



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

September 10, 2012

Mr. Michael Noda, Director
Siskiyou County Human Services Department
818 South Main Street
Yreka, CA 96097

Dear Mr. Noda:

This letter is to advise you that the Corrective Action Plan dated August 24, 2012, in response to the results of our 2011 Civil Rights Compliance Review is provisionally approved contingent upon completion of several action items listed in the plan. Please notify our office when the items have been completed.

We will be monitoring the implementation of your corrective action items through your Civil Rights Coordinator.

If you have any questions, please contact Claudia Cabrera at (916) 654-2107. You may also contact her by e-mail at claudia.cabrera@dss.ca.gov.

Sincerely,

Jim Tashima for

JIM TASHIMA, Chief
Civil Rights Bureau
Human Rights and Community Services Division

c: Ms. Debbie Walsh, Civil Rights Coordinator

Linda Patterson, Branch Chief
CDSS CalFresh Program

Mike Papin, Chief
CalFresh Policy Bureau

Marlene Fleming, Chief
Field Operations Bureau

Brian Tam, Chief
CalFresh Management Operations Section

Paul Gardes
CalFresh Policy Bureau

Thuan Nguyen
Refugee Programs Bureau

Joe Torres, Office of Civil Rights
USDA Food and Nutrition Services
Supplemental Nutrition Assistance Program (SNAP)
Western Region

Hope Rios,
USDA Food and Nutrition Services
Supplemental Nutrition Assistance Program (SNAP)
Western Region

Jodie Berger, Regional Counsel
Legal Services of Northern California



SISKIYOU COUNTY

Human Services Agency

MICHAEL NODA
Director of Human Services Agency
KATHERINE O'SHEA, PH.D.
Director of Social Services Division
DEBBIE WALSH
Deputy Director of Social Services Division

August 24, 2012

**Jim Tashima, Chief
Civil Rights Bureau
Department of Social Services
744 P Street
Sacramento, CA 95814**

Dear Mr. Tashima:

This letter is in response to the Civil Rights Compliance Review Report for Siskiyou County Human Services Agency (SCHSA), conducted on August 29 through August 31, 2011, performed by Claudia Cabrera, Reviewer. The following is our Corrective Action Plan:

III. Dissemination of Information

Corrective Actions - Facility Location: Main Office, 818 South Main Street, Yreka

Page 5 & 6

- *Siskiyou County shall ensure that the current version of the Pub 13 is available in all languages translated by CDSS and that the available translated versions are given to the clients in their primary language. Div. 21-115.2*
- *Siskiyou County shall ensure the availability of large print, Braille, and auditory aids for participants in all of the programs for which CDSS has oversight responsibility. Div. 21-115.4.*
- *Siskiyou County Human Services Agency (SCHSA) shall ensure that the most current version of posters of nondiscrimination provided by CDSS and USDA are prominently displayed in all waiting areas and reception rooms. Div. 21-107.211*

SOCIAL SERVICES DIVISION

Employment and Temporary Assistance Services
818 South Main Street
Yreka, CA 96097
(530) 841-2700 / Fax (530) 841-4399

Adult and Children's Services
1215 South Main Street
Yreka, CA 96097
(530) 841-4200 / Fax (530) 842-6277

SCHSA will ensure that the most current version of the Pub 13 is available in all CDSS translated languages and that clients receive the appropriate version in their primary language. The Forms Coordinator will review the Pub. 13, for updates in all languages, on a quarterly basis.

On August 15, 2012, Program Manager, Patricia Barbieri provided Employment and Temporary Assistance Services (ETAS) supervisors with the Pub. 13 web link (<http://www.dss.cahwnet.gov/civilrights/PG594.htm>). Supervisors were instructed to provide this web link for the Publication 13 with all eligibility staff. The Program Manager will follow up with ETAS supervisors at their next scheduled meeting on 9/19/12 to ensure the web link was given to staff..

SCHSA clerical supervisor will ensure the availability of large print, Braille, and auditory aids for participants in all programs. The forms coordinator will be responsible for maintaining current and sufficient aids which will be reviewed on a quarterly basis.

