

Communication Access Plan



*To join communities and families in providing opportunities
for citizens to achieve health and independence
~ NH DHHS Mission Statement*

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NICHOLAS A. TOUMPAS
COMMISSIONER

April 7, 2009

Dear Citizens:

As Commissioner of the Department of Health and Human Services (DHHS), I am pleased to announce our Communication Access Plan (CAP), which the Department's Office of Minority Health has spent the last year developing. This is, and will continue to be, a very important initiative that demonstrates the Department's on-going commitment to providing meaningful communication assistance to New Hampshire's diverse populations.

The CAP establishes the policies and methods by which DHHS will provide access to its programs and services by individuals and families who have limited English proficiency, vision impairment, or who may be deaf or hard of hearing. By providing this assistance, we hope to eliminate communication barriers for those seeking access to our services. The CAP is based on Title VI of the Civil Rights Act of 1964.

To ensure its success, we will be implementing an on-going CAP training curriculum for all DHHS employees, including the tools available to assist in providing meaningful access to our programs and services. This plan is an integral part of our mission to join communities and families in providing opportunities for citizens to achieve health and independence.

Sincerely,

A handwritten signature in black ink that reads "Nicholas A. Toumpas".

Nicholas A. Toumpas
Commissioner

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

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Purpose and Statement of Intent

This Communication Access Plan (CAP) embodies the New Hampshire Department of Health and Human Services' (DHHS) commitment to providing meaningful communication assistance to individuals seeking access to DHHS programs and services. Individuals who may need special communication assistance may include non-English speaking and limited English proficient populations, as well as people who are deaf, hard of hearing, blind, visually impaired, or speech impaired. The steps outlined in this plan are intended to ensure that the obligations of DHHS, as stated in the Communication Access Mission Statement (Attachment A), are met.

As part of the CAP, DHHS will provide a notice to anyone who needs communication assistance that an interpreter will be provided at no cost to him or her. The notice will also inform applicants and clients who are deaf or hard-of-hearing, blind, visually impaired or speech impaired that auxiliary communication aids and services are available for their use. Notification of available services will occur via direct mailings, as well as through posted notices in various DHHS locations, such as reception areas in DHHS District Offices.

When it appears that individuals needing communication assistance are unable to communicate in English or require the use of an auxiliary communication aid, they will be informed that interpreters or aids will be provided at no cost to them. All necessary communication assistance will be provided during regular business hours and, in an emergency, during after hours.

DHHS employees, area legal aid offices, contractors with the Department, community-based organizations, and all other concerned parties will have access to the CAP via the DHHS intranet and internet website at: <http://www.dhhs.state.nh.us/DHHS/MHO/default.htm> Written copies and/or translations are available upon request.

If you have any questions regarding this plan and its implementation, contact

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Background

Section 601 of Title VI of the Civil Rights Act states that “no person in the United States shall on the grounds 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”. Additionally, the Americans with Disabilities Act, a federal law enacted in 1990, prohibits discrimination against or segregation of people with disabilities in all activities, programs, or services. Section 504 of the federal Rehabilitation Act of 1973 requires that any program or service receiving federal financial assistance be accessible to everyone.

Accordingly, DHHS will not enact policies that exclude or limit the participation of anyone in its programs, services, and activities on the basis of national origin or disability. DHHS will take reasonable steps to provide services and information in appropriate languages and means to ensure that individuals needing communication assistance are informed and can access its programs in a timely manner.

The CAP outlines the policies and procedures DHHS will enact to provide equal access to all people residing in New Hampshire. Additionally, the CAP addresses issues of training for DHHS staff and contracted providers in the use of auxiliary communication aids and services, interpretive services, alternative formats for vision access, and appropriate signage.

Identifying Communication Needs

DHHS will maintain a list of the most frequently requested language interpreters and auxiliary communication aids through on-going data collection. This list will be used to prioritize document translation activities and anticipate needs for bilingual staff, contracted interpreters and auxiliary communication aids. DHHS will work with its Divisions to identify potential bilingual resources and share the results of this on-going research with Division Administrators.

Assessing Communication Assistance

DHHS currently employs more than 3,000 people, some of whom are bilingual. However, not all DHHS locations have bilingual staff that can function as an interpreter. If it is determined that a client requires the services of an interpreter because of limited/non-English proficiency, staff are instructed to follow the Procedures for Arranging for a Spoken Language Interpreter (Appendix B). If the client is deaf or hard-of-hearing, staff are instructed to follow appropriate procedures for requesting communication access for a deaf or hard-of-hearing client (How To Request Communication Access Services from the Northeast Deaf and Hard-of-Hearing Services, Appendix C). DHHS staff are instructed to be familiar with the State of New Hampshire Revised Statutes Annotated (RSA) regarding Interpreters for the Deaf and Hard of Hearing (see Appendices D and E).

When an appropriate bilingual staff person or on-site interpreter is not available, contracted interpretive services can be used to provide access. DHHS staff may obtain such contracted services from the following agencies: Southern NH Services, the Latin American Center, Northeast Deaf and Hard of Hearing Services, Language Line, and other contractors.

DHHS will utilize its contracted agencies, and if necessary, community partners to assist in locating interpreters who are certified and best qualified to meet the needs of all DHHS clients. If an established client's file indicates special communication needs or preferred interpreter(s), DHHS staff can request a contracted agency to fill the request.

Staff should not suggest or encourage individuals needing communication assistance to use family members or friends as interpreters. Children under the age of 18 will NOT be permitted to provide interpretive services, except in the event of an emergency. For the purpose of this plan, an emergency is defined as any situation that represents an immediate risk to the health, safety, and welfare of the individual(s) involved.

All staff are instructed to access an interpreter if it is determined that a client does not understand what is being communicated. Staff should be aware that clients might overestimate their understanding of the English language. If a staff person believes there is a barrier to effective client communication that could be alleviated by an interpreter or auxiliary communication aid, the staff should request these services to ensure appropriate communication access. Additionally, staff may provide the Limited/Non-English Proficiency Fact Sheet (Appendix F) and/or the Communication Access Mission Statement (Attachment A) to a client to ensure that he or she is aware of the availability of communication access services. Staff are then required to use the procedures checklist to document the need for an interpreter and/or auxiliary communication aids and services as previously described.

The need for assistance in the application process for many DHHS programs poses some unique challenges. DHHS recognizes it may not be possible to provide on-site interpreter services in all its locations to all individuals needing communication assistance. When on-site interpreter services are not available, staff should utilize Language Line for spoken language interpretation. Video Relay Service (where available) for sign language interpretation services to provide appropriate communication access.

