

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

State Agency: Office of Temporary and Disability Assistance

Effective Date of Plan: 5/30/2019

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PART 1 – INTRODUCTION

Pursuant to Executive Order No. 26 (“Statewide Language Access Policy”), we have prepared this Language Access Plan (“Plan”) that sets forth the actions we will take to ensure that limited English proficient (“LEP”) individuals have meaningful access to agency services, programs, and activities.

Statement of Agency Services to the Public:

The New York State Office of Temporary and Disability Assistance (OTDA) is responsible for supervising programs that provide assistance and support to eligible families and individuals. Through the services it provides, OTDA’s vision is to empower New Yorkers to improve their financial security and household stability in support of strong families and communities. As part of its mission to help vulnerable New Yorkers meet their essential needs and advance economically by providing opportunities for stable employment, housing, and nutrition, OTDA provides LEP individuals meaningful access to agency services, programs, and activities through the actions set forth in this plan. OTDA’s functions include: Providing temporary cash assistance; providing assistance in paying for food; providing heating assistance; overseeing New York State’s child support enforcement program; determining certain aspects of eligibility for Social Security Disability benefits; supervising homeless housing and services programs; and providing assistance to certain immigrant populations.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this plan.

PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: Approximately 19,798,228, the New York State population in 2017.

The top six languages spoken by LEP individuals that our agency serves or could potentially serve are as follows:

Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	1,249,541
Chinese	386,290
Russian	122,150
Haitian Creole	63,615
Bengali	62,219
Korean	60,405

Source: U.S. Census Bureau, 2013-2017 American Community Survey

We use the following resources to determine the top six languages spoken by LEP individuals:

- U.S. Census data (including American Community Survey)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals

Names of organizations: [Click here to enter text.](#)

- Information from other government agencies

Names of agencies: [Click here to enter text.](#)

- Other [Click here to enter text.](#)

We have determined the frequency of our contacts with LEP individuals as follows:

Contact with LEP individuals occurs through multiple channels including, in-person; telephone; written interaction; and electronic contact through the myBenefits and OTDA websites and the Office of Administrative Hearings (OAH) electronic request system. Contact may occur once or be long-term and ongoing depending on the individual’s need. Data from OTDA’s contacts with LEP individuals is collected and reported on a quarterly basis to the OTDA Language Access Coordinator (LAC).

PART 3 – PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:

- LEP individuals are informed directly by our staff

In what ways? LEP individuals are informed over the phone and in-person by bilingual or parentetic staff or through an interpretation contractor.

- Brochures or flyers about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Signs posted about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Outreach and presentations at schools, faith-based groups, and other community

What are the LEP populations targeted? Primarily Spanish, Chinese, Russian, Korean, Haitian Creole, Italian and Arabic.

- Local, non-English language media directed at LEP individuals in their languages

- Telephonic voice menu providing information in non-English languages

In which languages: The Electronic Benefit Transfer (EBT) Customer Service Helpline has a telephonic voice menu in Spanish, Chinese, Russian, Korean, Haitian Creole, Italian and Arabic. The Human Services Call Center, State Supplement Program (SSP) Customer Support Center, Child Support Helpline and OAH statewide toll-free number have telephonic voice messages recorded in Spanish; callers are prompted in English to press 3 if they need another language.

- Other (describe) (1) OTDA uses over 12 million mailing envelopes per year which display a statement in ten languages telling readers that an important notice is enclosed, and if they need help reading the notice, they should contact their worker or call an 800 number. All Employment and Income Support Program (EISP) client notices, Child Support notices and OAH documents are mailed in these envelopes. (2) OAH scheduling notices mailed to clients, state that interpreting assistance is available at no cost. (3) The OTDA and myBenefits websites inform the public that free language assistance services are available. (4) Videos play in the 14 Boerum Place OAH waiting rooms are available in 16 languages.

PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES

We use the following resources to determine when an individual is LEP, and what the individual’s primary language is, when the encounter is *in person*:

- "I Speak" posters or visual aids
- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available

Other

For in-person encounters, State Quality Control reviewers refer to an individual’s case file which notes the individual’s self-identification of LEP at the time of application or the district Eligibility Worker’s identification of LEP at the time of application or recertification. In addition, OAH officers, administrative staff and intake workers with the assistance of language parenthetic or bilingual staff or interpretation contractors make those determinations.