SCHSA clerical supervisor will ensure that posters are current and will be displayed in all waiting rooms and reception areas. This is completed and current to date as of 9/28/11, including: Pub. 13 "Your Rights under California Welfare Programs", 6/11 date; Pub 86 "Everyone is Different, but Equal Under the Law", 3/07 date; and Form AD 475B "And Justice for All", 12/99 date. The Forms Coordinator will monitor all sites quarterly to ensure the most current versions of the Pub 86 "Everyone is Different, but Equal" and Form AD 475B "And Justice for All" posters are posted in appropriate sites visible to the public.

IV. Facility Accessibility for Individuals with Disabilities

Corrective Actions - Facility Location: Adult & Children's Office, 1215 South Main Street, Yreka

Page 7-8

- *The words "NO PARKING" shall be painted on the ground in each 5' and/or 8' loading and unloading access aisle in white letters no smaller than 12". (CA T24 1129B.3.2) p 135.*
- *The force to open doors, exterior and interior is 5 pounds maximum. (CA T24 1133B.2.5, ADA 4.13.11 (2) (a) & (b)) p 207. (Main entrance).*
- *The bottom 10" of all doors except automatic and sliding shall have a smooth, uninterrupted surface to allow the door to be opened by a wheelchair footrest without creating a hazardous condition. (CA T24 1133B.2.6) p 203.*
- *Height of accessible tables or counters is between 28' – 34' from floor finish. (CA T24 1122B.4, ADA 4.32.4) p 388.*
- *Minimum seating knee space is 27" high, 30" wide and 19" deep. (CA T24 1118B.3, ADA 4.32.3) p 388.*
- *Wheel Chair turning space is a minimum space for a wheelchair to turn 180 degrees in a 60" diameter or T-shaped space. (CA T24 1118B.3, ADA 4.2.3) p 236.*
- *Door sign and wall sign shall be located 60" above the floor to the center line of sign. For permanent identification, the sign shall be installed on the wall adjacent to latch outside of door.*

If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p 281.

- *Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 1117B.5.5.1, ADA 4.30.4) p 282.*
- *Interior door will have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11 (2) (b)) p 201.*
- *If towel, mirror, waste receptacles and other similar dispensing and disposal fixtures are provided, at least one of each type is located with all operable parts, including coin slots, at a maximum height of 40". (CA T24 1115B.8.3, ADA 4.23.7) p 294.*

Steve Leal, Administrative Services Manager will contact Troy Davis, representing the Davis Family Trust, landlord, informing him of this Civil Rights Inspection Findings and requesting him to make the necessary modifications to the parking area and to the building. However, Siskiyou County Human Services Agency will vacate this building location by October 31, 2012. It is unknown if the landlord will make the appropriate updates prior to SCHSA vacating the premises.

Corrective Actions - Facility Location: Main Office, 818 South Main Street, Yreka

Siskiyou County Human Services Agency recognizes the deficiencies noted in the audit findings as relates to its physical plant facilities. Accessibility to public areas, restroom facilities, goods and services and other necessary areas must be made equal for all. In an effort to conform to the Americans with Disabilities Act (ADA), SCHSA has rectified, or will shortly undertake projects to mitigate barriers identified in the audit findings.

Page 9

- *For both posted and wall mounted signage, additional language on symbol sign and an additional sign below the symbol sign shall state "Minimum Fine \$250.00". (CA T24 1129B.4.1) p 133.*
- *A sign with the International Symbol of Accessibility shall be at every primary entrance and every major junction indicating the direction along or to accessible features. (CA T24 1127B.3, ADA 4.1.3(16B), CA T24 1117B.5.1) pp 186, 394.*
- *Force to open doors, exterior and interior is 5 pounds maximum. (CA T24 1133B.2.5, ADA 4.13.11 (2) (a) & (b)). p 207. (Restrooms-all).*

Signage containing the "Minimum Fine \$250.00", have been ordered and will be posted no later than September 30, 2012.

Outside Signage (directional): Appropriate directional signage has been ordered and will be installed upon receipt but no later than September 30, 2012. One directional sign has been posted at the main entrance showing the correct direction for ramp access. One sign is still needed for the South entrance.

