Director for review.

**5.3 Executive Director/Staff Officers/Division Administrators**

- a. Ensures programs are provided in a non-discriminatory manner to all eligible persons.
- b. Coordinates the Department's compliance programs, services and activities as they relate to their respective organizations.
- c. Provides direct assistance to the Civil Rights Compliance Officer in civil rights-related matters as deemed necessary.
- d. Disseminates list of volunteer employee interpreters to their respective organizational units.
- e. Notifies prospective and actual applicants and clients of their right to interpreter and other services at no cost, in order to ensure access to all departmental programs, services and activities.

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**5.4 Program Administrators (includes Division, Branch and Section)**

- a. Identifies the language and access needs of their clientele, and persons in the community likely to be affected by their program. Further, they are responsible for planning and administering the program, service or activity in a manner that does not openly result in, or have the effect of, treating a person or a group of persons unfairly.

**5.5 Supervisors**

- a. Supervisors must ensure the consistent application of the Department's non-discrimination policy and method of administration in the provision of programs, services and/or activities to the public.
- b. Inform each employee of the procedures to provide meaningful access to all individuals, including LEP persons and people with disabilities.

**5.6 Employees**

- a. Implement and consistently apply the Department's non-discrimination policy and method of administration in the performance of their jobs. This includes, and is not limited to:
  1. assisting a client, applicant or potential applicant in order to provide meaningful access to programs, services and activities provided by the Department.
  2. explaining to applicants, potential applicants and clients their rights, including the right to language assistance, access and the right to file a complaint;
  3. providing auxiliary aids and services and materials in alternate format when requested by a person with a disability; and
  4. assisting a person in the complaint process.

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- b. Inform clients and applicants of the availability of language assistance, auxiliary aids and services and the provision of materials in alternate format.
- c. Arrange for a sign or other language interpreter on behalf of the requesting LEP individual and hearing impaired individual, respectively.

## 6.0 PROCEDURES

### 6.1 Access to Programs, Services and Activities by LEP Persons

#### a. Oral Interpreters

1. When a request for an interpreter is made either orally or in writing, the employee shall determine whether bi-lingual staff in the office or a nearby unit is available who speaks the language being requested.
2. When bi-lingual staff is not available, the employee shall contact a language agency to provide interpreter services.
3. The employee shall contact the language agency at least two weeks before the scheduled appointment with the requesting LEP person. Provide the following information to the language agency:
  - (a) requesting employee's full name and telephone number
  - (b) department, unit and address;
  - (c) employee's telephone number;
  - (d) language needed;
  - (e) client's full name;
  - (f) date and time of appointment;
  - (g) purchase order number
4. Employees may ask the language agency interpreter to call the LEP individual to inform him/her of the scheduled appointment.

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5. Upon completion of the appointment, an Encounter Form provided by the interpreter is completed and signed by the departmental employee and the interpreter. Information on the form includes the end time of the appointment, the nature of the encounter, and the interpreter's full name and signature.
  6. The employee may cancel the request for interpreter, however, if the interpreter is not contacted in time, the Department will be charged a minimum of one hour even though no services are provided.
  7. When the above alternatives are not possible or practicable, the employee shall contact a volunteer interpreter from the Volunteer Interpreter List, which is disseminated by CRCS.
    - (a) The requesting employee shall determine first whether interpreting by the volunteer employee may be informed via telephone to minimize the time the volunteer spends interpreting and away from his/her regular duties.
    - (b) If possible, volunteer interpreters should be familiar with the program for which interpretation is needed.
  8. Telephone interpreter services are available for brief encounters as are video phones and voice recognition packages. Programs shall have internal divisional procedures for utilization of such services.
- b. Translated Materials
1. Division Administrators and Staff Officers shall determine what informational program materials and vital documents shall be translated into languages other than English. This determination shall be based on guidelines set forth in the U. S. Department of Health and Human Services, Office for Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination as it Affects

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Persons with Limited English Proficiency. Policy Guidance can be obtained from the CRCS or the Director, DHS website, [www.dhs.hawaii.gov](http://www.dhs.hawaii.gov).

2. Executive Director/Staff Officers/Division Administrators shall also assess the language needs of their respective project areas to determine the languages that will be translated, to ensure meaningful access to the language groups of people eligible to be served or likely to be affected by the program.

## 6.2 Access to Programs, Services and Activities by Persons with Disabilities

### a. Program Access

Programs are required to operate in such a manner that, when viewed in their entirety, are readily accessible to persons with disabilities. This means making reasonable modifications to program policies, procedures and practices to ensure that persons with disabilities are afforded an opportunity to participate in programs, services and activities of the Department.

Modifications include, and are not limited to:

1. making home visits in lieu of office visits;
2. conducting interviews over the telephone rather than in person; and
3. providing services in an alternate accessible site without compromising confidentiality.