DHHS offers its clients auxiliary communication aids and services, including visual enhancing equipment, large-print material, a Visual Magnifier, and Close Circuit Television in each District Office. Additionally, there are American Braille signs next to elevator entrances and outside areas of public access, such as rest rooms. DHHS also provides American Sign Language (ASL) interpreters for all of its clients who are deaf or hard of hearing. Other communication modalities and services offered include real-time captioning services, oral interpreting services, and tactile interpreting. Information regarding these aids and services is available through the Hearing and Vision Program Specialist of the Bureau of Elderly and Adult Services.

In the event that no resources for communication access can be secured through the above processes, staff should contact the on-site manager or field office administrator for assistance. If an on-site manager or field office administrator is not available, staff can also contact DHHS' Office of Minority Health to ensure communication assistance needs are met.

When confronted with a situation in which the individual needing communication assistance is not able to read or write in their primary language, staff, with the aid of an interpreter, will assist the individual with necessary forms and documents. While the utilization of a contracted service interpreter is preferred, use of bilingual staff is permissible. Upon request, individuals with a hearing loss who utilize interpreter services may also be provided the services of the Communication Access Facilitator who is located at Northeast Deaf and Hard-of-Hearing Services (1-800-492-0407 V/TTY) to facilitate completion of paperwork and clarification of the DHHS application process and program requirements.

Staff working with an individual needing communication assistance should utilize the Communication Access Checklist (attachment G) to ensure timely access to DHHS service.

Responsibility for Documentation

The CAP is designed to standardize methods of offering free interpretive services and auxiliary communication aids and documenting utilization of these services.

The staff member working most closely with the individual needing communication assistance is responsible for documentation. However, all DHHS staff must understand the necessity of assessing the communication needs of DHHS clients in a timely manner. This will reduce delay, frustration, and costs.

DHHS will continue to provide on-going training to ensure that staff document the needs of individuals requiring communication assistance in a consistent and uniform manner.

Initiating an Offer of Communication Assistance

Staff, who, at first point of contact, identify a communication barrier should attempt to determine the need of the client and the appropriate resource for providing access.

Staff may ask the client who exhibits confusion or misunderstanding about what is being discussed whether he or she would prefer to have an interpreter made available to them. Clients are presented the I Speak card (Appendix H) and asked to point to a language on the card for which interpretive services are offered to them at no cost. If the client is deaf and requests or requires the services of a sign language interpreter, staff should follow the process outlined in Appendix C. For all offers of spoken or sign language interpretive services, staff must complete the "Offer of Free Interpreter Services" form (Appendix I).

If individuals needing communication assistance have been offered free spoken language interpretive services and choose to utilize their own interpreter, clients will be asked to sign the Decline of Free Interpreter Service form (Appendix J). This form acknowledges they have been offered this service but choose to utilize their own interpreter. The form will be in effect for the time period indicated. If a client requests to utilize a non-licensed sign language interpreter (see interpreter standards below), this needs to be approved by the State Coordinator of Deaf Services at the Department of Education, Vocational Rehabilitation, prior to the session / meeting. To request an application for a "waiver" to use a non-licensed sign language interpreter, contact the coordinator at 271-3471 (Voice / TTY) or via Fax at 603-271-7095.

If the communication barrier is determined to be due to a hearing loss (and the client does not communicate in American Sign Language) or other disability, staff should contact the Hearing and Vision Program Specialist of Bureau of Elderly and Adult Services for assistance. The Specialist can assist in determining and acquiring the most appropriate auxiliary communication aid or service to remove communication barriers.

Friends, family members, or representatives from Community-Based Organizations (CBO's) who accompany the client in order to inform DHHS staff that communication access services are required can remain with the client during the interview process if so desired.

Translated Forms

DHHS uses a number of translated forms to assist clients. DHHS employees are responsible for providing available translated forms. A list of translated forms will be posted on the DHHS website at <http://www.dhhs.nh.gov> (Appendix K). If forms are not available in the client's preferred language or the client is unable to read, procedures should be followed to obtain an interpreter, auxiliary communication aid, or Communication Access Facilitator to assist in translation or completion of forms.

DHHS continues to work to identify all documents vital to ensuring accessibility of services. In addition, DHHS will continue to work with its stakeholders and other State and Federal agencies to identify the availability of other translated documents.

Staff is responsible for updating case records to reflect clients' communication for translated materials or interpreter or auxiliary communication services once those needs have been identified.

Recruitment Strategies

DHHS recognizes the increasing demand for bilingual services as well as the benefits from employing bilingual staff. DHHS is committed to on-going innovative recruitment strategies to meet the increased demand for communication assistance.

Interpreter Standards

Spoken Language Interpreter Guidelines and Standards

In June of 1999, DHHS convened a group to look at developing standards for spoken language interpreter services. The document "Code of Professional Conduct for Interpreters" is the result of this work (Attachment L).

While there are different standards for spoken language interpreter services in place in national and international settings, there is no one established standard that applies to community, legal, and medical interpretation.

A number of resources were reviewed in developing DHHS Interpreter Standards, including the Washington State DHS LEP/NEP Plan and the National Standards of Culturally and Linguistically Appropriate Services (CLAS).

DHHS defines the term "qualified interpreter" as an individual who demonstrates linguistic competency and proficiency in both English and another language, along with sensitivity to the culture of individuals needing communication assistance and the demonstrated ability to accurately relay information in both languages.

Training in the skills and ethics of interpreting are offered throughout New Hampshire. Whenever possible, DHHS staff are instructed to utilize spoken language interpreters who have completed training and understand the role and ethics of a professional interpreter.

American Sign Language Guidelines and Standards

New Hampshire law requires all Sign Language Interpreters working in the State to be licensed by the New Hampshire Interpreter Licensure Board. There is a directory available from the Department of Education that lists licensed interpreters, their certifications, as well as their fee schedules. As previously stated, if a client requests a non-licensed sign language interpreter, staff must receive approval from the State Coordinator of Deaf Services prior to the session or meeting.

The guidelines and standards regarding interpreters of American Sign Language and required by New Hampshire law will be adopted and employed when requesting and utilizing American Sign Language interpreters.

Use of Family and Friends as Interpreters

Under no circumstances should DHHS staff ever require, suggest, or encourage an individual needing communication assistance to use family members or friends as interpreters. The use of family or friends as interpreters should be considered a last option for a number of reasons, which include but are not limited to:

- The family member or friend may not be competent to act as an interpreter because they may not be proficient enough in both languages.
- They may lack training in interpretation, and/or may not be familiar with specialized program terminology or the use of auxiliary communication aids.
- The individual seeking services may not want to fully disclose critical information with a family member or friend present.

Studies clearly show that errors in communication increase significantly when using a non-professional to interpret. Therefore, staff should at all times seek to utilize professional interpreters. However, it may be necessary to use family or friends in emergency situations that represent an immediate risk to the health, safety, and welfare of the individual(s) involved.

