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 	CHILD AND FAMILY SERVICES AGENCY Approved by: <u>Heather D. Stowe</u> (for Interim Director Brenda Donald) Date: <u>October 31, 2016</u>	REVISION HISTORY: May 12, 2015
LATEST REVISION: October 31, 2016	EFFECTIVE DATE: May 29, 2009	

I. AUTHORITY	<p>The Director of the Child and Family Services Agency ("CFSA" or "Agency") adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including but not limited to, the Language Access Act of 2004 (the "Act"), effective June 19, 2004, DC Official Code §§ 2-1931 <i>et seq.</i>; Human Rights Act of 1977, DC Official Code §§ 2-1401.01 <i>et seq.</i>; 4 DCMR §§ 1200 <i>et seq.</i>; and Title IV of the Civil Rights Act of 1964.</p>
II. APPLICABILITY	<p>This policy applies to all CFSA employees, in addition to contractors, volunteers, student interns and externs, business associates, and any other persons who are CFSA service providers or grantees.</p>
III. RATIONALE	<p>Since the passage of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, and the Act, all individuals are guaranteed access to public accommodations regardless of race, color, gender, religion, national origin, physical or mental disability, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, genetic information, source of income, or place of residence or business. By the authority of the Act and the Human Rights Act of 1977, the CFSA Language Access Program ("LAP") seeks to ensure equal access to services to all people served, regardless of communication circumstances or English language proficiency.</p> <p>The purpose of this policy is to ensure CFSA's compliance with applicable federal and District laws and their implementing regulations with respect to persons who are limited English proficient ("LEP") or Non-English proficient ("NEP").</p>
IV. POLICY	<p>This policy reaffirms CFSA's commitment to ensure equal access to services for person who are LEP or NEP and need assistance accessing CFSA services. Staff shall ensure that no one is excluded from, or denied equal access to, programs and services due to a linguistic barrier. This includes individuals who may have difficulty speaking, reading, writing, or understanding English.</p>
V. CONTENTS	<ul style="list-style-type: none"> A. Role and Responsibilities B. Confidentiality C. Client and Customer Rights D. Client and Customer Service E. Reporting F. Training G. Telephonic Interpretation Services

	<p>H. Request for Face-To-Face Interpretation Services</p> <p>I. Request for Interpretation Services</p> <p>J. Written Translation of Vital Documents</p> <p>K. American Sign Language Services</p> <p>L. Bilingual Staff</p> <p>M. Community Outreach</p> <p>N. Filing a Complaint</p> <p>O. Contracted Providers (Covered Entities)</p>
VI. ATTACHMENTS	<p>A. Definitions</p> <p>B. Quick Reference Guide</p> <p>C. Language Access Request Form</p> <p>D. OHR Questionnaire-Language Access (Complaint Form)</p> <p>E. CFSA-Language Access Interpreter Service Wavier</p>
VII. Sections	<p>Section A: Role and Responsibilities</p> <p>CFSA’s Director and the Language Access Coordinator (“LAC”) have direct responsibility for implementing the Act and this policy. Their responsibilities include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The Agency Director: <ol style="list-style-type: none"> a. Shall require all contractors and grantees comply with the Assistant Corporate Council and certify that their subcontractors and grantees will comply with the Act b. Shall designate a LAC and review and evaluate the role and performance of the LAC on an annual basis. 2. The Language Access Coordinator shall: <ol style="list-style-type: none"> a. Report directly to and consult with the Chief Administrative Officer on budgeting issues for the delivery of language access services as required by the Act b. Establish, implement, and publish in the DC Register the Agency’s Biennial Language Access Plan c. Coordinate and assist in the implementation of the requirements of the Act and ensuing regulations d. Receive reports of alleged violations of the Act from individuals, consultative agencies or other organizations, and report them to the DC Office of Human Rights (“OHR”).
	<p>Section B: Confidentiality</p> <ol style="list-style-type: none"> 1. In accordance with District and federal confidentiality and disclosure laws, no information or records, to include the content of LAP records and translated information, shall be disclosed by the LAC or other persons without the client’s authorization. 2. The release of confidential information shall be administered in the following manner: <ul style="list-style-type: none"> • All client records and information shall be kept confidential and protected from public or unauthorized disclosure. Client and