Restrooms (Unisex, Women's and Men's) Door Pressure: The County Maintenance Supervisor will consult with the hardware representative who supplies retrofit door closers for these style doors to

determine if it is possible to replace the door closers with items that will allow 5 lbs minimum pressure. If so he will order and install the appropriate closers. Another option will be to remove the door closers altogether. This would give the 5 lb minimum pressure but would not allow the doors to close automatically. We will research a reasonable solution and ensure the doors are operable within the parameters of the ADA regulations. Once a solution has been implemented the County Maintenance supervisor advised he will test the door opening pressure on all doors on a quarterly basis.

V. Provision for Services to Applicants and Recipients who are Non-English Speaking or who have Disabilities

Corrective Actions

Page 10 – 12

There were no recommendations but there were comments. In the comment section there is a statement that Children's Services and IHSS staff do not use Form 129 G, "Primary Language form". Training is scheduled for both Children's Services and IHSS staff on August 29, 2012. This form will be utilized in all SCHSA offices by all staff. The Primary Language Form, 129G, has been changed to form number SHSA 129 and SHSA 129SP for use at Employment and Temporary Assistance Services and ACS 129 and ACS 129SP for use at Adult and Children's Services. Additionally, Form 129A, "Certification of Confidentiality for a Non-County Interpreter", will be included in the training.

Siskiyou County Human Services Agency shall continue to offer and provide free interpreter services using qualified interpreters. All interpreters will be tested to ensure they are qualified to communicate verbally and orally in English and a second language. Staff are aware of the procedure to obtain interpretive services by contacting one of the following: their immediate supervisor; Gail Taylor Supervisor; bi-lingual staff; Language Line; College of the Siskiyou's interpreter services; Siskiyou County Superior Court; Delta Kappa Gamma; and the county American Sign Language interpreter.

VI. Documentation of Applicant/Recipient Case Records

Corrective Actions

Page 12-14

- *IHSS must document in case records when a family member is used as an interpreter. A signed consent to Release Information shall be in the case records. ACL 08-65.*
- *County Welfare Departments shall ensure that effective bilingual/interpretive services are provided to serve the needs of the non-English speaking population and individuals with disabilities. The provision of bilingual/interpretive services shall be prompt without undue delays. Div.21 – 115.*
- *When applicants/recipients provide their own interpreter, Siskiyou County Human Services Agency shall ensure that the applicant/recipients are informed of the potential problems for ineffective communication and document the case record that the applicant/recipients were so informed. The county shall document in the case record that the applicants/recipients were so informed. Div. 21-116.23*

- *Consent for the release of information shall be obtained from applicants/recipients when individuals other than the Siskiyou County Human Services Agency employees are used as interpreters and the case record shall be so documented. Div.21-116.24.*
- *Each agency shall ensure that case record identification shows the applicants/recipients ethnic origin and primary language. Div. 21-201-.21.*
- *Document the method used to provide bilingual services, e.g., assigned worker is bilingual, other bilingual employee acted as interpreter, non-agency interpreter was used, or client provided own interpreter. Div.21-116.22.*

Staff has received training that includes information for interpretive services for all languages including forms and case documentation requirements.

SCHSA has written procedures for all staff to follow on proper case documentation when utilizing interpretive services. See attached: "Procedure Manual All Programs NO: 05-05 Translated Written Material for Applicants/Recipients and Documentation Requirements for use of Interpreter"; "Program Update All Programs Transmittal #06-01 Interpretive Services".

VII. Staff Development and Training

Corrective Actions

Page 15

There were no corrective actions or recommendations identified.

VIII. Discrimination Complaint Procedures

Page 15

There were no corrective actions or recommendations identified.

IX. Civil Rights Compliance Plan Review and Approval

Page 16

The Siskiyou County Human Services Agency's Civil Rights Compliance Plan for August 1, 2011 through July 31, 2014, was received on July 28, 2011. It is approved as submitted.

X. Conclusion:

Siskiyou County Human Services Agency thanks the Civil Rights Bureau for its time in assessing our Agency via this review process so we can continuously improve our Civil Rights compliance. If you should have any questions regarding our plan of correction or need further information, please call Debbie Walsh, at 530-841-2752.