Special Circumstances

In order to ensure objectivity and competency, DHHS may choose, at its own discretion, to provide an interpreter in addition to the one presented by the applicant. Staff will document the offer of interpreter services at no cost and the individual's decisions through the use of the "Offer of Free Interpreter Services" form (Appendix I).

The CAP mandates that no minors (those under the age of 18) are to be used as interpreters (except in emergencies), even if the applicant and/or client bring them for that purpose. If the client chooses to reject the offer of free interpretive service, then they will be required to sign the "Decline of Free Interpreter Services form (Appendix J), which documents the procedures requiring that the client's interpreter of choice is over 18 years of age.



Signage

As part of the assessment, DHHS Divisions were asked to identify points of contact and entry sites at various locations throughout DHHS. DHHS is developing signage, in a variety of languages and other communication formats, that will be posted at all entry sites informing clients of the availability of free communication assistance.

The CAP enables DHHS to develop, implement, and exercise the posting of appropriate signage that will draw attention to the availability of communication access in a uniform and consistent manner. Additionally, the CAP will assess future needs by conducting yearly estimates of the number of new individuals needing communication assistance and will identify a method that best meets the needs of these populations.

Privacy and Confidentiality

District Offices will conduct meetings with clients in areas that ensure adequate privacy. The CAP also takes into account spatial considerations so that interaction between DHHS staff and individuals needing communication assistance can occur in a private and confidential manner. The need for confidentiality is reinforced through new hire orientation and periodic in-service training.

DHHS staff, including bilingual staff, and contracted interpreters who work with clients must sign a confidentiality agreement. Violations of this agreement shall be dealt with in accordance with personnel rules.

Training

The CAP has identified the training of staff as an important component for effectively working with individuals needing communication assistance. Several years ago, cultural competency training was provided to all District Office staff. The training was designed to assist staff in identifying different groups that may access DHHS services and require the services of an interpreter. The initial phases of training focused on front-line staffs that are typically the first point of contact.

An important component of the CAP includes the current, ongoing training of DHHS staff. DHHS will ensure that all appropriate staff participate in training to ensure they understand the correct protocols for using interpretive services and auxiliary communication aids. Training will be provided to all new employees during orientation, as well as periodic updates for current staff.

DHHS's Office of Minority Health will conduct the trainings. Trainings cover the CAP; how to effectively utilize the interpreter and/or auxiliary communication aids and services; and understanding the dynamics between the client, provider, and interpreter. To date, DHHS has developed extensive training components in order to support the linguistic and cultural competency skills of its employees. (See Sample Training Document Appendix M)

As part of on-going training, the CAP will be made available on the Internet and Intranet website for employees and the public to read. Paper copies will be distributed to DHHS management and supervisory personnel, as well as its contracted service providers. Supervisors and management will be charged with the task of disseminating this information to their assigned staff.

Suggested venues for this distribution include: staff meetings, in-services, or informal training sessions. This distribution will ensure that all DHHS staff are knowledgeable and aware and understand the CAP protocols.

Training of Interpreters

All contracted spoken language interpreters must complete and document a minimum of 50 hours of a certified training program before being contracted to work with DHHS applicants and clients.

Vigilant Monitoring

A necessary and crucial part of the CAP is the development of a monitoring, assessment, and evaluation process. Procedures for vigilant monitoring will need to be in place to assess and evaluate the success of the plan.

Communication Access Plan Manager

DHHS has designated its Office of Minority Health, in conjunction with DHHS Senior Management Team, to serve as the monitoring agent. The primary responsibilities of the monitoring agent(s) include:

- Implementation of the CAP across all NH DHHS divisions, offices, and bureaus;
- Assisting DHHS in identifying critical State-generated documents and forms and establish priorities for translation;
- Assisting with the implementation of universal signage strategies across DHHS divisions, offices, and bureaus;
- Facilitating the annual monitoring of all DHHS access points where individuals needing communication assistance are likely to be encountered; and
- Ensuring DHHS adherence to the CAP and protocols for securing language and auxiliary communication aids and services.

Evaluation of the Communication Access Plan

Annually, DHHS Office of Minority Health will coordinate with Department management to review the CAP for effectiveness, both on a Division-wide basis and a Department-wide basis.

This review will include:

- Assessing the number of people with communication access needs. This information will be collected through the assistance of the Office of Administration, as well from the reports generated by the Hearing and Vision Program Specialist of Bureau of Elderly and Adult Services.
- Determining whether assistance provided is meeting the requirements of applicants and clients with communication access needs.
- Seeking and obtaining feedback from individuals needing communication assistance, including applicants and clients, as well as community-based organizations and advocacy groups.

To ensure continual improvement of client services for those individuals with communication access needs, DHHS will utilize its current customer concern process to allow clients the opportunity to voice their suggestions and concerns. For those who require language services or auxiliary communication aids or services in order to communicate suggestions and/or concerns, the process for accessing and utilizing interpreter services will be employed.

Tracking and Reporting

The DHHS Office of Minority Health will utilize data gathered from the Communication Assistance Report to track the use of language services and auxiliary communication needs. This information will help determine if additional resources for language interpretation, translation, or alternative communication options are needed. The communications assistance reports are generated each month from data collected at each of the District Offices. Concerns identified on a Department-wide basis will be reported to DHHS' Office of Minority Health administration for their review and possible action.

Conclusion

The New Hampshire Department of Health and Human Services remains committed to providing equitable access to all services and resources to all New Hampshire residents. Clients requiring communication assistance shall receive the appropriate resources and support in a timely fashion. The tools used to meet these needs will include interpreters, both spoken and sign, augmented visual and hearing devices, alternative formatted materials, translated documents and appropriate signage. Well-trained staff will utilize these resources in a comprehensive approach aimed at reducing and eliminating barriers to communication and ensuring access to DHHS resources and services. This plan will be implemented through the Interdepartmental Communication Notice, SR-00 (Appendix N).

The Office of Minority Health will continue to assist and evaluate the success of our work and seek to improve access for all DHHS consumers.



Appendices

Appendix A

Communication Access Mission Statement

The Department shall:

- Provide meaningful access of services through timely, effective language assistance at no cost to clients.
- Treat individuals with courtesy and respect and in a manner that respects the person's dignity and privacy and promotes independence.
- Treat individuals in a manner that is sensitive to his/her needs and preferences, and ethnic, spiritual, linguistic, familial and cultural factors.
- Work to prevent discrimination, abuse, and harassment by the service provider or agency.
- Provide individuals with critical information about the services provided and who will be providing the service communicated in their language – written, orally, or visually.
- To participate with the service provider or agency in the assessment of needs, development of a plan of service, reassessment, evaluation and revision of a plan of service with the aid of a competent interpreter or bilingual staff member.
- Inform individuals in their language of the possible outcomes by accepting or refusing services.
- To raise concerns about or recommend changes to the service provided without fear of interference, coercion, discrimination or reprisal.
- Inform individuals in their language of their rights and responsibilities when utilizing services.
- Inform individuals in their language of the procedures for initiating compliance concerns about the service provider or agency.
- Maintain the records of individuals confidential in accordance with the law.

