

Sherburne County Health and Human Services Civil Rights Plan

**Sherburne County Health and Human Services
Government Center
13880 Business Center Drive NW
Elk River, MN 55330-4600
(763) 765-4000 (Metro/TTY*)
(800) 433-5239 (Toll Free/TTY*)
(763) 765-4096 (Fax)**

Contact Person:

Amanda Larson, Planner
Sherburne County Health and Human Services
763-765-4037
Amanda.Larson@co.sherburne.mn.us

*This plan is made available to the general public, upon request.
It is also available electronically, via the Sherburne County Health & Human Services
website – www.co.sherburne.mn.us/hhs*

* Please note that individuals in need of TTY communication services can call these numbers directly, Sherburne County Health and Human Services will transfer the call to the TTY system.

Purpose

The purpose of the Sherburne County Health and Human Services Civil Rights Plan is to ensure fair treatment and equal access to the public services provided by Sherburne County Social Services and Public Health.

Effective Date

June 5, 2006; revised October 31, 2014

Applicability

Applies to all Sherburne County Health and Human Services clients.

Legal References

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990, Title II
- Age Discrimination Act of 1975
- Community Services Assurance Provisions of the Hill-Burton Act
- Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP)
- Family Violence Prevention and Services Act
- Multiethnic Placement Act of 1994 as Amended by the Interethnic Adoption Provisions of 1996
- Food Stamp Act of 1977
- Nondiscrimination Compliance Requirements in the Food Stamp Program, Food Nutrition Service, U.S. Department of Agriculture
- Bilingual Requirements in the Food Stamp Program, Food and Nutrition Services, U.S. Department of Agriculture
- FNS Instruction 113-1. Civil Rights Compliance and Enforcement- Nutrition Programs and Activities, Food and Nutrition Services, U.S. Department of Agriculture (2005)

Equal Opportunity in Service Delivery Policy

It is the policy of Sherburne County Health and Human Services to assure program benefits and services are made available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

No otherwise qualified applicant for services or client shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of race, color, national origin, sex, age, religion, political beliefs or physical, mental, or emotional disability. This policy covers eligibility for and access to service delivery and treatment in all of our health and human services programs and activities.

This civil rights policy covers Sherburne County Health and Human Services' full range of program benefits and services, including, but not limited to, access to information about services, eligibility determinations, intake and admission procedures, and

treatment. This policy applies to all programs and services including those receiving state and federal financial assistance.

Complaint Resolution Procedure

You have the right to fair treatment if you are an applicant, client, or member of the public trying to access human services program information or benefits. You may file a complaint if you believe you have been discriminated against because of your **race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability**, or because of your **public assistance status**. Someone discriminates against you when he/she wrongfully denies you services or treats you differently than others because of something about you, such as your race, skin color, or because you have a disability.

We encourage you to attempt to resolve the issue informally with the staff involved and their supervisor. However, if a resolution cannot be reached you have the right to file a written complaint within 60 days of the alleged discrimination. All complaints will be referred for resolution to the Minnesota Department of Human Services. To file a written complaint you may contact the Department of Human Services (contact information below) or complete and sign the County Human Service Agency Complaint Notification Form. This form can be sent directly to the Department of Human Services or given to the contact person at Sherburne County Health and Human Services who will then forward the complaint to the Department of Human Services. For a copy of the Complaint Notification Form contact the Civil Rights Plan contact person.

During the complaint resolution process you have the right to be heard, the right to representation, the right to an impartial decision-maker and the right to a written decision.

The County agency agrees to abide by the State's policies, procedures, and decisions in these matters. However, the County does not waive its right to challenge or appeal the State's policies, procedures, and/or decisions.

Enforcement Agencies:

*You may file a civil rights complaint with DHS. You must file your complaint within **one-year** of the alleged discrimination. DHS may extend the one-year period if you can show good cause for not filing sooner. Your complaint must be filed **in writing**.*

Minnesota Department of Human Services
Civil Rights Coordinator
Office for Equal Opportunity
PO Box 64997
St. Paul, MN 55164-0997
(651) 431-3040 (Voice)
(866) 786-3945 (TTY/TDD)
(651) 431- 7444 (Fax)
E-mail: dhs.equalopportunity@state.mn.us

*The Minnesota Department of Human Rights enforces the Minnesota Human Rights Act. **You have one year after the alleged discrimination has occurred to file a complaint.** For more information, contact:*

Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 E. Fifth Street
St. Paul, MN 5101
(800) 657-3704 (Voice)
(651) 296-1283 (TTY/TDD)
<http://www.humanrights.state.mn.us/>