Sincerely,



Debbie Walsh, Civil Rights Coordinator
Siskiyou County Human Services Agency

C: Michael Noda, Director

Kate O'Shea, Deputy Director

Steve Leal, Administrative Services Manager

Patricia Barbieri, Program Manager, Employment and Temporary Assistance Services

Connie Lathrop, Program Manager, Adult and Children's Services

Cabrera, Claudia@DSS

From: Laura Leach <lleach@co.siskiyou.ca.us>
Sent: Thursday, September 06, 2012 10:28 AM
To: Cabrera, Claudia@DSS
Cc: Walsh, Debbie@Siskiyou
Subject: Siskiyou's CAP
Attachments: 2005-05 Translated Written Material for Clients and Documentation Requirements for Use of Interpreter rev 20090924.pdf; 2006-01 Interpretive Services 20060717.pdf

The attachments are here. Thank you for your understanding.

Laura Leach
Staff Development Analyst
Siskiyou County Human Services Agency
818 S. Main St.
Yreka, CA 96097
530-841-4259
lleach@co.siskiyou.ca.us

ReThink Your Drink-WATER!

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**SISKIYOU COUNTY HUMAN SERVICES
EMPLOYMENT AND TEMPORARY ASSISTANCE**

**ALL PROGRAMS PROCEDURES
PROCEDURE MANUAL**

SUBJECT: Translated Written Material for
Applicants/Recipients and
Documentation Requirements
for Use of Interpreter

NO: 2005-05
DATE: 11-16-05
BY: DM & MS
REVISION DATE: 09-24-09
REVISED: DJR

IMPLEMENTATION DATE: IMMEDIATELY

REFERENCE:

ACL 08-65, All Programs Procedure 2005-05 Translated Written Material for Clients and Documentation Requirements for Use of Interpreter 20051116

PURPOSE:

The purpose of this procedure is to provide guidelines for staff on providing written material to applicants/recipients in their primary language and to provide instruction on the documentation requirements when an interpreter/translator is used for a non-English speaking client. **This procedure supersedes in its entirety All Programs Procedures No. 2003-04, dated 10-01-03, and 2005-05, dated 11-16-05.**

PROCEDURE:

It is the intent of Siskiyou County Human Services Department (SCHSD) to offer clients access to information and services that we provide in the client's primary or chosen language for oral and written communications, and to ensure that case records document applicant/recipient's ethnic origin and primary language, the method used to provide bilingual services, information that identifies an applicant/recipient as disabled, and an applicant's recipient's request for auxiliary aids and services. This documentation should be in sufficient detail that a reviewer would be permitted to determine the county's compliance with Division 21 requirements.

INSTRUCTIONS:

Language preference form (SHSD 129G, see Attachment 2) Non-English speaking/writing clients are to complete the form at initial application and recertification indicating the language spoken/written and in what language they would prefer their forms. The client

should sign and date this document and it should be kept in the case file. This will remove any confusion as to the language in which the client wishes to receive information.

Translated forms: Per Division 21-115.2, Forms and other written material required for the provision of aid or services shall be available and offered to the applicant/recipient in the individual's primary language when such forms and other written material are provided by CDSS. **This regulation applies regardless of the number of non-English or limited-English speaking clients that are served by our county.** When such forms and other written material contain spaces (other than "for agency use only") in which SCHSD is to insert information, this inserted information will also be in the individual's primary language. **If a notice of action is translated into a non-English language, the informing notice on the back (NA Back) must also be in the same translated language as the front of the notice.**

Required Documentation: The following level of documentation will be considered to be sufficient to determine that appropriate language services were provided to LEP clients. When a case file is initially started, the county must document the following (at initial contact, when application is received, or at intake), at recertification (or yearly if recertification is not required), and at anytime the client requests a change in either his/her oral or written language preference. Any information not documented at the initial start of a case must be documented at the next contact.

1. That the client was offered free language services, in the client's primary language, for oral and written communications. If a document is not available in the client's primary language, the county must explain how it will provide oral interpretation of those documents.
2. The LEP client's self-selected preferred language for both oral and written communications (these will not necessarily be the same).
3. The acceptance or refusal of language services by the client.
4. What language the services were provided in, and
5. Who provided the interpretive services (department interpreter, bilingual worker, telephone interpreter, client-provided interpreter, etc.) If the client is assigned to a worker or unit that provides the services, the name of the worker or the bilingual unit should also be documented.