Programs shall not modify policies, procedures or practices if it is determined that a modification would result in a fundamental alteration to the program or create an undue financial or administrative burden. In such situations, the program shall consult with the CRCS to ensure compliance with the applicable laws, rules, regulations and this policy.

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**b. Communication Access**

The Department shall ensure that persons with communication disabilities have a means of communication that is as effective as that provided to persons without disabilities. Programs shall provide an effective means of communication with people who have hearing, visual, speech or cognitive disabilities by providing auxiliary aids and services. Programs shall take into consideration the preferences of the requesting individual when providing an auxiliary aid or service.

Programs shall not provide an auxiliary aid or service if it will fundamentally alter the program or create an undue financial or administrative burden. Under these circumstances, the program shall consult with CRCS to ensure compliance with the applicable laws, rules, regulations and this policy.

**1. Hearing Impairments**

Examples of auxiliary aids and services for people who are hearing impaired include, and are not limited to:

- qualified interpreters
  - note takers or computer assisted note takers
  - written material
  - real-time transcription or video text displays
  - amplified and hearing aid compatible telephones
  - assistive listening devices
  - open and closed captioning
  - caption decoders
  - TTYs (teletypewriters), TDDs (telephone devices for the deaf), or TTs (text telephones)
- (a) Procedures for Obtaining Qualified Sign Language Interpreters

Departmental staff shall obtain a qualified sign language interpreter in accordance with Hawaii Administrative Rules Title 11, Chapter 218.

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Interpreters shall be nationally-certified or hold a local certification awarded by a local screening agency.

Appropriate certification level of the interpreter will depend on the nature of the meeting or appointment.

When it is determined that a sign language interpreter is necessary for effective communication, the requesting employee shall contact an interpreter referral service agency with the following information, to obtain a sign language interpreter:

- (1) requesting employee's full name
- (2) employee's telephone number
- (3) location of meeting
- (4) purpose of the meeting
- (5) date of appointment
- (6) start and stop time
- (7) interpreter preference of hearing impaired individual
- (8) on-site contact person and telephone number (if different from requesting employee.)

**2. Visual Impairments**

Examples of auxiliary aids and services for people who have visual disabilities include, and are not limited to:

- printed information on tape cassette or computer diskette, in Braille, or large print, or read by skilled readers;
- verbal description of action and visual information to enhance the accessibility of performances and presentations; and
- a staff member serving as a guide to enable a person who has limited vision to locate items or to find his or her way along an unfamiliar route.

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**3. Cognitive Impairments**

Examples of auxiliary aids and services for persons with cognitive impairments, include and are not limited to:

- readers
- communication assistants
- rewording of information to use clear and concise language
- pictograms
- graphic presentation of information

**4. Speech Impairments**

Examples of auxiliary aids or services to persons with speech impairments include, and are not limited to:

- written material
- more active and acute listening on part of listener
- communication assistants who are familiar with person's speech
- typewriter, TTYs or TDDs.

**c. Physical Access**

The Department shall ensure that all programs, services and activities, when viewed in their entirety be accessible to persons with disabilities. This includes ensuring all DHS offices that serve the public are structurally accessible to persons with disabilities, in accordance with administrative directives related to facility access.

**1. State Buildings**

Programs shall work with the DAGS, Planning Branch, and the Fiscal Management Office to ensure that existing state buildings are upgraded, when necessary, to meet minimum access requirements. If this is not readily achievable, Programs shall assure that access is achieved programmatically.

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2. Leased Facilities

The Department shall lease office space in accordance with Comptroller's Memoranda, Policy Guidance and Procedures for Leasing Office Space to Ensure Program Access for Persons with Disabilities.

The Department shall ensure that organizational units in leased facilities are accessible to persons with disabilities. The programs shall work with the DAGS, Leasing Branch, when negotiating a new lease or lease renewal.

Administrators and Unit Supervisors or a designee shall accompany DAGS in a walk-thru of a prospective leased facility. The programs shall utilize the survey tool provided by DAGS when performing site assessments to determine whether or not the facility meets minimum access requirements.

7.0 IMPLEMENTATION

With the approval of this policy statement and procedures by the Director, the Department's access policy and method of administration shall be implemented and will remain in effect until such time it is cancelled or superseded by order of the Director.

This part shall supersede any prior directive concerning access to programs, services and activities. Authorized modifications of content will not affect the life of these policies and procedures, unless so specified by the Director.

Approved:



Director

Date:

SEP 17 2007

**INTERNAL  
COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

**Suspense**

**August 15, 2008**

**Subject:** Required Notices

**Originator:**

**To:** SOs, DAs

**From:** Deputy Director

**Date:** August 4, 2008 **Memo No. 1**

Please make sure that the attached joint Nondiscrimination Notice is placed in ALL WAITING AREAS AT EYE LEVEL EFFECTIVELY IMMEDIATELY as discussed in the August 1, 2008 SODA meeting. Copies can be downloaded and printed at <http://hawaii.gov/dhs/main/civil-rights-corner/CRTrainingModules>

Additional required notices that MUST BE PLACED IN ALL WAITING AREAS can be found at <http://www.hawaii.gov/dhs> in the Civil Rights Corner under the respective subject areas.