*The federal Office for Civil Rights (OCR) carries out federal laws that protect you from discrimination in human services programs receiving federal funds from the U.S. Department of Health and Human Services. **You have 180 days after the alleged discrimination has occurred to file a complaint.** For more information, contact:*

Office for Civil Rights
U.S. Department of Health and Human Services, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice)
(312) 353-5693 (TTY/TDD)
<http://www.hhs.gov/ocr/>

*The U.S. Department of Agriculture oversees the federal Food Stamps or Food Support programs. State and county agencies run the programs for the USDA. If you believe you were discriminated against in receiving food support services, **you have 180 days after the alleged discrimination has occurred to file a complaint.** For more information, contact:*

U.S. Department of Agriculture (USDA)
Director, Office of Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410
(800) 795-3272 (voice)
(202) 720-6382 (TDD)
<http://www.fns.usda.gov/>

Complaint Notification Form

Sherburne County Health and Human Services will notify DHS in writing of all service delivery discrimination complaints filed against Sherburne County Health and Human Services within 90 days of the date the complaint is filed.

Nonretaliation Policy

If you file a complaint, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing the complaint. This protection against retaliation also protects anyone who gives information

about the complaint on your behalf. If you experience retaliation, report it right away to the Office for Equal Opportunity at DHS.

Americans with Disabilities Act/504 Coordinator

Amanda Larson

Sherburne County Health and Human Services

Sherburne County Government Center

13880 Business Center Drive NW

Elk River, MN 55330-4600

763-765-4037 (Direct)

763-765-4000 (Reception/TTY)

800-433-5239 (Toll Free/TTY)

DHS' Americans with Disabilities Act (ADA) Brochure: Do you have a disability?

This document is an ADA brochure that provides required disability rights information for the public. It can viewed publicly on the Sherburne County Health and Human Services webpage (www.co.sherburne.mn.us/hhs).

Limited English Proficiency (LEP) Plan

See Appendix A for complete LEP Plan.

**MINNESOTA DEPARTMENT OF HUMAN SERVICES
2006 CIVIL RIGHTS ASSURANCE AGREEMENT**

ASSURANCE OF COMPLIANCE FOR MINNESOTA COUNTY HUMAN SERVICES AGENCIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1993, THE AGE DISCRIMINATION ACT OF 1975 AND THE FOOD STAMP ACT OF 1977

The county agency provides this assurance in consideration of and for the purpose of maintaining its receipt of federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The county agency agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance and that it is binding upon the county agency, its successors, transferees and assignees for a period of two years, January 2006 through December 2007, during which the assistance is provided.

THE COUNTY AGENCY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 80). In accordance with Title VI and its implementing regulation, 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 otherwise be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 84). In accordance with Section 504 and the regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
3. The Age Discrimination Act of 1975 (Pub. L. 94-195), as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 91). In accordance with the Age Discrimination Act and the regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the county agency receives federal financial assistance from the Department of Health and Human Services.
4. The Food Stamp Act of 1977 (Pub. L. 95-113), as amended, and all requirements imposed by or pursuant to the Food and Nutrition Service (FNS) Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities

of the Department of Agriculture which derives authority from the Food Stamp Act, the Department of Agriculture regulation implementing Title VI (7 C.F.R. Part 15 Subpart A and Subpart C) and the regulations implementing Section 504 and the Age Discrimination Act. In accordance with the Food Stamp Act and FNS Instruction 113-1, the Food Support Program is committed to assuring that no person in the United States shall, on the ground of race, color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Food Support Program. FNS Instruction 113-1 requires that each local agency obtain a written civil rights assurance of compliance, and to assure compliance, Department of Agriculture personnel must be allowed access to county agency records, books and accounts as needed during normal work hours.

5. Pursuant to the Civil Rights Plan for the Minnesota Department of Human Services (DHS), DHS shall have access to private and/or confidential data maintained by the county agency or other sub-recipient of federal financial assistance to the extent necessary to conduct a full and complete investigation into any complaint of discrimination. DHS agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or thereafter.

The person whose signature appears below is authorized to sign this assurance agreement and commit the county agency to the above provisions. The signature of the county agency director is preferred.

County Human Services Agency: _____

Name: _____

Title: _____

Date: _____

I certify that the signatory for the county agency has lawful authority to bind the county agency to the terms of this civil rights assurance agreement.

