DEPARTMENT OF BENEFIT PAYMENTS 744 P Street, Sacramento, CA 95814

February 27, 1975

ALL-COUNTY LETTER NO. 75-47

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: TRANSLATION OF WELFARE FORMS

REFERENCE:

Background

The Department of Benefit Payments, with the help of the county welfare departments, conducted a survey of non-English state-mandated forms. The survey was completed in August 1974. The purpose of the survey was twofold: (1) to determine the number and types of forms that have been translated into non-English languages, (2) to enlist the welfare departments' help in deter mining "critical need" (to rank the forms in order of importance to the welfare recipient) so that those forms deemed most critical to the provision of equal welfare services may be translated into non-English languages.

Purpose

This letter establishes policy and procedures for the translation to non-English languages of those state-mandated welfare forms normally filled out by welfare recipients, and establishes a review process for "critical" county originated non-English forms.

Policy

Effective March 1, 1975, the Department of Benefit Payments will translate all "critical" state-mandated forms into Spanish, will consider requests from county welfare departments on an individual basis to translate state forms into non-English languages other than Spanish, and will review all "critical" non-English county forms, including Spanish forms, prior to their adoption by the county welfare departments. "Critical" forms are defined as those forms critical to the proper delivery of services that are filled out and signed by the recipient.

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Determination of Need for Non-English Forms

In accordance with the Dymally-Alatorre Bilingual Services Act, each county will be responsible for determining the need for non-English forms.

Procedure

When a county welfare department determines that a state form is needed in the Spanish language, a request shall be made to the Department of Benefit Payments, Office of Civil Rights. Upon receipt of a county request, the Office of Civil Rights will review the request and if approved will provide either one master copy for the welfare department's own use or printed forms in the quantity requested in accordance with existing policy for issuing state forms.

When a county determines that state forms are needed in Chinese, Japanese, Korean, or Tagalog, a special request will be made by the welfare department stating the need for these forms and, when possible, including a suggested translation. Upon approval of the request, the Office of Civil Rights will develop or verify the translation and provide the requestor with an approved master copy.

The Office of Civil Rights will review all translations of county-originated forms, will correct if necessary and approve county translations. The county welfare department will be provided with certified translation of these forms for their use.

A schedule for reviewing and approving county forms will be issued under separate cover. Upon completion of the review of county-originated forms, only approved forms will be used by the county welfare departments.

The following state forms are now available in Spanish:

CA 293	Statement of AFDC Mother and Unrelated Adult Male
DFA 285	Application for Food Stamps (Nonassistance)
DPA 8	Notice to Applicant Who Withdraws Application
WR 1	Application for Public Social Services
WR 4	Immediate Need Certification

Should you have any questions or comments please contact Mr. Luis Batiza at (916) 322-4134.

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DENNIS O. FLATT Deputy Director

cc: CWDA

Attachments (CWDs only)