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	<p>customer information collected, created and maintained by CFSA shall only be released in accordance with the federal and District privacy and confidentiality laws and regulations. For additional information, (see the CFSA Confidentiality Policy).</p>
	<p>Section C: Client and Customer Rights</p> <p>CFSA is committed to protecting the rights of persons who are LEP or NEP and providing equal access and participation in public services, programs, and activities for residents of the District of Columbia (to include persons known to the CFSA) who cannot speak, read, write, and understand English. Clients and customers shall have the right to:</p> <ol style="list-style-type: none"> 1. Request and receive interpreter services at no cost 2. Request and receive vital documents in their own language at no cost 3. File a complaint (<i>Section N</i>)
	<p>Section D: Client and Customer Service</p> <ol style="list-style-type: none"> 1. CFSA staff shall ensure that clients and customers have access, communication, and participation in services, programs, and activities offered by CFSA for residents of the District of Columbia (including clients known to CFSA) who are LEP or NEP. 2. Agency staff shall not deny services rendered or offered by CFSA to LEP or NEP clients and customers. 3. CFSA's key performance areas in providing good client and customer service shall include, but are not limited to, the following: <ol style="list-style-type: none"> a. LEP and NEP clients and customers shall be advised of the available language access services b. LEP and NEP clients and customers shall receive the same high quality of service regardless race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business, or any other criteria that may be the source of discrimination and shall be treated with respect and courtesy in all transactions c. LAP staff shall work with the requester to coordinate all requests for interpretation services including scheduling and service provision at no cost to the individual requesting or requiring services. d. When a staff member or the LAC has reason to believe that an interpreter from a professional agency, a telephone interpreter service or a CFSA bilingual staff member acting as an interpreter is not qualified or trained to serve as an interpreter, or is hampering effective communication between CFSA and a client or customer who is LEP or NEP, the LAC shall obtain another interpreter.

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	<p>Section E: Reporting</p> <ol style="list-style-type: none"> 1. On a quarterly basis, the LAC shall submit a report to the OHR regarding the Agency’s implementation of its Biennial Language Access Plan (“BLAP”), and on an annual basis, a narrative report on progress made in the implementation. 2. The <i>quarterly</i> reports shall consist of, but are not limited to, the following: <ol style="list-style-type: none"> a. The status of all tasks required of CFSA in accordance with its BLAP at the end of each quarter of the fiscal year or as otherwise required by the OHR and the Act b. A summation of all activity performed within the fiscal year including a self-assessment of what objectives were unmet, with explanation c. The number of language access complaints received during the quarter and the steps taken to resolve those complaints 3. The <i>annual</i> reports shall consist of, but are not limited to, the following: <ol style="list-style-type: none"> a. The total number of individuals served from the total population served by CFSA within the fiscal year (delineated by language) b. How many translated vital documents were completed c. Oral language services offered through CFSA services and programs d. The names of all organizations to which the CFSA provides grants or contracts to provide services to its LEP and NEP population e. An itemized budget allocated for Language Access purposes f. A comprehensive list of CFSA’s bilingual staff employed in public contact positions g. A list of contractors and grantees and the status of their compliance with the Act h. The number of language access complaints received during the course of the fiscal year and the steps taken to resolve those complaints
	<p>Section F: Training</p> <ol style="list-style-type: none"> 1. The goal of the CFSA’s LAP is to ensure that all staff members are adequately trained in the use of and access to language access resources. 2. CFSA staff members, contractors, grantees, volunteers, student interns and externs, business associates, and any other persons who are CFSA service providers shall be trained on the requirements of the Act. 3. Staff shall be trained on cultural competency (e.g., diversity, sensitivity), as well as, how to access telephonic interpretation services. 4. Staff shall be made aware of language access training offered by the LAP and the OHR.