Client provided interpreter: If the client chooses to provide his/her own interpreter, the county is required to inform the client of:

1. The right to free interpretive services without undue delay.
2. Potential problems of using the client's own interpreter, including the possibility of ineffective communication, conflict of interest, and inaccurate interpretation.
3. The need to disclose private/confidential information to the interpreter.
4. The availability of county-provided interpretive services when the client's interpreter is not available, and

5. The right of the client to switch from a client-provided interpreter to a county-provided interpreter at anytime.

After initially informing the client and documenting in the case record, the county does not have to inform again until recertification.

If the client chooses to use his/her own interpreter, or when individuals other than county employees are used as interpreters, the county must obtain a signed authorization to release information from the client. The county also should obtain a signed confidential agreement from the interpreter stating that the interpreter agrees to keep information confidential. This business practice provides the client a measure of protection of information. Both the consent for release and the confidentiality agreement must be maintained in the case file.

If the client uses the same client-provided interpreter during subsequent contacts, the county does not need new forms completed. The county must obtain new forms completed both for authorizing the release of information and confidentiality agreement if the client uses a new client-provided interpreter. These completed documents must be maintained in the case file.

When a client-provided interpreter is used, the county will abide by the following guidelines:

1. Take reasonable steps to ascertain that the interpreter is competent in the circumstances and appropriate in light of the circumstances and subject matter.
2. A department interpreter should ensure they are capable of interpreting the information.
3. If the worker is unsure that the client-provided interpreter is accurately and effectively translating the conversation, or is an appropriate interpreter, under the circumstances of the interview, the worker will arrange for a departmental qualified interpreter to assist.

It is not necessary to document the use of interpreters for non-substantial contacts, such as asking for directions, greetings, etc.

Temporary use of a minor as interpreter: Only under extenuating circumstances or at the specific request of the applicant/recipient will a SCHSD employee allow a minor to temporarily act as an interpreter. Such extenuating circumstances include using the minor as an interpreter to determine the language of the client, to schedule a date and time to have a qualified adult interpreter, or in a health and safety issue where immediate communication is imperative, until a qualified interpreter arrives or becomes available via telephone, etc. The extenuating circumstance for using a minor as a temporary interpreter must be documented in the case file.

Documentation of client signed consent statement: Consent for the release of information must be obtained from applicants/recipients when individuals other than SCHSD employees are used as interpreters and the case record must be so documented. This includes the use of Language Line services.

Acceptance or Refusal of Forms or Other Written Material: The county will also document whether the client accepted or refused forms or other written material offered in their primary language. In case an LEP client refuses written translations in their primary language, the county should determine and document the reason to ensure that the client is aware of the availability of the county to interpret notices for clients who are unable to read or need accommodations.

Documentation that bilingual services were provided: Document the method used to provide bilingual services, e.g. assigned worker is bilingual, other bilingual employee acted as interpreter, volunteer interpreter was used, or client provided interpreter. A list of interpreters and Division 21 contacts is located on the Human Services Website (Information – Division 21 Department Information).

Narration to this effect does not need to be very lengthy. It may consist of short phrases such as “client prefers Spanish for written and oral communications”, “conducted in Farsi by EW Jones #456”, “client offered free interpretive services/accepted”, etc.

Documenting Subsequent Client Contacts: Once the client informs the county that he or she wants an interpreter, the county must offer and provide an interpreter at each contact. The county should not conduct substantive program-related conversations with the client until qualified interpreter services are available. Substantive/significant contacts are defined as contacts in which benefits, services, or rights or responsibilities are discussed. This would include any staff that has contact with the client.

When Bilingual Workers are Assigned: If the county assigns a client to a bilingual worker who speaks the client’s preferred language, no other subsequent documentation is required regarding the provision of interpretive services as long as the bilingual worker continues to handle all the transactions involving the provision of information, changes in services and/or benefits, or any other significant action taken that affects the client’s rights, benefits, or services.

For example, if worker EW 123, who provided services in Spanish at initial contact, was assigned that case, it will be assumed that any subsequent actions taken on that case were performed by the same worker in Spanish, unless otherwise noted. If a worker other than the assigned worker handles any aspect of the case that affects the client’s rights, services or benefits, the case record must indicate that the services were provided in the appropriate language and who provided the interpreter services.

