

George Latimer  
County Executive

**DEPARTMENT OF SOCIAL SERVICES  
LANGUAGE ACCESS PLAN**

County Agency:	<u>Department of Social Services</u>
Commissioner:	<u>Kevin M. McGuire</u>
Effective Date of Plan:	<u>June 3, 2019</u>
Coordinator Name:	<u>Jane E. Velazquez</u>
Coordinator Phone:	<u>(914) 995-5572</u>
Coordinator Email:	<u>jev4@westchestergov.com</u>

**PART 1 – INTRODUCTION AND PURPOSE**

This Language Access Plan (“LAP” or “Plan”) has been prepared pursuant to Executive Order No. 1-2019, Westchester County Language Access Policy. The Department of Social Services (the “Department”) shall publish this LAP on the Department’s webpage or appropriate County webpage and make it available to the public upon request. This LAP shall be updated every two years from the effective date listed above.

The Department endeavors to comply with all applicable civil rights laws and EO 1-2019, which seeks to increase language access to County programs and services. The County is committed to ensuring that language access services are implemented in a cost effective and efficient manner.

In general, the term limited English proficiency (“LEP”) refers to people who do not speak English as their primary language and who have a limited ability to read, write, or understand English.

**PART 2 – LANGUAGE ACCESS COORDINATOR**

The Department has identified Jane E. Velazquez to serve as the Language Access Coordinator (the “Coordinator”). The Coordinator shall monitor compliance with EO 1-2019 by collecting data on the Department’s provision of translation and interpretation services, as described in this LAP.

**PART 3 – ASSESSING LEP POPULATION LANGUAGE NEEDS**

In preparing this LAP, the Department conducted an individualized internal assessment to identify the language needs of those most likely to be served or encountered by the Department. The factors used to conduct this assessment were:

1. The number or proportion of persons with LEP in the Department’s eligible service population (including those persons who would be served or encountered if the persons received adequate outreach and the Department provided sufficient language services);
2. The frequency with which persons with LEP come into contact with the Department;
3. The nature and importance of the program, activity or service provided by the Department; and
4. Factors 1-3 are then balanced against the available resources and cost to the Department.

The intent of this assessment is to find a balance that ensures meaningful access to critical services by persons who are LEP while not imposing undue financial burdens on the Department.

Based upon the most recent data provided by the U.S. Census Bureau, 967,612 people reside in Westchester County and are eligible to access the programs and services of the Department. The top six languages spoken by people with LEP in Westchester County are as follows:

<b>Language</b>	<b>Estimated Number of Individuals Who are LEP Who Speak this Language</b>
Spanish	90,969
Italian	6,995
Indo-European (other), including Albanian	3,890
Chinese	3,765
Portuguese	3,402
Haitian	2,841

Source: U.S. Census Bureau, 2017 American Community Survey

EO 1-2019 identifies the following additional languages:

<b>Language</b>	<b>Estimated Number of Individuals Who are LEP Who Speak this Language</b>
Japanese	2,258
Arabic	2,256
Tagalog	1,693
French (including Cajun)	1,050

Source: U.S. Census Bureau, 2017 American Community Survey

For the purposes of this LAP, the Department conducted its analysis with regard to individuals in the above-referenced categories. To determine the frequency with which persons with LEP come into contact with the Department, the Department reviewed relevant documents and discussed LEP contacts with staff members that receive community members both in-person and over the telephone.

**PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES**

A. Based upon the assessment discussed in Part 3 of this LAP, the Department will provide the language assistance services described below to ensure that individuals with LEP have access to services or benefits in his or her primary language. All of the language assistance services described below will be utilized by the Department subject to federal, state, and local laws, and pursuant to Westchester County procurement policies and procedures. Further, the language assistance services described below are subject to the availability of funding. Nothing contained herein shall limit the Department from utilizing alternative means to carry out the intent of this LAP should the resources described below be unavailable for any reason.

**B. Translation Services**

The Department has conducted a review of the written materials it provides to determine which documents are critical to access the services and programs the Department offers. A list of these vital documents and the languages into which they are translated (or will be translated by March 5, 2020) is attached as Exhibit A. The Department’s review of its written materials is continuing in nature and Exhibit A may be supplemented, amended, or modified as necessary.

C. Interpretation Services

Westchester County currently contracts with Language Line Services, Inc. to provide on-demand language assistance services to certain County departments and, subject to Part 4(A) above, Westchester County intends to extend said contract to all applicable departments providing direct public services covered under EO-1 2019 or, alternatively, to enter into a contract with another language assistance provider. Where on-demand language assistance services are unavailable:

1. Department services shall serve as the primary interpretation tool for clients. Bilingual staff shall be used when available.
2. Other forms of interpretation, including someone provided by community based organizations and service providers, shall be permitted if selected by an individual with LEP after being informed of his/her right to free language assistance services. Where the interaction with the person with LEP occurs at the Department's office, and an individual is permitted to use an interpreter of his or her choosing, he or she must fill out a written consent/waiver form.
3. Family members may be present and may provide limited support but shall not be permitted to be used as the primary source of interpretation.