We use the following resources to determine when an individual is LEP, and what the individual’s primary language is, when the encounter is *by telephone*:

- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available

Telephonic interpreting service

Other

Bilingual or parenthetic staff may identify when an individual is LEP, a LEP individual may self-identify, or an individual case file may indicate the individual is LEP.

We record and maintain documentation of each LEP individual’s language assistance needs as follows:

OTDA maintains a record of “language spoken” and “language read” in the OTDA’s Welfare Management System for New York City applicants/payees. OTDA also collects those data elements for applicants who use myBenefits. The Fair Hearing Information System (FHIS) documents each LEP individual’s interpreter needs. SSP maintains a record of language spoken in the SSP System. Call Center Representatives record the language spoken for every call taken at the Human Services Call Center.

A. Oral Interpreting Services

Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:

For in-person encounters: The LEP individual may self-identify. Staff may use “I Speak” cards, request the assistance of a bilingual or language parenthetic staff or utilize an interpretation contractor.

By telephone: The LEP individual may self-identify. Staff may request the assistance of a bilingual or language parenthetic staff or utilize an interpretation contractor. Representatives of the Human Services Call Center use a Quick Reference Guide to advise the caller to “please hold” in seven languages while the representative connects to the interpreter service.

At initial contact in the field: The LEP individual may self-identify. Staff may use “I Speak” cards, request the assistance of a bilingual or language parenthetic staff or utilize an interpretation contractor.

For pre-planned appointments with LEP individuals: Click here to enter text.

Other (describe): Staff has already identified an individual’s language need and made the necessary arrangements through an interpretation contractor or bilingual or language parenthetic staff.

Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:

For in-person encounters: Bilingual or language parenthetic staff or an interpretation contractor inform LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided.

By telephone: Bilingual or language parenthetic staff or an interpretation contractor inform LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided.

At initial contact in the field: Bilingual or language parenthetic staff or an interpretation contractor inform LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided.

For pre-planned appointments with LEP individuals: Staff has already identified an individual’s language need and made the necessary arrangements through an interpretation contractor or bilingual or language parenthetic staff.

Other (describe): OAH scheduling notices mailed to individuals state that interpreting assistance is available free of charge. OTDA mailing envelopes display a statement in ten languages telling readers that an important notice is enclosed, and if they need help reading the notice, they should contact their worker or call an 800 number. The OTDA and myBenefits websites also inform LEP individuals of their right to free language assistance services.

If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, a LEP individual may not use a family member, friend, or a minor as an interpreter. However, during emergencies a LEP individual will be permitted to use a minor, a

family member or friend as an interpreter. Upon request, a LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment. Where the interaction with the LEP individual occurs at the agency'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.

Where a LEP individual is engaged in official business with the agency, the agency will provide an independent interpreter at all times. A LEP individual will not be permitted to use an independent interpreter of his or her choosing when filling out applications or when involved in other legal matters.

Our protocol(s) for obtaining interpreter services in a timely manner is as follows:

Once an LEP individual is identified, OTDA staff contacts an interpretation contractor or bilingual or language parenthetic staff immediately. For pre-planned appointments, arrangements are made in advance for an interpreter.

We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:

Bilingual and language parenthetic staff manually document the language services they provide. The interpretation contractors also record and maintain documentation of oral interpreting services. The information is collected on a quarterly basis by the OTDA LAC and recorded on the Language Access Monitoring Report.

Competency and confidentiality

The linguistic and cultural competence of interpreters is addressed as follows:

Interpretation is provided only by employees of OTDA who have passed an oral language competency test which is based on national standards. These employees are known as parenthetics who are tested through Civil Service for spoken-language proficiency. OTDA does not permit interpretation by all bilingual individuals. Bilingual employees who are not parenthetics may provide language assistance to LEP individuals directly in their native languages but are not utilized as interpreters. Where OTDA utilizes interpretation contractors, the contractor, under the terms and conditions of the contract, is expected to implement quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent. Issues regarding interpreters' competence and/or professionalism are reported back to the interpretation contractor via their online reporting system and on the Language Access Quarterly Vendor Deficiency Report.