Bilingual/ Interpretive Services: All bilingual/interpretive services must be provided entirely in the LEP client’s preferred language. Workers are not to insert or use English words or phrases, unless there is no corresponding word or phrase in the client’s preferred language. The use of interpretive services includes contacts with the Fraud Early Detection Program, Income Eligibility & Verification System, Overpayments, Collections and Special Investigative Unit staff (see Division 21-103).

In cases where an interpretive/translation service (telephone or in-person) is used in lieu of bilingual workers or units, the initial use of the service must be documented to include the name of the service provider and a description of the service and the language in which the service are provided. For subsequent contacts, if the same service provider is used, only the name of that service provider must be documented each time that service is used. The name of the service provider entered in the case record will signify to a reviewer that that service was used and that the contact was conducted using the client's preferred language. If a different service provider or method is used at a subsequent contact, the case record must reflect the service or method used, who provided the service, and in what language the service was provided.

RESPONSIBILITY:

Clerical Staff, EWs and ICWs:

- Upon initial contact with the client (in person, phone or mail), determine the person's primary language by: asking, using a bilingual staff member, using the Language Identification Flashcard, through an interpreter, reviewing the case file for prior documentation, or reviewing the SAWS1.
- Provide all non-English speaking/writing applicants with the language preference form (SHSD 129G), which is available in different languages. See the Forms Clerk for the correct version. The SHSD 129G must be kept in the case file, filed on the left-hand side of the outside folder, on top of Vitals.
- Document the client's acceptance or refusal for forms or other written material offered in the individual's primary language.
- Document the method used to provide bilingual services, e.g., assigned staff member is bilingual, other bilingual employee acted as interpreter, volunteer interpreter was used, or client provided interpreter. When a minor (under 18 years of age) is used as an interpreter, the staff member must document the circumstances requiring temporary use of minors in the case record.
- When clients provide their own interpreter, the worker shall ensure the client is informed of the potential problems for ineffective communication and shall document the case that the client was informed.

- Obtain the release of information (SHSD 51 English and Spanish available) when individuals other than SHSD employees are used as interpreters and document to that effect.
- Proper documentation shall consist of narration in the computer-based case comments fields, paper case narration pages, or hand-written comments in the County Use sections of, or on the bottom of specific appropriate forms such as the SHSD 129G, initialed and dated by the staff member.

Forms Clerk:

- Forms, notices and other written materials are provided to our department by Language Services in many various languages. Most copies of the forms are in our forms book. The Forms Clerk will assist staff in obtaining the correct version. Upon notification from a staff member that a form is not available in a particular language, the Forms Clerk will contact Language Services and/or other counties to obtain the form.

Attachments:

Attachment 1: Form SHSD 129A Interpreter Authorization

Attachment 2: Form SHSD 129G Indication of Primary Language

Attachment 3: Documentation Required when Using Interpreting Services

Attachment 1: Form SHSD 129A Interpreter Authorization

SISKIYOU COUNTY

HUMAN SERVICES DEPARTMENT

CERTIFICATION OF CONFIDENTIALITY – NON-SCHSD INTERPRETER

CASE NAME:	CASE NUMBER:
-------------------	---------------------

I, _____, understand that all information I gather while serving as interpreter for _____ and on behalf of the Siskiyou County Human Services Department (SCHSD) is confidential and cannot be shared without the consent of the client. I also understand that I must interpret exactly what is being said, not adding to or leaving out any information given by the client or the worker.

Name of Interpreter (Please Print)	*Signature of Interpreter	Date Signed
If certified interpreter arranged through outside Agency, name of source	If non-professional interpreter, relationship to client, if any	

CONSENT FOR RELEASE OF INFORMATION AND USE OF NON-SCHSD INTERPRETERS

I, _____, agree to share information necessary to determine my eligibility for aid and other services with _____ who is acting as my interpreter, and the SCHSD or agency acting on behalf of the SCHSD. I understand that the interpreter cannot give this information to anyone other than the SCHSD worker unless I agree. I also understand that if the person acting as my interpreter is not a certified interpreter provided by SCHSD there is a danger that the information being shared may not be interpreted correctly.