D. Determining the Need for Language Assistance Services

Subject to Part 4(A) above, for *IN PERSON* encounters, the Department will use the following resources to determine if an individual has LEP and what the individual's primary language is:

- a. The individual with LEP may self-identify;
- b. Reception staff may make a determination based on experience and with the assistance of bilingual staff members, where available. (Department staff **MUST** make reasonable efforts to recognize potential needs based on the individual's disclosure or by an indication of an apparent need);
- c. When provided by the County, the Department will prominently display an "I SPEAK" or similar poster in a conspicuous area so that the individual with LEP can point to their primary language; or

- d. When other methods are unsuccessful, staff will engage the use of available contracted on-demand language assistance services.

Subject to Part 4(A) above, for encounters **BY TELEPHONE**, the Department will use the following resources to determine if an individual has LEP and the individual's primary language:

- a. The individual with LEP may self-identify;
- b. Reception staff may make a determination based on experience and with the assistance of bilingual staff members, where available;
- c. Staff will engage the use of available contracted on-demand language assistance services; or
- d. Another appropriate person, such as a family member, may assist to identify the primary language of the individual with LEP. However, a minor should only be used as a language resource in an emergency until an appropriate interpreter is present. It must be noted that, while the Department prefers not to use the services of a minor, this preference should in no way be interpreted to mean that access to our services and programs is being denied or that the applicant is being discouraged from applying for the programs and services.

### **Offering Language Assistance Services**

Individuals with LEP will not be required to provide their own interpreters. Subject to Part 4(A) above, free interpreting services will be provided. This policy will be communicated to individuals with LEP as follows:

- a. For encounters **IN PERSON**, the Department will use language assistance materials (such as "I SPEAK" or similar posters when provided by the County) that inform individuals with LEP of their right to free language assistance.

- b. For encounters **BY TELEPHONE**, individuals with LEP often state their spoken language and that they are seeking interpretation assistance. Alternatively, bilingual staff and/or an available on-demand language assistance services provider will advise the person with LEP that he/she is entitled to receive free interpretation assistance.
- c. For encounters in the field, Department staff will use language assistance materials to help individuals with LEP identify their spoken language. The Department will use available language resources to communicate the availability of free language assistance to a person with LEP, which includes engaging bilingual staff and/or using an on-demand language assistance services provider.
- d. For scheduled appointments with individuals with LEP, Department staff will request an on-site interpreter in advance of the meeting to facilitate communication.

**Use of Informal Interpreters**

- a. Use of formal interpreters, either bilingual staff or through an available on-demand language assistance provider, is preferable. However, there are situations where informal interpreters may be used.
  - i. An informal interpreter may be used during emergencies;
  - ii. An informal interpreter may be used for limited matters, such as asking the location of the office or inquiring about agency hours of operation in order to reschedule an appointment; and
  - iii. Upon request by a person with LEP, an informal interpreter may accompany the individual with LEP, but may not be used as the primary interpreter.
- b. Subject to Part 4(A) above, where an individual with LEP identifies an informal interpreter to interpret for them, staff must still inform the individual with LEP of their right to formal

interpretation through bilingual staff or an available on-demand language assistance services provider.

- c. Department staff must obtain a signed consent form from the individual with LEP to discuss confidential information in front of all parties present, including an informal interpreter, prior to conducting the interview or application process.

**Bilingual Staff**

The Department’s Language Access Coordinator shall maintain and update the list found at Exhibit B, which contains the following:

- 1. The number of public contact positions in the Department; and
- 2. The number of bilingual staff members in public contact positions including the languages that they speak.

**PART 5 – PUBLIC NOTIFICATION OF LANGUAGE ASSISTANCE SERVICES AVAILABILITY**

Subject to Part 4(A) above, the Department will inform individuals with LEP about their right to free language assistance services using the following measures:

- a. Individuals with LEP are shown language assistance tools (such as “I SPEAK” or similar posters, desk guides and/or pocket/palm cards) that include a notice of free language assistance. These materials are posted in public areas of the agency.
- b. Individuals with LEP are informed directly by our staff.
- c. An oral interpreter is contacted when needed.
- d. The Department’s Language Access Plan is posted on the Department’s website or another appropriate County website.