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	<ol style="list-style-type: none"> 5. Language access training shall be incorporated into orientation for new employees. 6. CFSA's LAP staff shall take reasonable steps to ensure that all staff, particularly those in public contact positions, are trained biennially on how to access language access services and on cultural competency.
	<p>Section G: Telephonic Interpretation Services</p> <ol style="list-style-type: none"> 1. Telephonic interpretation is a service the CFSA's LAP provides when an interpreter is needed over the phone instead of in person. This type of service is especially useful when the interpreter is needed for a short period such as for a medical appointment or to communicate long distance by telephone. 2. CFSA staff will have access to over-the-phone interpretation 24 hours a day, seven days a week. 3. CFSA uses Language Line Services for telephonic interpretation and each Language Line interpreter is bound by confidentiality to ensure privacy.
	<p>Section H: Request for Face-To-Face Interpretation Services</p> <ol style="list-style-type: none"> 1. In Face-to-Face interpreting, the interpreter and the client or customer communicate face-to-face. This is beneficial and ideal for smaller, sensitive or complex situations that may involve diagnostics, investigations, home visits, or court hearings. 2. When interpreter services are needed, staff shall follow the steps outlined in <i>Section I</i>.
	<p>Section I: Request for Interpretation Services</p> <ol style="list-style-type: none"> 1. The LAP is the gateway to providing equal access to services for CFSA clients and customers regardless of their linguistic ability. The program ensures that LEP and NEP clients, customers and families of CFSA have full access to services. 2. When interpretation services are needed, the following steps are required: <ol style="list-style-type: none"> a. The request shall be submitted to the LAC as soon as possible, but no less than 72 hours in advance of the need. b. The individual requesting the service on behalf of the client shall ascertain the client's linguistic ability. c. The requester shall submit the request via e-mail, phone or in person and shall provide the following information: <ol style="list-style-type: none"> i. Number of persons expected in the meeting ii. Number of persons requiring an interpreter iii. Language(s) spoken

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	<ul style="list-style-type: none"> iv. When services are needed v. Type of service needed (e.g., consecutive interpretation, simultaneous interpretation, etc.) vi. Where the service will be provided (e.g., offsite, 200 I Street, SE Washington, DC 20003) vii. The purpose of the meeting (e.g., Family Team Meeting, visitation, etc.) viii. The requester’s contact information (e.g., Name, Title, Office Location and Work and Cell Phone Numbers) <ul style="list-style-type: none"> d. The LAP shall coordinate all requests for interpreter services including scheduling and arranging requested appointments. e. The LAP shall inform the requester and the requester shall advise clients and customers that an interpreter shall be provided at no cost to him or her. CFSA shall incur all cost associated with the provision of interpreter services. f. When working with an LEP or NEP client, requester or applicable staff person must place notation (e.g., LEP-French) on the outside of the client’s or customer’s file, indicating that an interpreter will be needed. g. If an interpreter is not available on the preferred date, the LAP shall coordinate another date with the requester and the requester shall contact the client or customer to inform him or her of the next available date. h. Once an interpreter has been identified and the date and time has been confirmed, the information shall be noted on the Language Access Request Form or in the data base i. If CFSA offers oral interpretation and written translation to LEP and NEP clients and customers and the client or customer refuses interpretation or translation services, CFSA shall provide an OHR waiver form to the client or customer. j. Clients and customers may waive their rights under the Act by completing an OHR wavier form. The OHR wavier form shall be in the language of the client or customer and shall confirm that the LEP or NEP client or customer is voluntarily waiving his or her right to free interpretation or translation services provided by CFSA. CFSA shall provide an oral translation of the written text of the OHR waiver form if a written translation is not available in the client’s or customer’s language or if the client or customer is unable to read his or her native language.
	<p>Section J: Written Translation of Vital Documents</p> <p>1. CFSA shall provide written translation of vital documents into any non-English language spoken by a LEP or NEP population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered, or likely to be encountered, by CFSA. These documents shall include, but are not limited to, applications, notices, complaint forms,</p>

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	<p>outreach materials, and other documents that notify individuals about their rights or eligibility requirements for benefits and participation.</p> <ol style="list-style-type: none"> 2. CFSA shall ensure that all vital documents that are translated into a non-English language spoken by LEP or NEP populations are widely distributed within the Agency, at accessible points of entry, and are available online. 3. Translation of “non-vital documents” shall be provided on an as-needed basis, which includes cases where a translation is not a viable option (no cost). <p><i>Note: A full list of language support and contact numbers is available on CFSA’s intranet.</i></p>
	<p>Section K: American Sign Language Services</p> <ol style="list-style-type: none"> 1. CFSA clients and customers may request American Sign Language (“ASL”) Services. 2. To request ASL services, the requester shall provide the following information: <ol style="list-style-type: none"> a. Date, time, location and expected length of the assignment b. Type of situation (tour, court hearing, interview, etc.) c. Communication need and type (e.g., someone to “sign” in English, Spanish, etc.) <ol style="list-style-type: none"> i. Assignments last two hours or more require two interpreters. ii. If an interpreter is required the ASL Coordinator shall request a copy or outline of the information that will be covered and, if applicable, ask for a copy of the agenda and any other printed materials that will be distributed. d. CFSA staff may request a sign language interpreter by contacting the Agency’s Human Resources Administration. For additional information, see the CFSA Services for the Deaf and Hard of Hearing Policy or contact the ADA Coordinator at (202) 724-7373.
	<p>Section L: Bilingual Staff</p> <p>The CFSA’s LAP shall take reasonable steps to screen self-identified CFSA bilingual staff members that request to be placed on CFSA’s active list of interpreters. They shall be screened to determine that they can:</p> <ol style="list-style-type: none"> 1. Fluently and accurately communicate in the language(s) in which they claim proficiency 2. Interpret exact concepts effectively to and from other languages and in English. Interpreters cannot distort the meaning of the interpretation 3. Understand the obligation to maintain confidentiality
	<p>Section M: Community Outreach</p> <p>The LAP shall ensure that applicable CFSA Administrations and Programs</p>