Interpreter certification: I certify that I have accurately interpreted the above information regarding the consent for release of information and use of non-SCHSD interpreters to the client in his/her primary language and he/she appears to understand.

Name of Interpreter (Please Print)	*Signature of Interpreter
Name of Client (Please Print)	Signature of Client

COUNTY USE ONLY

<input type="checkbox"/> * Certification was through telephone call. No signatures possible. Client provided own interpreter <input type="checkbox"/> Interpreter is minor child of client. Reason: _____ <input type="checkbox"/> Interpreter is adult family member/friend			
Client's primary language is <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese </div> <div> <input type="checkbox"/> Vietnamese <input type="checkbox"/> Lao <input type="checkbox"/> Hmong </div> <div> <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Other (Specify) _____ </div> </div>			
<input type="checkbox"/> Interpreter does not read English. I read all information on this form to the interpreter.			
Name of Worker (Please Print)	Caseload #	Signature of Worker	Date Signed

Attachment 2: Form SHSD 129G Indication of Primary Language

SISKIYOU COUNTY

818 South Main Street, Yreka, CA 96097

HUMAN SERVICES DEPARTMENT

Phone: (530) 841-2700 Fax: (530) 841-2791

Case Number: _____
Case Name: _____
EW #: _____
EW Phone #: (530) _____

You have indicated your primary language is _____. Please tell us if you want to
have your interview and notices/letters completed in _____.

I want my interview and notices/letters completed in _____. ☐ Yes ☐ No

An interpreter can be provided at no cost to you. Please indicate if you would like an interpreter provided for
you: ☐ Yes ☐ No

Also, please tell us if you will be having your own adult interpreter help you communicate with the Siskiyou
County Human Services Department. If you have an interpreter, please complete the:

Name of person who will help: _____

Address of person who will help: _____

Phone number of person who will help: _____

I, _____, give authorization to _____
to communicate with the Siskiyou County Human Services Department on my behalf regarding my case.

Signed: _____ Date: _____

Signed: _____ Date: _____

Attachment 3: Documentation Required when Using Interpreting Services

Documentation required	When documentation is required
Use of bilingual services to select primary language. Division 21-115.1	Inception of case file and reverification, or when requested, at least yearly
Who provided language services. Division 21-116.22	Inception of case file and reverification, or yearly
Preferred language for verbal communication. Division 21-115.2	Inception of case file and reverification, or yearly
Preferred language for written communication. Division 21-115.2	Inception of case file and reverification, or yearly
Acceptance or refusal of oral language services; if accepted, in what language. Division 21-116.21	Inception of case file and reverification, or yearly
Acceptance or refusal of forms in client's primary language (name of person and type of interpretive services provided). Division 21-116.22	Inception of case file and reverification, or yearly
If communication NOT by regular, bilingual worker/unit, narrative should indicate who provided interpretive service (i.e. other worker/unit, volunteer interpreter, contracted interpreter, telephone interpreter, client provided interpreter, etc). Division 21-116.22	Each and every substantive contact
If communication NOT by regular, bilingual worker/unit, narrative should indicate language in which conversation was conducted. Division 21.116.22	Each and every substantive contact
Narrative should indicate use of minor under 18 and description of extenuating circumstance. Division 21-115.16	Each occurrence
If client provided interpreter is used, narrative should record warning of possible ineffective communication. Division 21-116.23, Tewelde, page 2, B.1.f.	Inception of case file and reverification, or yearly
If client provided interpreter is used, case file must include a signed consent for release of information form signed by applicant/recipient. Division 21-116.24	Only at initial use of that interpreter.
If client provided interpreter is used, case file should include a signed confidentiality agreement signed by interpreter.	Optional

2006-01 Interpretive Services 20060717

**SISKIYOU COUNTY HUMAN SERVICES
EMPLOYMENT AND TEMPORARY ASSISTANCE**

PROGRAM UPDATE: All Programs

TRANSMITTAL #: 06-01
DATE: 07/17/06
ML/MS

SUBJECT: Interpretive Services

REFERENCE: ACL 06-20, SHSD All Programs Procedure 05-05

IMPLEMENTATION DATE: Immediately

PURPOSE: The purpose of this program update is to inform STAFF of our continued obligation to comply with the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 21 regulations regarding the provision of effective language services to all applicants/recipients in their primary language. Although our current policy adheres to these regulations, there are some changes to/restrictions on the use of minors as interpreters, noted on the following page.