**PART 6 – STAFF TRAINING**

The Department is responsible for the provision of training to staff on language access issues. The training will be provided to all new employees as soon as practicable within 90 days of their first day of employment and to all existing employees on an annual basis. The Language Access Coordinator will assist with training and any follow-up that may be required.

Staff training includes the following components:

- a. The legal obligations to provide meaningful access to individuals with LEP;
- b. How to access language assistance services;
- c. How to obtain written translation services;
- d. How to work with interpreters; and
- e. Policies for documenting the language needs of individuals with LEP and the language services provided.

**PART 7 – ADMINISTRATION**

To ensure compliance with this LAP, the Language Access Coordinator will monitor its compliance on an annual basis as follows:

- Collect data on the provision of language assistance services by the Department;
- Collect data on the availability of translated materials;
- Determine if signage is properly posted; and
- Take any other relevant measures.

**Complaints**

Information is provided to the public on the Department’s website or appropriate County website about the right to file a complaint if an individual believes that he or she was not offered language assistance services or if the services received were inadequate or improper. An “Access to Services in





WCDSS Exhibit A: Vital Documents

Form #	Document Name	Languages										Additional Languages	
		Spanish	Italian	Chinese	French including Haitian Creole	Arabic	Tagalog	Japanese	Albanian	Portuguese			
LDSS 2921 & 2921SP 7/16	General Purpose/Statewide Application	X	X	X	X	X							Russian Korean Braille Audio
2921A	Emergency Assistance for Adults Applicant Statement	X											
LDSS 4826 & 4826SP 7/16	SNAP Application Cert/Recert	X	X	X	X	X							Russian Korean Braille(E & Sp)
LDSS 4310 & 4310 A 10/15	SNAP Periodic Report	X	X	X	X	X							Russian Korean
LDSS 2642 8/12	Documentation Requirements	X	X	X	X	X							Russian Korean
Local Form 541 & 541SP	Non-Relative Shelter Verification	X	TBT	TBT	TBT	TBT							
LDSS 1165	Request for Restricted Payments	X	X	X	X	X							Russian Korean

Key: X = Translated as of date of LAP  
TBT = To be translated by 3/5/2020

**WCSS Exhibit A: Vital Documents**

Form #	Document Name	Spanish	Italian	Chinese	French inc. Haitian Creole	Arabic	Tagalog	Japanese	Albanian	Portuguese	Additional Languages
LDSS 3668 11/15	Shelter Verification	X	X	X	X	X					Russian Korean
LDSS 3114	SNAP Budget Worksheet	TBT									
Form 1313	Instructions for Completing App for Benefits	X	X	X	X	X					Russian Korean
LDSS 4148A & 4148A SP	Book 1 What You Should Know About Your Rights	X	X	X	X	X					Russian Korean
LDSS 4148B & 4148B SP	Book 2 What You Should Know About Your Rights	X	X	X	X	X					Russian Korean
LDSS 4148C & 4148C SP	Book 3 What You Should Know About Your Rights	X	X	X	X	X					Russian Korean
LDSS-3174 & 3174SP	New York State Recertification Form for Certain Benefits	X	X	X	X	X					Russian Korean

**Key: X = Translated as of date of LAP  
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WCDSS Exhibit A: Vital Documents

Form #	Document Name	Spanish	Italian	Chinese	French inc. Haitian Creole	Arabic	Tagalog	Japanese	Albanian	Portuguese	Additional Languages
LDSS-4580 & 4580SP	Request For Restricted Payments	X	X	X	X	X					Russian Korean
Form 221	Acknowledgement of No Inspection Done	X									
Form 829B	Vendor Contact Information Required	TBT									
LDSS-4530 & 4530SP	Assignment of Wages, Salary for Services	X	X	X	X	X					Russian Korean
LDSS-4529	Agreement to Repay Any SN Assistance Overpayments	X	X	X	X	X					Russian Korean
LDSS-4002 & 4002SP	Action Taken on Your Request for Assistance	X	X	X	X	X					Russian Korean
LDSS-4571 & 4571SP	Alcohol Drug Abuse Screening Referral	X									
LDSS-4525	Consent for Disclosure of Medical Records	X	X	X	X	X					Russian Korean
LDSS-3708	School Attendance Verification	TBT									

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WCDSS Exhibit A: Vital Documents