Appendix B

Procedure for Arranging for Spoken Language Interpreter

This procedure addresses the scenarios for walk-in and phone requests for assistance.

Walk-in:

Applicant physically applies for services at the District Office (DO).

District Office staff determine through observation/interaction, or are told by the client or a person accompanying them that the Applicant is requesting or requires a language interpreter or an augmented communication device.

District Office (DO) staff will determine the nature of the visit to the DO and whether it requires immediate attention. If the need is immediate, DO staff will attempt to access an on-site DHHS bi-lingual staff, otherwise will contact the Language Line service or **Contact Northeast Deaf and Hard of Hearing Services, Inc. 1-800-492-0407(between the hours of 9:00 and 5:00pm), after 5:00pm contact the Emergency Interpreter Referral System at 1-800-552-3202.**

If the need is something that can be addressed at a later time, the Applicant will be given an appointment for a future date. Staff will then arrange for the appropriate interpreter to be available for that appointment.

If the Applicant is by themselves, and unable to effectively communicate in English, the DO staff will provide the individual with an *I Speak* card, and then follow the above process.

Phone Request:

Applicant calls the DO requesting information either about applying for services or for general program information.

DO staff determine through interaction or by being told by the client or their representative that the Applicant is requesting or requires a language interpreter or an augmented communication device.

DO staff will determine if the nature of the call requires immediate attention. If it does, staff will contact Language Line service. If it is something that can be addressed at a future date, an appointment will be made for the applicant. Staff will then arrange for the appropriate language interpreter to be available for that appointment.

Appendix C
HOW TO REQUEST COMMUNICATION ACCESS SERVICES (CAS)
FROM THE NORTHEAST DEAF AND HARD OF HEARING
SERVICES, INC. (NDHHS)

1. Submit a request by:
 - a) Calling 1-800-492-0407, ext. 250
 - b) Faxing a request by dialing (603) 856-0242
 - c) E-mail a request to referral@ndhhs.org
2. **Provide your name and indicate which agency/division you are calling from.** Identify the individual for whom you are requesting communication access for:
 - A) Identify the service being requested:
 - a) Sign Language Interpreter - ASL or Signed English
 - b) Certified Deaf Interpreter
 - c) Oral Interpreter
 - d) Deaf-Blind Interpreter
 - e) Real – Time Captioning
 - f) Assertive Listening Devices
 - B) Indicate the individual’s preferred interpreters as well as those that they may not want to have interpreted for them.
 - C) Identify whether the person is on Medicaid
3. Indicate the following:
 - a) Date of meeting
 - b) Time of meeting
 - c) Location where the meeting is being held
 - d) How long the meeting is anticipated to take

* Meetings involving interpreters generally take twice the amount of time—plan accordingly
4. Ask that the Center confirm the receipt of the request within 24 hours of receiving it.

NDHHS REQUEST FOR SERVICES (APPENDIX C CONTINUED)

Date:

To: Department of Health and Human Services Representative

From: _____

Re: Communication Access Services for Meeting

I am an _____ applicant _____ client of the Department of Health and Human Services.

I have an appointment on _____.

I would like to schedule an appointment for: _____ an intake _____ a meeting

To help communicate when we meet, I will need:

- ____ Sign Language Interpreter ____ Oral Interpreter
- ____ Deaf-Blind Interpreter ____ Certified Deaf Interpreter
- ____ Cued Speech Interpreter ____ CART services
- ____ Assertive Listening Device

My preferred interpreters are:

Please do not contact these Interpreters: _____

Communication Access Services (CAS) for Department of the Health and Human Services are being coordinated by the Referral Specialist at the Northeast Deaf and Hard of Hearing Services, Inc. You may contact them at 1-800-492-0407 to request the required CAS and to provide them with specifics about the date, time, location, and duration of the meeting.

If you have any questions pertaining to this request, you may contact the Hearing and Vision Program Specialist for D.H.H.S., at 1-800-351-1888 Ext 8352.

Appendix D

Chapter 326-I: Interpreters for the Deaf and Hard of Hearing

State of New Hampshire RSA

Section 326-I: 1 Findings and Statement of Purpose

Section 326-I: 2 Definitions

Section 326-I: 3 Board of Licensing for Interpreters for the Deaf and Hard of Hearing;

Administrative Attachment

Section 326-I: 4 Powers and Duties of the Board

Section 326-I:5 Rulemaking

Section 326-I:6 Application for Licensure

Section 326-I:7 Licensure Required; Exemptions

Section 326-I:8 Persons or Practices Affected

Section 326-I:9 License Requirements; Fees

Section 326-I:10 Persons From Other Jurisdictions; Licensure

Section 326-I:11 Prohibited Acts

Section 326-I:12 Reinstatement After Suspension

Section 326-I:13 License Renewal; Continuing Education

Section 326-I:14 Disciplinary Actions

Section 326-I:15 Hearings

Section 326-I:16 Display of License

Section 326-I:17 Record; Directory

Section 326-I:18 Penalties

Appendix E

Chapter 521-A: Interpreters for the Deaf (State of New Hampshire RSA)

Section 521-A: 1 Definitions

Section 521-A: 2 Interpreter Required

Section 521-A: 3 Interpreter Required in Criminal Matters

Section 521-A: 4 Preliminary Determination

Section 521-A:5 Interpreter to be Provided

Section 521-A:6 Notice; Proof of Disability

Section 521-A:7 Coordination of Interpreter Requests [Repealed]

Section 521-A:8 Compensation [Repealed]

Section 521-A:9 Interpreter Permitted

Section 521-A:10 Oath of Interpreter

Section 521-A:11 Privileged Communications

Appendix F

Limited/non-English Proficiency Fact Sheet

New Hampshire Department of Health and Human Services Program Fact Sheet

“Our Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.”

All NH DHHS programs shall deliver services in ways that respectfully recognize individual differences and are sensitive to cultural differences. If you would take a few minutes to review the information provided on this fact sheet, the receptionist will be making arrangements for someone to speak with you. Thank you.

Q. *Can I expect the same types of services if I don't speak English?*

A. Yes. Everyone is given equal and meaningful access to NH DHHS services and programs.

Q. *What should I do if I need an interpreter?*

A. NH DHHS programs shall ensure that individuals who's primary language is not English, be offered an interpreter (at no cost to you), in a timely manner.

Q. *Do I have to use an interpreter provided by NH DHHS, or can I bring my own?*

A. You can bring your own, (at your own expense) however this does not exclude NH DHHS from retaining its own interpreter.