Date: _____

By: _____
Attorney for County Agency

SHERBURNE COUNTY HEALTH AND HUMAN SERVICES
13880 BUSINESS CENTER DRIVE NW
ELK RIVER, MN 55330

LIMITED ENGLISH PROFICIENCY PLAN
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Sherburne County Health & Human Services
Limited English Proficiency Plan

Effective September 28, 2001
Updated January 9, 2006
Updated March 23, 2007
Updated July 1, 2010
Updated January 31, 2013
Updated October 31, 2014

Sherburne County Health & Human Services
13880 Business Center Drive
Elk River, MN 55330
763.765.4000
1.800.433.5239 (toll free)
763.765.4122 (TDD)
763.765.4096 (fax)

Administration or Complaints:
Mary Jo Cobb, Sherburne County Health & Human Services Director
Amanda Larson, Planner/LEP Contact

A. Purpose and Legal Basis

This document represents the Sherburne County Health & Human Services Department's plan and commitment to provide access to services for all persons regardless of language barriers as required by:

- Title VI of the Civil Rights Act of 1964: Statutory Citation: 42 USC 2000 et.seq. and Regulatory Citations: 45 CFR Part 80. Policy of Nondiscrimination under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services.
- Office for Civil Rights Policy Guidance, 65 Fed. Reg. 52762 (2000), 68 Fed. Reg. 47311 (2003). Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency.
- Department of Justice Regulation, 28 CFR part 42.405 (d)(1), Coordination of Enforcement of Non-discrimination in Federally Assisted Programs.
- Food Stamp Program 7 CFR 2724 (USDA).

This LEP plan meets all National Standards on Culturally and Linguistically Appropriate Services (CLAS).

Sherburne County Health & Human Services is committed to providing access to services for all persons regardless of language barriers.

B. Policy

1. Statement of Commitment to Meaningful Access

No person will be denied access to programs or program information provided by Sherburne County Health & Human Services because he/she does not speak English or speaks limited English. Sherburne County Health & Human Services will provide for effective communication between clients with Limited English Proficiency (LEP) and Health & Human Services staff by providing appropriate language assistance services to all persons with LEP at all points of contact, in a timely and confidential manner, during all hours of operation, at no cost to the client in a language they understand.

Language assistance will be offered, as needed, in the following formats:

- Interpretation: Spoken or visual explanation provided to help two or more people who do not speak the same language communicate with each other.
- Translation: Written version of document(s) provided in the client's preferred language.

Meaningful Access is achieved when communication between an LEP client and the provider are effective in promoting mutual understanding.

2. Persons Covered by this Limited English Proficiency Plan

A client is considered to be LEP when he/she is not able to hear, speak, read, write or understand the English language at a level that allows him/her to understand or interact effectively with Sherburne County Health & Human Services staff.

3. Notice of Rights to Language Assistance

Clients with LEP will receive, in their preferred language, both verbal offers and written notice of free access to interpreter and translation services when staff recognize they are not able to communicate sufficiently in English.

4. Limited English Proficiency Plan Availability

Sherburne County Health & Human Services will make the LEP plan available to the public through the Sherburne County website. This plan can be accessed through the Health & Human Services page at www.co.sherburne.mn.us/hhs.

Sherburne County Health & Human Services staff may access the plan through the Internal Policies.

The plan will also be made available upon request.

5. Competency Standards for Interpreters

Minnesota Data Practices Act requires Sherburne County Health & Human Services to maintain the privacy of data that they collect in the course of their business. For purposes of the Data Practices Act, organizations and persons who contract to provide translation and interpretation services to Sherburne County Health & Human Services clients are considered agents of Sherburne County Health & Human Services and are bound by the same requirements of confidentiality as Health & Human Services staff, including:

- The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160, 162, 164
- The Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes Chapter 13, in particular, Stat. 13.46 (“welfare data”)
- The Minnesota Medical Records Act, Minn. Stat. 144.335
- Federal law and regulations that govern the use and disclosure of substance abuse treatment records, 42 USCS 290dd-2 and 42 CFR 2.1 to 2.67

Interpreters will demonstrate language proficiency in English and the language of the applicant. Interpreters should also have had orientation and/or training that includes the skills and ethics of interpreting, have basic knowledge in both languages of specialized program terms or concepts and be sensitive to the client’s culture.

C. Process and Procedure to Access Limited English Proficiency Resources

The process and procedure to access LEP resources can be found in Attachment A.

D. Limited English Proficiency Staff Training

Sherburne County Health & Human Services staff will receive a copy of the LEP plan during orientation and annually thereafter. A review of the LEP plan is included in the New Employee Orientation Checklist.