Form #	Document Name	Spanish	Italian	Chinese	French inc. Haitian Creole	Arabic	Tagalog	Japanese	Albanian	Portuguese	Additional Languages
LDSS 4882 & 4882SP	Information About Child Support Services and Referral	X									
4004A	Notice of Intent to Change Benefits (Part A)	X	X	X	X	X					Russian Korean
4004B	Notice of Intent to Change Benefits (Part B)	X	X	X	X	X					Russian Korean
4005	Notice of Temporary Assistance Work Requirements Determination	X	X	X	X	X					Russian Korean
4005A	Notice of Temporary Assistance Work Requirements Determination (Nonexempt)	X	X	X	X	X					Russian Korean
4013A	Action Taken on Your Application (Part A)	X	X	X	X	X					Russian Korean
4013B	Action Taken on Your Application (Part B)	X	X	X	X	X					Russian Korean
4014A	Action Taken on Your Recertification (Part A)	X	X	X	X	X					Russian Korean

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**WCDSS Exhibit A: Vital Documents**

Form #	Document Name	Spanish	Italian	Chinese	French inc. Haitian Creole	Arabic	Tagalog	Japanese	Albanian	Portuguese	Additional Languages
4014B	Action Taken on Your Recertification (Part B)	X	X	X	X	X					Russian Korean
4015A	Notice of Intent to Change Benefits A	X	X	X	X	X					Russian Korean
4015B	Notice of Intent to Change Benefits B	X	X	X	X	X					Russian Korean
4016A	Notice of Intent to Change Benefits A	X	X	X	X	X					Russian Korean
4016B	Notice of Intent to Change Benefits B	X	X	X	X	X					Russian Korean
4026	Child Assistance Program Notice About Lump Sum	X									
4027	Child Assistance Program Support Reconciliation Notice	X	X	X	X	X					Russian Korean
4053	SNAP Benefits Compromise/Repayment Agreement	X	X	X	X	X					Russian Korean
4230	Conciliation Notification	X	X	X	X	X					Russian Korean

**WCDSS Exhibit A: Vital Documents**

<b>Form #</b>	<b>Document Name</b>	<b>Spanish</b>	<b>Italian</b>	<b>Chinese</b>	<b>French inc. Haitian Creole</b>	<b>Arabic</b>	<b>Tagalog</b>	<b>Japanese</b>	<b>Albanian</b>	<b>Portuguese</b>	<b>Additional Languages</b>
4230A	Option to Avoid SNAP Employment Sanction	X	X	X	X	X					Russian Korean
4231	Option to End Temporary Assistance Sanction	X	X	X	X	X					
LDSS 3151	SNAP Change Report	X	X	X	X	X					Russian Korean
LDSS 3152	Action Taken on your SNAP Benefits Case	X	X	X	X	X					Russian Korean

EXHIBIT B: PUBLIC CONTACT POSITIONS

<b>Number of public contact positions</b>	1056
<b>Number of bilingual staff in public contact positions*</b>	239
<b>Languages That They Speak</b>	Spanish and English

\* "Bilingual staff" includes only those persons employed in positions that require the employee to pass a Language Oral Proficiency examination as prescribed by New York State Department of Civil Service at the Proficiency Level as determined by the Westchester County Department of Human Resources as a condition of employment.



George Latimer  
County Executive

Department of Social Services

Kevin M. McGuire  
Commissioner

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### Access to Services in Your Language: Complaint Form

Westchester County's policy is to take reasonable steps to overcome language barriers to public services and programs. To do this, our goal is to talk to you in your primary language and provide vital documents in a form you can understand.

Your comments on this form will help us towards that goal. **All information is confidential.**

Please print, and sign the form with black ink. Then send it by mail or email to the address above.

<b>Person making the complaint:</b>	Claimant ID # (if available): _____
First name: _____	Last name: _____
Street address: _____	
City, Town or Village: _____	State: _____ Zip code: _____
Preferred language: _____	E-mail address (if available): _____
Home phone: _____	Other phone: _____
<b>Is someone else helping you file this complaint?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', include their:	
First name: _____	Last name: _____

**What was the problem?** Check all the boxes that apply and explain below.

- I was not offered an interpreter
- I asked for an interpreter and was denied
- The interpreter(s) or translator(s) skills were not good (List their names, if known)
- The interpreter(s) made rude or inappropriate comments
- The services took too long (Explain below)
- I was not given forms or notices in a language I can understand (List documents needed below)
- I was unable to use services, programs or activities (Explain below)
- Other (Explain below)

When did the problem happen? Date (MM/DD/YYYY): \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Where did the problem happen? \_\_\_\_\_

Describe what happened. Please be specific. Use additional pages as needed. Print your name on each sheet. List language, services and documents needed. Include names, addresses and phone numbers of people involved, if known.

Did you complain to anyone from the Department/Agency? Who and what was the response? Please be specific.

I certify that this statement is true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_  
(Person making the complaint)

*Do not write in this box. For office use only*

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Resolution: \_\_\_\_\_

**The Department shall provide a copy of the completed form to the Executive Director of the Westchester County Human Rights Commission**