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	<p>are aware of the Act's requirements for community outreach. CFSA shall:</p> <ol style="list-style-type: none"> 1. Conduct public meetings 2. Partner with community based organizations to organize and participate in events in LEP and NEP communities (e.g., fairs, community meetings, forums, educational workshops, implementation of projects, and delivery of services) 3. Disseminate information through LEP and NEP media outlets in diverse languages and at diverse locations 4. Implement a topic-specific campaign to raise awareness of a particular service or project in LEP and NEP communities 5. Organize regular needs assessment meetings with LEP and NEP community based organizations
	<p>Section N: Filing a Complaint</p> <ol style="list-style-type: none"> 1. Any client or customer that express a desire to file a complaint based on the delivery of services or any other discriminatory actions, shall use the OHR's Complaint Form (<i>Attachment D</i>). 2. The LAC shall provide the client or customer with a copy of the OHR Complaint Form. 3. Any CFSA staff member who receives an Act complaint from a client or customer, must: <ol style="list-style-type: none"> a Ensure the client or customer receives the OHR Complaint Form (<i>Attachment D</i>). b Forward a copy of the form to his or her supervisor, the LAC, and CFSA's Office of Risk Management, within five business days from the date of the incident. c If a complainant has difficulty (due to language barriers) filing a complaint, the complaint may be filed on his or her behalf by a person or organization. d The LAC shall report complaints to the OHR. e Complaints filed with the OHR under the provisions of the Act may be voluntarily withdrawn at the request of the complainant at any time prior to the OHR's investigation and findings. A withdrawal does not prohibit the OHR from investigating the complaint. The circumstances surrounding a withdrawal may be investigated by the OHR.
	<p>Section O: Contract Providers (Covered Entities)</p> <ol style="list-style-type: none"> 1. Covered entities are any District government agency, department, or program that furnishes information or renders services, programs, or activities directly to the public or contracts with other entities, either directly or indirectly, to conduct programs, services or activities to the public. 2. CFSA community partners (contractors, grantees, etc.) shall comply with

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the same requirements of the Act as CFSA. The Agency shall ensure that its partners:

- a. Carry out services, programs or activities directly to the public, collect data regarding contact with LEP and NEP clients and customers, and report this data to CFSA on a quarterly basis.
- b. Provide oral interpretation services and translate vital documents according to the same standards required of CFSA and train personnel on all compliance requirements.
- c. Certify in writing that the compliance requirements required in accordance to standards set in paragraphs (a) and (b) of this subsection will be satisfied by their subcontractors and sub-grantees.
- d. Receive language access compliance training or guidance in accordance with standards set forth by the OHR. Any required training shall be provided by OHR, unless CFSA agrees to provide the training and the OHR approves the provision of training by CFSA.

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DEFINITIONS

Access or Participate – To be informed of, participate in, and benefit from public services, programs, and activities offered by a covered entity at a level equal to English proficient individuals.

American Sign Language (ASL) – A visually expressive language, complete with a grammar and syntax of its own (and separate from that of English); ASL is non-verbal and has no written form.

Bilingual Employee – A person who is assessed and certified by the D.C. Department of Human Resources or CFSA's Human Resources Administration as "proficient" in both the English language and a language other than English.

Client – A child, youth, or family member who seeks or receives services referred or paid by CFSA or a CFSA-contracted agency.