The LEP plan will be reviewed with staff on an annual basis to ensure staff awareness and an understanding of their obligations to persons with LEP. Sherburne County Health & Human Services staff will receive instruction and a copy of the LEP Plan via email no later than February each year. Upon review, staff will acknowledge that they have received a copy of the LEP plan and required training, through signed documentation that will be kept in their personnel file.

The LEP Plan is also available to employees through the Internal Policies Manual.

Staff members will have knowledge of LEP protocol and the ability to access interpreter and language translation services.

D. Procedure for Complaint Resolution

If an individual with LEP disagrees with the action taken by Sherburne County Health & Human Services staff they have the right to be involved in a formal complaint process.

The grievance process will be carried out in a language understandable to the individual filing the complaint. An interpreter will be utilized to facilitate the complaint resolution process. If the dispute is not resolved at the county level, the individual will be informed of the process to file a complaint with the Minnesota Department of Human Services or the Office of Civil Rights.

The complaint process will conform in all respects to Sherburne County's Civil Rights complaint procedure. Initial complaints can be made to any of the individuals listed at the beginning of this LEP plan.

E. Annual Evaluation of Limited English Proficiency Plan

A coordinated review of the LEP plan will take place in January of each year. At that time the director and supervisors from each unit will assess the existing plan, identify concerns or areas of needed revision and carry out changes as needed. The evaluation will review the following areas:

Number of documented individuals receiving LEP services in the previous year.
Assessment of available interpreter and translator services in regards to timeliness and proficiency.

Assessment of staff's understanding and proficiency in delivering LEP services.

Attachment A—Sherburne County Limited English Proficiency Plan
Process and Procedure to Access Limited English Proficiency Resources

1. Notice of Rights to Language Assistance by Sherburne County Health and Human Services Staff

Under Title VI of the Civil Rights Act, Sherburne County Health & Human Services staff are required to inform LEP clients of their legal right to language access services at no cost to the client.

2. Interpretation and Translation Services

Telephone Contact

Staff should utilize **Language Line** services or **ELSA** for interpreter assistance when clients with LEP place a call into Sherburne County Health & Human Services, are in the office, when the language is not recognized by Health & Human Services staff, or when emergency services are needed.

ELSA Service Instructions:

Health & Human Services owns one ELSA device. This can be checked out by contacting Clerical staff. Staff are asked to follow normal accounting procedures.

Language Line Services Instructions:

Incoming calls to Health & Human Services

1. Use conference call hold to place the non-English speaker on hold
2. Dial Language Line 1.800.367.9559
3. Enter ID Number: 509052
4. Enter Access Code
 - a. Public Health Units: 215209#
 - b. All other Units: 312255#
5. For Spanish press 1
For all other languages press 2
6. An interpreter will be connected to the call.
 - Brief the interpreter
 - State what you wish to accomplish during the call
 - Provide any special instructions
7. Add the non-English speaker to the line by pressing the conference button on your phone.

Outgoing calls to LEP persons

Use the above process, beginning at step 2

LEP persons in the Health & Human Services office

Use the above process, skipping step 7

If you need assistance, you may press 0 to transfer to a representative at the beginning of the call.

Face to Face Contact

Direct interpretation and translation services may be utilized in non-emergency situations, when services are required in the office or when staff have a need for an interpreter to accompany them to a client’s home or in the community.

The following agencies may be contacted to provide direct interpretation and translation services for individuals with LEP:

Foreign Language Services

The Bridge	320.259.9239	<ul style="list-style-type: none"> • \$60/hr, \$48/hr with a signed contract for common languages (Spanish, Somali, Vietnamese, Laotian, Hmong). • Somali interpreters are from St. Cloud, may be less expensive than Garden <p><u>Cancellation Policy</u></p> <ul style="list-style-type: none"> • 24 hour notice required for spoken language.
Garden & Associates	952.920.6160	<p><u>Non-local interpreters (drives 10+ miles to appt)</u></p> <ul style="list-style-type: none"> • \$40/hr, 2 hour minimum • Drive time \$30/hr portal to portal • Services exceeding 2 hrs, are billed in 15 min increments at \$11.25/hr • All Somali interpreters come from the Twin Cities metro area <p><u>Local Interpreters</u></p> <ul style="list-style-type: none"> • \$50/hr, 1 hour minimum • Services exceeding 1 hr, are billed in 15 increments at \$35/hr
All In One Translation	952.435.0799	\$43.18-\$47.98 per hour dependent upon language