You will also find Reporting Tools, Training Modules, Best Practices, Affirmative Action Plan, Limited English Proficiency Plan and Self-Evaluation Plan at <http://www.hawaii.gov/dhs> in the Civil Rights Corner. Please inform your Branch Administrators and appropriate staff of this availability.

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**Deputy Director**

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# Civil Rights Corner

- **DHS Affirmative Action Compliance Plan 2008-2010**

- Appendices A-M
- Appendix N
- Appendices O-P

- **Access Hawaii Brochure - Your Rights and Our Responsibilities**

- **Self-Evaluation Plan - Effective August 1, 2008**

- Appendices A-E
- Appendix F
- Appendix G
  - Exhibits A-K
- Appendices H-I
- Appendices J-K
- Appendix L
- Appendices M-N

**Link to: DHS Training and Development Modules, Notices and Handouts**

## Background

The Department of Human Services (DHS) conducted a Civil Rights Compliance Employee Training Needs Assessment in July and August of 2007. Survey results include 658 DHS employee responses--including 140 supervisory and 506 non-supervisory participants with 12 not specifying current assignment type.

The survey and assessment was a joint effort of the Personnel Office, Civil Rights Compliance Staff (CRCS) and the Management Services Office (MSO) Research Staff. Designed to assist in improving DHS' services, prevent civil rights violations, and meet Federal and State guidelines from agencies that fund its programs, the survey results are summarized as follows:

Group	Type or Need		
	Information	Formal Training	Developmental
Supervisory	§ Reasonable Accommodations	§ Civil Rights Compliance Issues	§ Civil Rights Laws

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	§ Complaint Process		
<b>Non-Supervisory</b>	§ Complaint Process	§ Civil Rights Compliance Issues	§ Civil Rights Laws

[See the complete Civil Rights Compliance Needs Assessment Survey Results here.](#)

To respond to some of the needs expressed in this assessment, the Personnel Office, Civil Rights Compliance Staff, in cooperation with staff in the Office of the Director, initiates this Civil Rights Corner which will cover topics related to Civil Rights issues and needs.

**Please visit our site regularly.**

**In this corner:**

## Forms

- **Reasonable Accommodation Form**
  - **Reasonable Accommodation Process Fact Sheet**
    - **Reasonable Accommodation Form - Word Version**
- **Discrimination Complaint Forms**
- **Summary Language Access Reporting Tool (July 1 - Sept. 30, 2008)**
  - **Excel Version of Reporting Tool**

## LEP

- **Language Access - Limited English Proficiency (LEP)**
  - **Department of Labor and Industrial Relations (DLIR) approval of DHS LEP Plan**
- **If you need an Interpreter Line (FREE - 21 Languages)**
- **Sign or Interpreter Services Instructions**
- **Interpreter Code of Ethics**

## Nondiscrimination

- **DHS Nondiscrimination Statement (joint)**

- **Chinese (Mandarin or Cantonese)**
- **English**
- **Hawaiian**
- **Ilocano**
- **Korean**
- **Marshallese**
- **Japanese**
- **Samoan**
- **Spanish**
- **Tagalog**

o **Food Stamp Nondiscrimination Statement in multi languages**

### **Fact Sheets and Lists**

- o **Requesting Sign Language Interpreters and Captioners for Deaf Individuals**
- o **About National Origin Discrimination (English)**
- o **Know your Civil Rights! (English)**
- o **About Laws Against Discrimination and Health Information Policy**
  - o **(Chinese)**
  - o **(Vietnamese)**
- o **About Laws Against Discrimination**
  - o **(Spanish)**
  - o **(Tagalog)**
- o **General Information on Laws to Eliminate Unlawful Discrimination, including alternate formats (English and Spanish)**
  - o **Available in the Following Languages at <http://www.hhs.gov/ocr/factsheets>**
    - Chinese**
    - Korean**
    - Polish**
    - Russian**
    - Spanish**
    - Tagalog**
    - Vietnamese**

### **Lists**

- o **Court Interpreter List**

# Training and Development Modules

- **Training Registration**

## Notices

- **ADA**
- **EEO**
- **Fair Housing**
  - **Fair Housing Presentation**
- **Harassment**
- **HIPAA/Privacy**
- **...If you need an interpreter**
- **...And Justice for All**
- **Wage and Hour**
- **Your Rights Under USERRA**

## Handouts

All handouts in one file (113 pages)

### **Individual handouts:**

- Starter Checklist
- Legal Issues for Supervisors
- Policies and Procedures 4.10.1 - 4.10.3

## Modules

- **Module 1 - Civil Rights in Review**
- **Module 2 - Clericals**
- **Module 3 - Supervisors**
- **Module 4 - Program Workers**
- **Module 5 - General Provisions**
- **Module 6 - Sub-Recipients**