The issue of confidentiality pertaining to the use of interpreters is addressed as follows:

The training provided to staff addresses the importance of confidentiality. Furthermore, interpretation contractors under the terms and conditions of the contract are expected to adhere to standards of confidentiality in accordance with NYS Law.

Maintaining a list of oral interpreting resources

We use, or have available for oral interpreting, the following resources:

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken:

Audit & Quality Improvement – 1 Spanish

Employment and Income Support Programs – 1 Spanish

Bureau of Refugee Services Language Services Unit – 6: 1 Chinese, 3 Spanish, 1 Russian, 1 Arabic

Office of Administrative Hearings – 24 Spanish

State Supplemental Program – 8 Spanish

Human Services Call Center Representatives – 18 Spanish

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: [Click here to enter text.](#)

- Telephonic interpreting service

Names of vendors: Vendors procured pursuant to the NYS Office of General Services (OGS) Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages: [Click here to enter text.](#)

- Other In-person interpretation at OAH provided by vendors procured pursuant to the OGS Statewide Administrative Services Contract.

The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to act as interpreters or provide services directly in the LEP individual's primary language
- Languages in which each interpreter or service is qualified
- Procedure for accessing each interpreter or service

We inform all staff members who have contact with the public how to obtain oral interpreting services as follows:

Staff is initially informed through training. Whenever the process for obtaining oral interpreting services is updated, a memo from the LAC goes to the OTDA Language Access Working Group who disseminates the information to staff members who have contact with the public.

B. Translations of Written Documents

The process to determine and reassess, at least every two years starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:

On a quarterly basis, OTDA reviews the content of new documents and existing documents, to determine if they are vital for translation purposes. OTDA develops and modifies vital documents in English and generally releases English language documents simultaneously with the translated versions in the six most common non-English languages spoken by individuals with limited-English proficiency in the State of New York, based on most recent United States census data plus Arabic.

The process to timely translate documents that LEP individuals submit in their primary languages is as follows:

Translations are provided in a manner that does not delay a LEP individual's access to benefits or services. Documents received from a LEP individual in his or her native language will be translated in-house by language parenthetic staff. If OTDA cannot accommodate the language in-house, the document is sent to a translation contractor within a reasonable time after receipt.

The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:

Each program area is responsible for generating documents that are within federal and state guidelines and written in language appropriate for the audience for which they are intended, before being translated. Certain language is determined by policy, regulations and statutes (federal and state).

The following table contains a non-exhaustive list of translated documents by the agency in the languages indicated:

Attachment A	
OTDA Forms and Publications translated into the following languages: Spanish, Russian, Chinese, Korean, Haitian-Creole, and Italian) and Arabic *these documents are also translated into Bengali and the rest are in progress	
Form Number	Document Name
1165 (LDSS)	Request for Restricted Payments
1301 (PUB)	Instructions for Completing the New York State Application for Certain Benefits and Services
1313 (PUB)	Instructions for Completing the New York State Recertification Form for Certain Benefits and Services

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Form Number	Document Name
1950 (LDSS)	Every Child Has the Right to Support From Both Parents:
1412 (LDSS)	Life Insurance Adjustment Request
2114 (LDSS)	Continuing Your PA and/or SNAP Benefits
2291 (LDSS)	Request for Replacement of Food Purchased with SNAP Benefits
2425A (LDSS)	Repayment of Interim Assistance Notice
2474 (LDSS)	SSI Referral and Clarification of Contact
2642 (LDSS)	Documentation Requirements
2921 LDSS	New York State Application for Certain Benefits and Services*
3087 (LDSS)	Letter for the Application Recertification Guide Service Dog Food Program
3097 (LDSS)	SSI Eligible Application/Recipient
3151 (LDSS)	SNAP Change Report Form
3152 (LDSS)	Action Taken on Your SNAP Case
3152 - NYC (LDSS)	NYC Action Taken on your SNAP Benefits Case
3156 (LDSS)	Notice of SNAP Over-Issuance
3156 (LDSS)	NYC Notice of SNAP Over-Issuance
3174 (LDSS)	New York State Recertification Form for Certain Benefits and Services*
3421 (LDSS)	HEAP Application
3494A (LDSS)	HEAP Approval
3494A (LDSS)	HEAP Notice of Eligibility Decision – Approval
3494B (LDSS)	HEAP Denial