Complainant – An individual, group of individuals, or organization(s) that files a public complaint alleging violations of the Language Access Act against an agency.

Confidentiality – The legally required process and ethical practice of not disclosing private information about a client without the client's consent as well as not soliciting private information from a client unless it is essential in assuring safety, providing services, or achieving permanence for children. In specific circumstances, staff may be compelled by law to reveal some information to designated authorities, e.g., where there is a threat of harm.

Covered Entity – Any District government agency, department, or program that furnishes information or renders services, programs, or activities directly to the public or contracts with other entities, either directly or indirectly, to conduct programs, services, or activities (the term "covered entity" shall not include the Advisory Neighborhood Commissions).

Customer: An individual or person who has interaction with CFSA (i.e., not a client).

Hard of Hearing – A functional hearing deficit. A person who is hard of hearing may use visual communication or assistive devices such as hearing aids or amplification devices.

Interpreter – A neutral bilingual, bicultural "third party" fluent in both English and the target language, trained to convey communications orally between two or more parties who do not share a common language.

Interpreting – The act by a third party of receiving a spoken or signed message in one language.

Interpretation – Oral/verbal conversion of the meaning of a dialogue from one language to another language.

Limited English Proficient (LEP) Individuals – Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Training – Linguistic and cultural competency training that educates, informs, instructs or guides agency staff on how to provide readily available, culturally appropriate oral and written language services to LEP/NEP individuals through such means as bilingual/bicultural staff, trained interpreters, and qualified translators.

Non-English Proficient (NEP) Individuals – Individuals who cannot speak or understand the English language at any level.

Oral language services – The provision of oral information necessary to enable LEP/NEP individuals to access or participate in programs or services offered by a covered entity.

Public Contact Position (PCP) – Position in a covered entity for which the primary responsibilities include greeting, meeting, serving or providing information or services to the public. These are positions that require personal contacts with the public, community and civic organizations, or any combination of these groups.

Qualified Interpreter – Person who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Telephonic Interpretation – Over-the-phone interpretation service that provides professionally trained and qualified interpreters in various languages.

Translation – The written conversion of texts in the source language into texts written in the target language, retaining the meaning and intent of the original source text and producing a culturally competent product. All translators providing translation services to the District must be certified or otherwise qualified.

TTY – A device that allows typed conversations over ordinary phone lines between two parties with compatible equipment or through the Relay Service.

Vital Documents – Applications and their instructions, notices, complaint forms, legal contracts, correspondence, and outreach materials published by a covered entity in a tangible format, including but not limited to those which inform individuals about their rights and responsibilities or eligibility requirements for benefits and participation, as well as documents that pertain to the health and safety of the public.

QUICK REFERENCE GUIDE

Child and Family Services Agency Language Access Quick Reference Guide Telephone Services



To provide the highest quality of service, CFSA must be sensitive and responsive to individual cultural backgrounds, preferred languages and styles of communication. The Child and Family Services Agency (CFSA) guarantees equal access to language services regardless of one's race, color, gender, religion, national origin, physical, or mental disability. In addition, the CFSA seeks to make sure that those who are deaf or hard of hearing also have equal access to language services regardless of their communications circumstances.

200 I Street, SE
Washington, DC 20003
Language Access Coordinator

Reference Guide for Telephone Language Line Services

For easy access to language line services, **when receiving** a call:

1. **Press conference hold** button to place the limited English speaker on hold.
2. Dial **1 (866) 874-3972**
3. Enter on your telephone keypad or provide the information to the representative:
 - a. You may press) or stay on the line for assistance.
 - b. Enter the 6-digit Client ID: **511111**.
 - c. Press 1 for Spanish.
 - d. **Press 2 for all other languages** (Speak the name of the language at the prompt). An interpreter will be connected to the call.
 - e. **Please enter: Secured Access Code Note:** (Each Administration has its own code).
4. **Brief the interpreter.** Summarize what you wish to accomplish and give any special instructions.
5. **Add the Limited or Non-English proficiency client** to the line.

If you need assistance when placing a call to a Limited or Non-English proficiency client, you may **press 0** to transfer to a representative at the beginning of the call.

Note: When **placing a call** to a limited or non-English proficiency client, begin at step 2.