POLICY: The provision of effective language services shall be prompt, without undue delay. These requirements apply regardless of whether the county provides an interpreter (qualified bilingual employees, paid interpreters, qualified employees of other agencies, or use of community resources) or the applicant/recipient chooses to provide his/her own interpreter.

INSTRUCTIONS: SHSD must comply with MPP Section 21-107 regarding the dissemination of information and ensure that applicants/recipients are advised of their right to free interpretive services. It is always the county's obligation to affirmatively offer interpretive services (Section 21-115.15). Once SHSD has been informed that the applicant/recipient needs an interpreter, the county must offer and provide an interpreter at each client contact. SHSD's obligation to provide interpretive services may be met using a variety of methods, which may include bilingual staff, county interpreters, and contracted interpreters (including language line).

Applicants/recipients may use their own interpreter, but must not be compelled or encouraged to do so (Section 21-115.16). Before applicants/recipients decide to use their own interpreter, SHSD is required to advise them at initial intake and at each redetermination of (1) the right to free interpretive services; (2) potential problems of using the client's own interpreter, including the possibility of ineffective communication,

inaccurate interpretation, and the need to disclose private information to the interpreter; (3) the availability of county-provided interpretive services, whether or not a client chooses to provide his own interpreter; and (4) the right to accept county-provided interpretive services at any time, even when a client-provided interpreter is present.

If the applicant/recipient chooses to provide his or her own interpreter, but at any time informs SHSD that he or she wishes to utilize the county-provided interpreter, the county must provide free interpretive services, without undue delay. SHSD shall not conduct substantive, program-related conversations with the applicant/recipient until qualified interpretive services are available.

Note that SHSD may allow a minor to temporarily act as an interpreter only at the request of the applicant/recipient, or under other extenuating circumstances. Staff must document the use of a minor and the reason(s) for it in the case record. Examples of extenuating circumstances warranting the temporary use of a minor include, but are not limited to:

- SHSD staff telephones or visits the applicant/recipient's home for initial contact and finds a non-English or limited-English speaking client, while a minor in the home speaks English. Under these circumstances, the CWD contact may use the minor as an interpreter only to determine the language of the client and to schedule a date and time to return with a county provided interpreter. When the matter is time sensitive, SHSD is encouraged to use a telephone interpreter.
- A non-English or limited-English speaking applicant/recipient enters the SHSD office with a minor child who speaks English and the county does not immediately have access to a county provided interpreter in the applicant/recipient's primary language. Under these circumstances, the minor may only be used as a temporary interpreter to schedule a date and time to return to the CWD when a county-provided interpreter will be available. When the matter is time sensitive, staff is encouraged to use a telephone interpreter.
- When a SHSD employee encounters a health and safety issue such as a car accident or crime scene, where immediate communication is imperative, a minor may be used temporarily until a qualified interpreter arrives at the scene or communicates with the applicant/recipient via telephone, cell phone, etc.

In all instances, the use of a minor as the applicant's/recipient's interpreter should be **temporary, only until a county interpreter is made available**.

In addition to providing free interpretive services, staff must document the following in the case record file for each contact with the applicant/recipient:

- SHSD offered free interpretive services;
- Who provided the interpretive services;
- SHSD informed the applicant/recipient of potential problems for ineffective communication when using the applicant's/recipient's own interpreter;
- SHSD offered county-provided interpretive services if the applicant/recipient provided interpreter is not available;
- A minor temporarily acting as an interpreter did so at the specific request of the applicant/recipient or there were other extenuating circumstances, with an explanation of those circumstances;
- The applicant/recipient signed a consent for the release of information when using his or her own interpreter;
- SHSD informed the applicant/recipient of his/her right to accept county provided interpretive services at any time, even when a client provided interpreter is present. (Section 21-115.16; 116.22 through .24)

If you have any questions regarding this update, please ask your supervisor.