Q. *What types of programs are available to my family or me?*

A. The NH DHHS provides a variety of programs and services. These include free and low cost health insurance for children; child care assistance; food vouchers for pregnant women, new mothers, infants, and children up to the age of five; benefits that can be used for the purchase of food; financial assistance; employment training; child support services; public or subsidized housing; elderly and adult services; fuel assistance; mental health services; medical insurance, etc.

Please ask the receptionist for a program guide for a complete listing and description of these and other programs provided by NH DHHS. If you have not been called back to the reception window within 15 minutes of having been given this fact sheet, please notify the receptionist.

Thank you.

Appendix G

Communication Access Check List

When working with individuals needing communication assistance **always** check to see if the following procedures have been followed:

- You have identified the point of contact
- There has been an offer of an interpreter at no cost to the individual
- You understand the protocol of obtaining a live, agency or remote interpreter
- You have determined if the client needs an audio and/or visual aid or a sign interpreter
- You have obtained the name of the staff interpreter, contracted agency interpreter, and/or the remote interpreter
- If the offer for a free interpreter is declined, you have documented this
- You have had the client and his/her interpreter sign the Decline of Free Interpreter Services

Appendix H

I Speak Card



Language Identification Card

As a Language Line Services customer you have access to over-the-phone interpretation 24 hours a day, 7 days a week. Use this Language Identification Card in a face-to-face situation, to determine which language a person speaks. The Language ID Card lists the languages most frequently encountered in North America, grouped by the geographical region where they are commonly spoken.

- To use the Language ID Card efficiently, locate the geographical region where you believe the non-English speaker may be from. (Pacific Islands, Europe, etc.)
- Show the person the languages listed for that region. The message underneath each language says: "Point to your language. An Interpreter will be called."

Sample:

00 English English
Point to your language.
An interpreter will be called.

- Refer to your Quick Reference Guide (QRG) to access an interpreter through Language Line Services. In most cases, an interpreter is available within seconds.
- If you are unable to identify the language, our representative will help you.

Please note: Listing of languages within this card does not guarantee availability of interpreters in these languages. Language Line Services interprets from English into more than 140 languages, only the most requested languages are listed here. This list is subject to change based upon demand.

© 2015 2011 • For more information about our services, from North America call 1 800 757-4094, extn 1. Language Line Services, One Lane Road, Redwood City, California, CA 94061

Europe

- Albanian** Shqipërisht
Tregoni me gisht gjuhën që flitni.
Do të gjejmë një përkthyes për ju.
- Armenian** Հայերեն
Ցույց ցույց տվե՛ք ինչ լեզուն է Ձեր խոսքը՝
դիմացի թարգմանիչը մեզ կառնիլ սուսը.
- Basque** Euzkera
Zeure izkuntza atzarrarragaz erakutsi.
Euzkerazail bateri deituko deusazgu.
- Bulgarian** Български език
Позовете Ваши език.
Ние ще извикаме преводач за Вас.
- Catalan** Català
Assenyali amb el dit el seu idioma.
Es trucarà a un intèrpret.
- Croatian** Hrvatski
Molim Vas, pokažite nam Vaš jezik.
Zvat ćemo tumača za Vas.
- Czech** Český
Ukažte, který je váš jazyk.
Zavoláme tlumočnicka.
- Danish** Dansk
Peg på dit sprog.
En tolk vil blive tilkaldt.
- Dutch** Nederlands
Wij uw taal aan.
Wij zullen u een tolk geven.
- Estonian** Eesti Keel
Näidake oma emakeelele.
Me muretseme teile tõlgi.
- Finnish** Suomi
Osoittakaa teidän kieleenne.
Tulkki kutsutaan auttamaan teitä.
- French** Français
Montrez-nous quelle langue vous parlez.
Nous vous fournirons un/e interprète.
- German** Deutsch
Zeigen Sie auf Ihre Sprache.
Wir rufen einen Dolmetscher an.
- Greek** Ελληνικά
Δείξτε ποιά γλώσσα μιλάτε και
θα κληθεί ένας διαγλωσσολόγος.
- Hungarian** Magyar
Válassza ki az ön által beszélt nyelvet.
Kapcsoljuk a tolmácsot.

- Icelandic** Íslenska
Bentu á jitt tungumál.
Það verður hringt í tulk.
- Italian** Italiano
Faccia vedere qual è la sua lingua.
Un interprete sarà chiamato.
- Lithuanian** Lietuvių Kalba
Parodyk tavo kalbamų kalbą.
Vertėjas bus pakviestas.
- Macedonian** Makedonski
Pozočete molim Vaš jezik.
Ke vikame prevodilac Vas da doide.
- Norwegian** Norsk
Pek på ditt språk.
En tolk vil bli tilkalt.
- Polish** Polski
Proszę wskazać na swój język ojczysty.
Tłumacz zostanie poproszony do telefonu.
- Portuguese** Português
Aponite seu idioma.
Providenciaremos um intérprete.
- Romanian** Românește
Indicați limba pe care o vorbiți.
Veți fi pus în legătura cu un interpret.
- Russian** Русский Язык
Укажите, на каком языке Вы говорите.
Сейчас Вам вызовут переводчика.
- Serbian** Српски
Molim Vas, pokažite nam Ваш jezik.
Zvaheмо тумача за Вас.
- Slovak** Slovensky
Ukážte na vašu reč.
Zavoláme tlumočnicka.
- Spanish** Español
Señale su idioma.
Se llamará a un intérprete.
- Swedish** Svenska
Peka ut En språk.
En tolk kommer an tillkallad.
- Ukrainian** Українська Мова
Покажіть, якою мовою ви говорите.
Зараз викличуть вам перекладача.
- Yiddish** ייִדיש
צווישן די שפראכן וואס זענען געשריבן
געבט אונדז אונזערע שפראכן צו ווייזן.

Pacific Islands

- Akan** Akanon
Iuro mo ro atong hambae.
Magtagaw kami et mag-interpretre.
- Fijian** Kaiviti
Dusia na nomu yosa.
Ena qai kacivi edua mi vakavaka dewa.
- Ilocano** Ilokano
Iudom iti saom.
Umayah kam iti interpretre.
- Indonesian** Bahasa Indonesia
Tunjukkan bahasamu.
Jurubahasa akan disediakan.
- Malay** Bahasa Malaysia
Tunjukkan yang mana bahasa anda.
Seorang jurubahasa akan diberitahu.
- Samoan** Gagana Samoa
Tusi lou 'a'ao i lau gagana.
O le a vala'auina se rasi e fa'amatala 'upu mo 'oe.
- Tagalog** Tagalog
Pakifuro mo nga ang iyong wika.
Magpapatagaw ako ng interpretre.
- Tongan** Tonga
Tuhu kibe lea 'oku ke lea 'aki.
E fetu'utaki kibe fakatonulea.