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Form Number	Document Name
3494B (LDSS)	HEAP Notice of Eligibility Decision – Denial
3620 (LDSS)	Notice of Intent to Change SNAP Benefits (Timely and Adequate)
3620 (LDSS)	NYC Notice of Intent to change SNAP benefit (Timely and Adequate)
3621 (LDSS)	Notice of Intent to Change SNAP Benefits (Adequate Only)
3621 (LDSS)	NYC Intent to change SNAP benefit (Adequate Only)
3668 (LDSS)	Shelter Verification
3677 (LDSS)	Report of Support Collected
3677 (LDSS)	NYC Report of Support Collected
3677 (LDSS)	NYC Report of Support Collected (NYC)
3785 (LDSS)	HEAP Self-Employment Worksheet
3814 (LDSS)	Temporary Assistance Additional Allowances and Other Help
3815 (LDSS)	Request for an Additional Allowance
3958 (LDSS)	Participate in Child Assistance Program
3969A (LDSS)	Notice of Action Taken on Your App. – Benefit for CAP, MA, FS, Services
3969B (LDSS)	Notice of Action Taken on Your App. – Benefit for CAP, MA, FS, Services
4002 (LDSS)	Action Taken on Your Request for Assistance to Meet an Immediate Need
4004A (LDSS)	Notice of Intent to Change Benefits-Part A-Public Assistance and/or Supplemental Nutrition Assistance Program (SNAP), Benefits for Noncompliance With Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits*
4004B (LDSS)	Notice of Intent to Change Benefits-Part B- Public Assistance and/or Supplemental Nutrition Assistance Program (SNAP), Benefits for Noncompliance With Work Requirements (Timely and Adequate) and Notice of Effect on Medicaid Benefits
4005 (LDSS)	Notification of TA Work Requirements Determination Exempt

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Form Number	Document Name
4005 (LDSS)	NYC Notification of TA Work Requirements Determination Exempt
4005A (LDSS)	Notification of TA Work Requirement Determination – Non-Exempt
4005A (LDSS)	NYC Notification of TA Work Requirement Determination – Non-Exempt
4013A (LDSS)	Action Taken on Your Application – PA, SNAP and MA Coverage – Part A
4013A (LDSS)	NYC Action Taken on Your Application – PA, SNAP and MA Coverage – Part A
4013B (LDSS)	Action Taken on Your Application – PA, SNAP and MA Coverage – Part B
4013B (LDSS)	NYC Action Taken on Your Application – PA, SNAP and MA Coverage – Part B
4014A (LDSS)	Action Taken on Your Recert – PA, SNAP and MA Coverage – Part A
4014A (LDSS)	NYC Action Taken on Your Recert – PA, SNAP and MA Coverage – Part A
4014B (LDSS)	Action Taken on Your Recert – PA, SNAP and MA Coverage – Part B
4014B (LDSS)	NYC Action Taken on Your Recert – PA, SNAP and MA Coverage – Part B
4015A (LDSS)	Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A
4015A (LDSS)	NYC Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A
4015B (LDSS)	Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B
4015B (LDSS)	NYC Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B
4016A (LDSS)	Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A
4016A (LDSS)	NYC Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part A
4016B (LDSS)	Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B
4016B (LDSS)	NYC Notice of Intent to Change Benefits – PA, SNAP, MA Coverage and Services – Part B
4027 (LDSS)	CAP Notice About Lump Sum

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Form Number	Document Name
4053 (LDSS)	SNAP repayment agreement
4148A (LDSS)	What you Should Know About Your Rights and Responsibilities
4148B (LDSS)	What you Should Know About Social Services Programs
4148C (LDSS)	What you Should Know If You Have An Emergency
4230 (LDSS)	Conciliation Notification
4230A (LDSS)	Option to Avoid SNAP Employment Sanction
4279 (LDSS)	Notice of Responsibilities and Rights for Support: Spanish
4310 (LDSS)	Periodic Report
4310A (LDSS)	Follow up to the Periodic Report
4418 (LDSS)	Acknowledgement of Paternity for a Child Born to an Unmarried Woman
4524 (LDSS)	Notice About Signing the Required Consent for Disclosure of Medical and Non-Medical Records From Alcoholism and Drug Abuse Treatment Programs
4525 (LDSS)	Consent for Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs
4526 (LDSS)	Medical Examination for Employability Assessment, Disability Screening, and Alcoholism/Drug Addiction Determination
4529 (LDSS)	Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case is Closed (English/Spanish)
4530 (LDSS)	Assignment of Wages, Salary, Commissions or Other Compensation for Services
4531 (LDSS)	Notice of a Repayment Due Because of an Overpayment of Safety Net Assistance Benefits (English/Spanish)
4532 (LDSS)	Notice of Intent to file an Assignment of Wages, Salaries, Commissions or other Compensation for Services: Spanish
4580 (LDSS)	Request for Restricted Payments
4583 (LDSS)	Domestic Violence Screening Form
4594 (LDSS)	Notification of Decision on a Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (Adequate Only)