American Sign Language Services

Keystone Interpreting Solutions	651.454.7275	<ul style="list-style-type: none"> • 56.76/hour day rate (6am to 6pm), \$62.44/hour weekends/holidays • Legal/Emergency rate - \$68.64 to \$87.40/hour • Also offers Video Remote Interpreting, \$2.71/min – days, \$3.66/min – evenings (10 minute minimum)
ASLIS	763.478.8963	<ul style="list-style-type: none"> • \$60 per hour, minimum of 2 hours. If consumer is Deaf/Blind or has Minimum Language Skills, rate will be \$66 per hour. • Travel costs are \$26.50 per hour, or .55 per mile. <p><u>Cancellation Policy</u></p> <p>48 hours, or all applicable fees will be billed in full.</p>

Bilingual Staff

When an LEP client is in the office and an immediate interpreter is needed or in emergency situation bilingual staff can be utilized to provide basic and limited interpretation.

French Mary Jo Cobb ext. 4055	Spanish Beth O’Brien ext. 4104	Spanish Katie Lhotka Ext. 4072	Mandarin Mei Yeh ext. 4117
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3. Accounting Procedures

Whenever you use an interpreter or interpreting services, the following information is to be e-mailed to Deb Sackett:

1. Date
2. Language used
3. Duration of the call/service
4. Client name
5. Case #
6. Name of interpreter service used. ie: Language Line, Garden and Associates, etc.
7. If the contact was Face to Face.

4. Unit Specific Procedures

Reception

Clients with LEP that present themselves to reception staff will be presented with the "I Speak poster" to indicate to reception staff their primary language.

Incoming calls from clients with LEP will be transferred to:

- Income Maintenance Adult Intake Coordinator: ext.4041
- Income Maintenance Family Intake Coordinator: ext.4131

Child Support

Child Support staff shall make a note in the client's work list indicating if a client has specified an LEP preference.

Income Maintenance

To help identify financial applicants' language needs, the worker will review the language preference questions on application forms (Health Care Application Form, Combined/Application Form, Part I and Recertification Form) where the applicant will indicate his/her primary language.

Language preferences will be recorded into the applicants' case file in the MEMB or PMIN panels in MAXIS, or in MMIS for medical programs.

Workers may use DAIL/TIKL on MAXIS as a reminder to send recipients the preferred language version of forms at the appropriate times.

Public Health

Public Health staff shall make a note in the clients file indicating if an LEP preference has been indicated.

Social Services

Social Workers shall make a note in SSIS indicating if a client has specified an LEP preference.

5. Refusal of Language Assistance

Health & Human Services staff must document in the client's case file the offer of interpretation assistance and a statement indicating if the client declined interpretation assistance.

6. Use of Family and Friends as Interpreters

Sherburne County Health & Human Services may expose itself to liability under Title VI if it requires, suggests or encourages a client with LEP to utilize friends, minor children or family members as interpreters as these individuals may not be competent to serve as interpreters.

However, if a client prefers a family member or friend to interpret after staff offers free interpreter services, staff shall accommodate their clients' wishes to have family or friends serve as interpreters if it will not compromise the effectiveness of the interpretation and/or violate the client's confidentiality.

Staff must consider the requirements of the Minnesota Data Practices Act when determining whether or not, or in what capacity, a family member or friend may be used to provide interpretation or translation services.

Health & Human Services staff should never use minor children as interpreters.

7. Uncommon Languages

The above process will be utilized for all clients with LEP. In situations where a language isn't recognized utilizing the "I Speak poster" clients will be referred to the staff below, who will utilize Language Line to determine the language needed:

- Income Maintenance Adult Intake Coordinator: ext.4041
- Income Maintenance Family Intake Coordinator: ext.4131

If no contracted providers are able to provide interpretation or translation in the needed language, other providers will be sought.

8. Emergency Interpreter Services

Services provided by Language Line and ELSA can be accessed immediately. Bilingual staff, if available, may also be accessed during working hours for limited translation. Services through other providers require scheduling appointments.

9. Assistance to Clients Who Don't Read Their Own Language

In situations where a client cannot read or write their native language, staff will make arrangements for an interpreter to come to the government center, or utilize ITV so necessary forms and documentation may be completed.

10. Translated Forms

If translated forms are available, staff should always ask the client if he/she wants translated documents as opposed to an English version of the form. It is the recipient who should decide if he/she needs translated forms.

Department of Human Services Forms

Some Department of Human Services (DHS) forms are available in translated languages which can be accessed through eDocs at www.dhs.state.mn.

Limited Income Maintenance forms in the Spanish language are available within the Health & Human Services Department.

When necessary forms are not available in a client's preferred language, they may be translated through one of the approved contracted providers.