North America, South America, and Caribbean

- French** Français
Montrez-nous quelle langue vous parlez.
Nous vous fournirons un/e interprète.
- Haitian Creole** Kreyòl Ayisyen
Montre lang ou-a.
Yap voye cheche yon entèpret.
- Navajo** Diné
Saad bee bonisnig'i nla' bee bik'idit'it'ih.
Aa' haane'e la' nabich't' hodoon'ih.
- Portuguese** Português
Aponite seu idioma.
Providenciaremos um intérprete.
- Spanish** Español
Señale su idioma.
Se llamará a un intérprete.

India, Pakistan, and Southwest Asia

- Bengali** বাংলা
আপনি কোন ভাষায় কথা বলেন।
আমরা সে ভাষায় কথা বলতে পারবো।
- Bhojpuri** भोजपुरी
आपको कौन सी भाषा बोलनी है?
हमारे पास उस भाषा में बोलने वाले हैं।
- Gujarati** ગુજરાતી
આપણે આપણી ભાષામાં
વચન આપી શકીએ છીએ તેથી આપણે
આપણી ભાષામાં વાત કરીએ છીએ.
- Hindi** हिन्दी
आपकी क्या भाषा है? हमें बताइए।
आपके लिए हमारे पास भाषा है।
- Malayalam** മലയാളം
നിങ്ങളുടെ മാതൃഭാഷையை
എന്നു പറയുക. ഞങ്ങൾ
അതിൽ സംസാരിക്കാനാഗ്രഹിക്കുന്നു.
- Nepali** नेपाली
आपको कसो भाषा छ?
हाम्रोमा त्यो भाषा बोल्ने
सक्छौं।
- Punjabi** ਪੰਜਾਬੀ
ਆਪੀ ਕੀ ਭਾਸ਼ਾ ਸੋਚੋ?
ਹਮੇਰੇ ਠੀਕ ਭਾਸ਼ਾ ਹੈ।
- Sinhalese** සිංහල
ඔබේ මව් භාෂාව කුමක්ද?
ඔබට එහි කතා කිරීමට
සහනයක් ඇත.
- Tamil** தமிழ்
உமது தாய்மொழி என்ன?
எனக்கு அது மொழியில்
பேசும் திறமை உள்ளது.
- Urdu** اُردو
آپ کونسی زبان میں بات کریں گے?
ہمیں اس زبان میں بات کرنے کی
توانائی ہے۔

Africa

- Amharic** አማርኛ
የዎሩ ስም ማን ነው?
እኛም ስም ማን ነን?
- Arabic** اللغة العربية
أنت من أي لغة؟
وإننا نكلمك بل لغتنا العربية.
- Bambara** Bamanankan
I bolo da i fakan kan.
An benna kuma yelemmaga do wele.
- French** Français
Montrez-nous quelle langue vous parlez.
Nous vous fournirons un/e interprète.
- Hausa** Hausa
Nuna yarenka/yarenki.
A a kira tafuna.
- Italian** Italiano
Faccia vedere qual è la sua lingua.
Un interprete sarà chiamato.
- Portuguese** Português
Aponite seu idioma.
Providenciaremos um intérprete.
- Portuguese Creole** Cabo Verdiano
Ponta pa lu lingua.
Un interprete ta ser chamado.
- Somali** Afsoomali
Tilmmaan afkaaad ku hadasho.
Tafnaan ayaa la wacayayee.
- Swahili** Kiswahili
Chyesha lugha yako.
Tutumwita mu atakayekufasiria.
- Tigrinya** ትግርኛ
ወይንኹም ስም ማን ነው?
እኛም ስም ማን ነን?
- Wolof** Wolof
Wan laa xa likk.
Negal dinañu la wutal ab tekkikat.
- Yoruba** Yorùbá
Toka si ède re.
À o pe ògbáfú wá.

Middle East

- Arabic** اللغة العربية
أنت من أي لغة؟
وإننا نكلمك بل لغتنا العربية.
- Armenian** Հայերեն
Ցույց ցույց տվե՛ք ինչ լեզուն է Ձեր խոսքը՝
դիմացի թարգմանիչը մեզ կառնիլ սուսը.
- Assyrian** ܐܪܡܝܐ
ܐܢܬܝܢ ܡܢ ܐܝ ܠܘܓܬܝܢ ܢܘܨܝܢ?
ܘܢܢܝܢ ܢܘܨܝܢ ܡܢ ܐܝ ܠܘܓܬܝܢ ܢܘܨܝܢ.
- Dari** دری
شما بخان زبان کی چه زبان
بگفتار میکنید؟
- Farsi** فارسی
روای که صحبت میکنید نشان میدهد
ماری شما از چه می آید.
- Hebrew** עברית
האנכי מן שפת איש?
והאנכי נשוחח עִיבְּךָ.
- Kurdish** کوردی
ڕهانی هۆن و دینیان بکه
زۆره ئه زۆره ئه زۆره.
- Pashto** پښتو
تله له ويښه
زويه زرهان له سره ده گوري.
- Turkish** Türkçe
Kendi anadiliniz gösterin.
Size bir tercüman çağırıyoruz.

Asia

- China** 普通话的語言
以及方言翻譯
普通话的語言
以及方言翻譯
- Cantonese** 廣東話
廣東話
- Chaochow** 潮州話
潮州話
- Fukienese** 福建話
福建話
- Mandarin** 國語
國語
- Shanghai** 上海話
上海話
- Taiwanese** 台灣話
台灣話
- Toisanese** 台山話
台山話

Asia

- Burmese** မြန်မာစကား
အင်္ဂလိပ်စကား
နားထောင်နိုင်ပါသည်။
- Cambodian** ភាសាខ្មែរ
ខ្មែរភាសា
នឹងប្រើប្រាស់ប្រើប្រាស់
- Hmong** Hmoob
Thov tau tes rau koj yam lus.
Peb yuav hu ib tug meeg txhais lus rau koj.
- Indonesian** Bahasa Indonesia
Tunjukkan bahasamu.
Jurubahasa akan disediakan.
- Japanese** 日本語
あなたの話す言葉を
書かせてください。
通訳を呼びます。
- Korean** 한국어
당어에 맞는 말을
기려주세요.
해설은 없습니다.
- Laotian** ພາສາລາວ
ພາສາລາວ
ຈະໃຊ້ໃຊ້ໃຊ້ໃຊ້
- Malay** Bahasa Malaysia
Tunjukkan yang mana bahasa anda.
Seorang jurubahasa akan diberitahu.
- Mien** Mienchi
Nupie meib nyie waac mbayue yie liuu.
Yie hweic liuu waac mienh bun meib oc.
- Thai** ภาษาไทย
กรุณาบอกชื่อภาษา
ที่คุณพูดให้ฉันฟัง
- Vietnamese** Tiếng Việt
Chỉ rõ tiếng bạn nói.
Sẽ có một thông dịch viên nói chuyện với bạn ngay.