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Form Number	Document Name
4594 (LDSS)	NYC Notification of Decision on a Waiver to Allow a Temporary Delay in Public Assistance Requirement(s) (Adequate Only)
4595 (LDSS)	Notification of Decision of a Continuation of a Waiver to Allow a Temporary Delay in Pub Assis Require (Timely and Adequate)
4595 (LDSS)	NYC Notification of Decision of a Continuation of a Waiver to Allow a Temporary Delay in Pub Assis Require (Timely and Adequate)
4682 (LDSS)	Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment
4682 (LDSS)	NYC - Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment: Spanish
4716 (Pub)	Every Day, Older Adults Just Like You - Get SNAP*
4716A (Pub)	Every Day, Older Adults Just Like You - Get SNAP (Poster)
4719 (LDSS)	Establishing Paternity - What Parents Need to Know*
4725 (LDSS)	TANF Services Certification/Application Review Form
4726 (LDSS)	TANF Services Application/Recertification
4733 (LDSS)	DFR Legal Residence Statement
4735 (LDSS)	Keep the Heat on with HEAP – Brochure*
4753 (LDSS)	SNAP Request for Contact/Missed Interview
4770 (LDSS)	TANF Youth Services Application
4786 (Pub)	Get all the Credit You Deserve with Earned Income Tax Credits - Brochure
4786A (Poster)	Get all the Credit You Deserve with Earned Income Tax Credits - Poster
4790 (LDSS)	Public Assistance Repayment Agreement
4791 (LDSS)	Important Information About What Changes You Must Report for SNAP
4799 (LDSS)	Intentional Program Violation (IPV) Disqualification Notice for the Supplemental Nutrition Program (SNAP)
4799 - NYC (LDSS)	Intentional Program Violation (IPV) Disqualification Notice for the Supplemental Nutrition Program (SNAP) NYC
4826 (LDSS)	SNAP Application and Recertification

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Form Number	Document Name
4826A (LDSS)	How to Complete SNAP Application/Recertification
4827 (LDSS)	PA IPV Notice
4827 (LDSS)	NYCPA IPV Notice
4836 (LDSS)	SNAP Benefits Interim Report
4836 (LDSS)	NYC SNAP Benefits Interim Report
4836 (LDSS)	NYSNIP SNAP Benefits Interim Reports
4836 (LDSS)	NYSNIP SNAP Benefits Interim Reports NYC
4841 (LDSS)	NYSNIP SNAP Case Information Collection Sheet
4844 (LDSS)	Agreement for Voluntary PA Repayment from Cash EBT Account
4845 (LDSS)	SNAP agreement on repayment
4847 (LDSS)	Documentation Receipt – TA, SNAP, MA and CHP A
4857 (LDSS)	SNAP Benefits Compromise/Repayment Acknowledgement
4864 (LDSS)	NYC Excess Support – Active PA – NYC
4865 (LDSS)	NYC Excess Support – Closed PA Cases - NYC
4881 (LDSS)	Veteran Referral and Certification of Contact
4882 (LDSS)	Application for Child Support Services
4887 (LDSS)	Mail-In Recert Eligibility Questionnaire*
4901 (Pub)	A Driver’s Manual for New Dads*
4903 (LDSS)	Disqualification Consent Agreement
4904 (LDSS)	Consequences of Disqualification Consent Agreement
4905 (LDSS)	Domestic Violence Information for all Temporary Assistance Applicants