Quick Reference Guide for TTY Services

The text teletype machine (TTY) is a machine to make telephone calls by people who are deaf, hard of hearing, or speech impair. The following instructions are useful for the correct handling of TTY calls:

- If you don't have a TTY, you may call a person who is deaf, hard of hearing or speech-impaired by using the Telecommunications Relay Services (TRS).
- There are only a few people who use TTY's, many deaf and hard of hearing people use the TRS to communicate over the phone. The TRS is provided by the phone company to allow TTY users access to communication with non-TTY users. The procedures for making a relay call are:
 1. Call the TRS with the number in the front pages of the telephone book (Each State has a different number).
 - District of Columbia **800-643- 3768**
 - Maryland **800-735-2258**
 - Virginia **800-828-1120**
 2. You will hear or see a TRS message. The message will say "may I have your number please").
 3. Say or type the number you want to call.
 4. While your number is being relayed, talk or type as though you are speaking directly to the person you called. Your conversation will be relayed.
 5. Each time you finish speaking or typing, say "Go Ahead" or type "GA" to indicate that you are ready for the other person to respond.
 6. When you are done with your call and you would like to make another TTY call, don't hang up. The TTY system will be ready to place your next call.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



LANGUAGE ACCESS REQUEST FORM

Date: _____

Requester (CFSA Representative)

First Name:	Last Name:	Administration:	Contact Number:

Client

Client Name:	First Name:	Middle Initial:	Last Name:	Maiden Name:
Please Check: <input type="checkbox"/> Limited English Proficiency (LEP) <input type="checkbox"/> No English Proficiency (NEP)				
FACES Identification Number:				
Primary Language(s) Spoken: <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/> American Sign Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Amharic				

Service

Translator/Interpreter Information	Appointment Day	Appointment Time	Start Time	End Time
Agency Name:				
Phone No.				

Meeting Type:	
Number of people expected to attend:	
Number of persons that will require translation:	



OHR QUESTIONNAIRE-LANGUAGE ACCESS

DC Office of Human Rights 441 4th Street, NW Suite 570 North Washington, DC 20001
Telephone: 202-727-4559 Fax: 202-727-9589

*Required Fields

1. COMPLAINANT INFORMATION

*Today's Date:	*Name:
*Address:*City/State/Zip:	
*Primary Phone Number:	*Sex:
Email address:	
*What is your language preference?	
*Contact person if you cannot be reached:	
Email address:	*Primary Phone Number:
Do you require a reasonable accommodation? If yes, please explain:	
Do you require language interpretation? If so, what language?	

2. RESPONDENT INFORMATION

Name of the D.C. government agency complained of:	
*Location of agency:	*Phone:
*If complaint is against an organization funded by D.C. government, please list the name and contact information for the organization here:	

3. COMPLAINT

*Date of incident:
*Nature of complaint: <input type="checkbox"/> Lack of assistance by agency staff in your language <input type="checkbox"/> Lack of translated materials Other (please describe):
*Did you alert agency staff of your language preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____

Revised October 2013

(Please use additional paper if you need more space)

Please provide the name of the individual and/or organization that assisted you in completing this form (if applicable):

Contact Person/Position: _____

Daytime Phone Number: _____

The submission of the OHR questionnaire constitutes the date of filing for statute of limitation purposes. A complete and submitted OHR questionnaire satisfies the requirements of 4 DCMR 705.4, 705.5 Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001 (Please type full name)

Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Complainant's Signature*Date

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



**CFSA-Language Access
Interpreter Service Waiver**

I, _____, understand that CFSA Language Access Services offers qualified interpreters to all limited and no-English proficiency individuals, either in person or by telephone at no cost. I am declining (_____) **initial here** these services and instead choose to have an adult friend or family member interpret for me. I acknowledge that CFSA staff has discussed with me the inherent risks in using friends or family members, including but not limited to:

- a. Family members or friends who may not have the language or interpreting skills required to interpret accurately and completely
- b. Family members or friends who may not feel bound to uphold the same standards of privacy and confidentiality as a professional interpreter
- c. Issues which may arise that are sensitive and/or difficult to discuss through a family member or friend

I voluntarily and knowingly decline the interpreter services offered by CFSA Language Access Program. In doing so, I understand the potential risks involved and agree to assume those risks. Therefore, I am choosing to have an adult friend or family member to interpret for me.

I understand that the CFSA official must utilize the interpreter or interpreter service for their own benefit and shall not rely on my family member or friend to interpret official government business.

Client Name (please print)

Witness Name (please print)

Date

Client Signature

Witness Signature

Date