Language Line Services also offers Document Translation
For more information contact us
Phone: 1 888 763-3364 • Fax: 1 800 648-0170
E-mail: translation@languageinc.com
Web: www.LanguageLine.com

Appendix I Offer of Free Interpreter Service

Date: _____

Time: _____

Location: _____

Reason for Visit: _____

Name of Staff Person: _____

Position: _____

Name of Client: _____

Language assistance needed? ____

If yes, please indicate the appropriate language: _____

Is there a staff interpreter for the language? ____

If Yes, please write down the name of the Interpreter: _____

If No, was a contracted agency used? ____

Please write down the name of the contracted interpreter agency:

Name of contracted interpreter: _____

Was a remote interpreter agency used? ____

Please write down the name of the contracted remote Interpreter Agency:

Name of remote interpreter: _____

Estimated duration of interpreter's time with client: _____

Appendix J

Decline of Free Interpreter Services

I, _____ have been informed of the availability to receive free interpretive services from the NH DHHS.

I understand that I am entitled to these services at no cost to myself or other family members, but want to provide my own interpreter at this time.

I am choosing to provide my own interpreter at this time. _____ Name of person acting as interpreter: _____

This individual will act as my interpreter from: _____ to _____.

I understand I can withdraw this refusal of interpreter service at any time and request the services of an interpreter, which will be paid for by the NH DHHS.

To the best of my knowledge, the person I am using to act as my own interpreter is over the age of 18.

I also understand that declining this pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative.

Decline of free interpreter services does not preclude the NH DHHS from providing its own interpreter.

The interpreter indicated below translated this form to me orally.

Client's Name: (please print) _____

Client's Signature: _____ Date: _____

Interpreter's Name (please print) _____

Signature of Interpreter: _____ Date: _____

Staff Person's Name: (please print) _____

Signature of Staff Person: _____ Date: _____

Attachment K

List of Translated Documents

Office of Community and Public Health			
	None	Let No Woman Be Overlooked (brochure)	2000
	None	Cancer Detection Fact Sheet	2000
	1A	Enrollment Form	2000
	1B	Consent Form	2000
	None	Five Posters for Child Health Month	01/02/02
	None	Lead and Your Child Eight Steps to a Lead-Free Child	11/01/00
	None	Your Child Might be Lead Poisoned	11/01/00
	None	Lead Poisoning and Older Homes	11/01/00
	None	Application Form Potassium Iodide (KI)	10/09/02
	None	What You Need to Know About Potassium Iodide (KI)	10/09/02
	None	Special Instructions Administering Potassium Iodide to Adults and Children	10/09/02
	None	Public Notice Potassium Iodide Distribution	09/02/04
	None	State of New Hampshire Interim Smallpox Response Plan	06/03
	None	Smallpox Fact Sheet Media	06/03
	None	Fact Sheet - Sarin	06/03
	None	Fact Sheet - Ricin	06/03
	None	Fact Sheet - Dirty Bombs	06/03
	None	Fact Sheet - Anthrax	06/03
	None	Fact Sheet - Smallpox	06/03
	None	Fact Sheet - Cyanide	06/03
	None	Fact Sheet - Plague	06/03
	None	Fact Sheet SARS [Spanish and Chinese]	06/03
	None	Clinic Sheet	03/04
	None	Fact Sheet Tuberculosis	03/04
	None	Fact Sheet Meningitis	03/04
Office of Health Planning and Medicaid			
	77h	CHAP (brochure dated 4/99)	08/31/01
	77o	Dental Services for Children (brochure dated 8/99)	11/01/01
	177b	What is APTD (dated 8/96)	08/31/01
	283	NH Medicaid/Healthy Kids-Gold CHAP Service Request (dated 9/01)	04/02/02
	908a	CHAP Informational Letter (dated 9/01)	04/02/02
	922	Pregnancy Outreach Letter (dated 9/01)	04/02/02
	926	N.H. Medicaid and Healthy Kids-Gold Services (dated 9/01)	04/02/02
	77b	NH's Medicaid & Healthy Kids Gold Program (dated 8/99)	11/02/04
	11	Authorization To Release Information (dated 11/85)	03/03
	77L	New Hampshire Medicaid and Healthy Kids-Gold Services(dated 08/02)	06/03
Office of Minority Health			
	None	New Hampshire Minority Health Office Eliminating Health Disparities (brochure)	07/03
Office of Program Support			
	None	N.H. Administrative Appeals Unit (brochure not dated)	12/02/02
	None	Administrative Appeals Frequently Asked Questions (not dated)	12/02/02
	173	Request for A Fair Hearing	12/02/02
Ombudsman			
	None	Office of the Ombudsman (pamphlet)	03/04/04
	None	Ombudsman poster	03/04/04
Developmental Disabilities Services			
	None	Family Survey of Early Support and Services (dated 9/01)	02/01/02
NH State Library			
	None	Family Resource Connection (flyer)	11/17/2003

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES			
ACCESS INITIATIVE			
TRANSLATED FORMS/BROCHURES			
PRINTED AND DISTRIBUTED FOR USE			
Office/Division	Form #	Description	Date Distributed
Department/Website			
	None	Anthrax (on DHHS Website)	10/16/2001
	None	Update of CDC Guidelines for Mail Handling (on DHHS Website)	10/16/2001
	None	Notification of Available Free Translation	06/01/01
	None	Nondiscrimination Notice (dated 06/00)	08/10/00
	None	"How Are We Doing" sign in lobby	06/01/01
	None	Contraband Sign	03/01/01
	None	Fact Sheet	06/19/02
	2	Programs and Services (dated March 2001)	06/01/01
	3	Language Assistance In-Take Card	03/19/01
Manchester and Nashua District Offices Specific			
	None	Please Call	05/01/02
	None	Please Leave A Message	05/01/02
Division of Behavioral Health			
	None	Community Forum Newspaper Announcement	08/11/02
Division of Child Support Services			
	77k	Child Support Services brochure (dated 12/98)	11/16/00
	DCSS130	It Takes Two brochure (dated 6/02)	08/06/02
	637	safeguard Case Information Request (dated 02/00)	04/15/03
	725	Application for Child Support Services	04/15/03
	DCSSs129	Workforce Development Program brochure (dated 08/02)	05/19/03
	DCSS130	It Takes Two brochure (dated 6/02)	08/06/02
		Revised (dated 12/02)	05/19/03
	DCSS140	Positive Parenthood brochure (dated 12/02)	05/19/03
Division for Children, Youth and Families			
	None	Letter for DCYF Meeting	01/15/01
Division of Family Assistance			
	77n	What's Next (brochure dated 7/00)	07/03/02
	219	Food Stamp Work Programs (brochure dated 6/01)	07/03/02
	754A	Your Right to Claim Good Cause (brochure dated 2/00)	07/03/02
	773	Certification of Continued Absence (dated 12/93)	07/03/02
	808	Proof Needed to Determine Your Eligibility (dated 4/95)	07/03/02
	810	Notice of Rights and Responsibilities (dated 12/01)	07/03/02
	811R	Rights and Responsibilities (dated 11/98)	07/03/02
	221	The New Hampshire Employment Program (NHEP) (dated 07/01)	08/20/02
	242	The 60-Month Lifetime Limit on TANF	08/20/02
		Financial Assistance (dated 04/01)	
	778	Authorized Representative Declaration (dated 01/00)	08/20/02
	781	Good Cause Claim/FVO Decision (dated 02/00)	08/20/02
	800P	Healthy Kids Application (revised form dated 7/02)	08/20/02
	800PR	Review for Continued Eligibility for NH Healthy Kids Medical Insurance and Medical Coverage for Pregnant Women (dated 7/02)	08/20/02
	EFT-R	Information Required to Process Electronic Funds Transfer (EBT) - Recipient	08/20/02
	77a	New Hampshire Employment Program and Family Assistance Program dated 04/01)	12/09/02
	243	Maybe There is Help (brochure dated 2/00)	12/09/02
	754B	Good Cause Claim (dated 12/02)	12/09/02
	754C	Request for TANF Family/Domestic Violence Option (dated 02/00)	12/09/02
	757	How Your Benefits Will Change When You Go To Work (dated 07/02)	12/09/02
	770	Reimbursement Agreement & Acknowledgement (dated 04/03)	
		Bosnian & Spanish	07/18/03
	800	Application (dated 11/98)	12/09/02
	800HPT	Application for Assistance (dated 8/02) [replaced "Welcome to" form]	12/09/02
	811S	Eligibility Interview Summary Signature Page (dated 12/98)	12/09/02
	77c	State Supplement brochure (dated 10/00)	10/08/03
	77d	Food Stamp Program (dated 6/99)	10/08/03
	77r	Emergency Assistance for Housing brochure (dated 10/02)	10/08/03
	800	Application (revised dated 08/03)	10/08/03

Appendix L

Code of Professional Conduct for Interpreters

1. Accuracy

Interpreters/translators shall always thoroughly and faithfully render the source language message, omitting or adding nothing, giving consideration to linguistic variations in both source and target languages, conversing the tone and spirit of the source language message.

2. Cultural Sensitivity – Courtesy

Interpreters/translators shall be culturally competent, sensitive and respectful of the individual(s) they serve.

3. Confidentiality

Interpreters/translators shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

4. Disclosure

Interpreters/translators shall not publicly discuss, report, or offer an opinion concerning matter in which they are or have been engaged even if that information is not privileged by law to be confidential.

5. Non-Discrimination

Interpreters/translators shall always be neutral, impartial and unbiased. Interpreters/translators shall not discriminate on the basis of gender, disability, race, color, national origin, age, socio-economic or educational status or religious, political, or sexual orientation. If interpreters/translators are unable to ethically perform in a given situation the interpreters/translators shall refuse or withdraw from the assignment without threat or retaliation.

6. Impartiality – Conflict of Interest

Interpreters/translators shall disclose any real or perceived conflict of interest, which would affect their objectivity in the delivery of service. Providing interpreting or translation services for family members or friends may violate the individual's right to confidentiality, or constitute a conflict of interest.

7. Professional Demeanor

Interpreters/translators shall be punctual, prepared and dressed in a manner appropriate and not distracting for the situation.

8. Scope of Practice

Interpreters/translators shall not counsel, refer, give advice, or express personal opinions, to individuals for whom they are interpreting/translating, or engage in any other activities, which may be construed to constitute a service other than interpreting/translating.

9. Reporting Obstacles to Practice

Interpreters/translators shall assess at all times their ability to interpret/translate. Should interpreters/translators have any reservations about their competency, they must immediately notify the parties and offer to withdraw without threat of retaliation. Interpreters/translators may remain until more appropriate interpreters/translators can be secured.

10. Ethical Violations

Interpreters/translators shall immediately withdraw from encounters they perceive as violations of this Code. Any violation of the Code of Professional Conduct may cause termination of the contract as applies to contracted language service providers.

11. Professional Development

Interpreters/translators shall develop their skill and knowledge through professional training, continuing education, and interaction with colleagues, and specialists in related fields.

Interpreter Code of Ethics (10)

- Confidentiality
- Accuracy - conveying the content and spirit of what is said
- Completeness: conveying everything that is said
- Conveying cultural frameworks
- Non-judgmental attitude about the content to be interpreted
- Client self-determination
- Attitude toward clients
- Compensation
- Self-evaluation
- Ethical violations
- Professionalism

Components of the Interpreter's "Cultural Broker's" Job

- Enhance the service providers skill and knowledge
- Help the provider understand if there behavior is appropriate to the culture
- Guide the service provider through references to specific cultural considerations
- Help the service provider understand traditional beliefs
- Clients should be made aware of their Rights in the language of preference
- Clarify client's literacy or proficiency level
- Allow the client and interpreter the opportunity to meet before the formal meeting
- Affirm the service provider's role and build the client's trust in the service provider.
- Ask follow up questions so that cultural beliefs or cultural expressions can be explored in full detail
- Ask the client to explain what they mean by cultural expressions that could result in misunderstandings
- Clarify the content and meaning of words with region-specific meanings
- Help to manage the flow of information and understanding, and know how to not encroach on the role of the service provider

DEFINITIONS

- I. “Client” means any person or family applying for or receiving services from the Department.
- II. “Field Operations Office” means a NH DHHS regional office, or institution, which provides direct services to the public.
- III. “Interpretation” is the process of taking the *spoken word* of one language and rendering into another spoken language, while maintaining the meaning, register, and content of the original utterance.
- IV. “Limited/non-English Proficiency Fact Sheet” means a fact sheet, written in a variety of languages, which outlines the list of available NH DHHS program services; including no-cost access to interpreters and/or interpreter services.
- V. “Limited/non-English Proficient Client” means individuals who are limited in their ability, or do not speak, read, write and understand the English language which might result in limiting their access to critical public health, hospital and other medical and social services to which they are legally entitled and/or can limit their ability to receive notice of or understand what services are available to them.
- VI. “Primary Language” means the language that a person identifies as the language in which they prefer to communicate.
- VII. “Translation” is the process of rendering material from one language into another in writing while maintaining the meaning, register, and content of the original material.
- VIII. The documents titled “Procedure for Arranging a Spoken Language Interpreter” and “Requesting Communication Services for Deaf or Hard-of-Hearing Clients” outline the correct procedures and protocols for obtaining communication services.