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Form Number	Document Name
4906 (LDSS)	Notice to advise Individuals on a Court Record of Disqualification Provisions
4916 (Pub)	Helping Hands for People in Need
4921 (LDSS)	Working Families SNAP Initiative Screening Sheet”
4942 (LDSS)	SNAP Authorized Representative Form
4944 (LDSS)	Support Your Child Financially and Emotionally*
4951 (Pub)	Are you working but having a hard time making ends meet? myBenefits.ny.gov (Palm Card) (English/Multi-language*
4952 (Pub)	WorkPays NY (Flyer) (English/Spanish
4960 (Pub)	If Life Has Changed...So Can Your Child Support*
4982 (LDSS)	How Do I Apply For Supplemental Nutrition Assistance Program (SNAP) (Formerly Known As Food Stamps)?
4983 (Pub)	Your Family May Be Eligible For SNAP
4983A (Pub)	Your Family May Be Eligible For SNAP (Poster)*
4984 (Pub)	myBenefits.ny.gov SNAP Palm Card*
4988 (LDSS)	Application for Disaster Supplemental Nutrition Assistance Program (DSNAP)
4989 (LDSS)	Action on DSNAP
4992 (LDSS)	HEAP Cooling Assistance Application
4993 (LDSS)	HEAP Cooling Assistance Notice of Eligibility Decision
4995 (LDSS)	SNAP Right to File Poster
4996 (Pub)	Will you receive SNAP after....
4998 (LDSS)	HEAP Qualified Alien
5004 (LDSS)	EBT How to Use Your Benefit Card to Get SNAP and/or Cash Benefits
5006 (LDSS)	SNAP Public Notice Poster
5007 (Pub)	Keep the Heat on with HEAP – Poster*
5008 (LDSS)	Human Trafficking is Illegal – Brochure*
5009 (LDSS)	Mental Health Screening Questionnaire

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Form Number	Document Name
5010 (LDSS)	NYS HEAP Heating Equipment Repair and Replacement Assessment Form
5023 (LDSS)	Congregate Care Change Report
5024 (LDSS)	Designated Representative Form
5025 (LDSS)	Direct Deposit Form for State Supplement Program (SSP) Recipients
5030 (LDSS)	SSP Living Arrangement
5032 (LDSS)	Rights and Responsibilities of Designated Representatives
5035 (LDSS)	New York State Supplement Program (SSP) Marital Status Change Form
5036 (LDSS)	New York State Supplement Program (SSP) Overview
5040 (LDSS)	NYS OTDA Supplement Program (SSP) Income Verification Form
5041 (LDSS)	Lien Acknowledgement
5042 (Pub)	SSI State Supplement Program - (Palm Card)
5058 (LDSS)	Emergency Safety Net Assistance Shelter Arrears Repayment Agreement - (Part 1 Eligibility Worksheet and Part 2 Agreement)
5066 (LDSS)	EBT Cardholder Online EBT Account User Guide
5067 (LDSS)	Direct Deposit Cancellation Form for State Supplement Program (SSP) Recipients
5071 (LDSS)	Put Healthy Food on Your Table*
5072 (LDSS)	Notice of ABAWD Status*
5077 (LDSS)	New York State Supplement Program Overpayment Reconsideration Request
5078 (LDSS)	SSP Repayment Submissions Stub
5079 (LDSS)	Tax Dependent Question
5081 (LDSS)	HEAP Heating Equipment Clean and Tune Request for Benefits
5082 (LDSS)	HEAP Heating Equipment Clean and Tune Notice of Eligibility Decision

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Form Number	Document Name
5084 (LDSS)	Accessing Applicant/Recipient Informational Books
5085 (LDSS)	Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements
5085 (LDSS) NYC	Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements
5102 (LDSS)	Temporary Assistance Fact Sheet
5103 (LDSS)	Temporary Assistance Employment Services Fact Sheet
5104 (LDSS)	Supplemental Nutrition Assistance Program (SNAP) Fact Sheet
5105 (LDSS)	SNAP Work Requirements Fact Sheet
5110 (LDSS)	Healthy Eating - Dairy (English/Spanish)*
5111 (LDSS)	Healthy Eating - Produce (English/Spanish)*
5112 (LDSS)	Healthy Eating – Protein (English/Spanish)*
5113 (LDSS)	Healthy Eating – Grains (English/Spanish)*
5114 (Pub)	Healthy Eating- Beverages*
5121 (Pub)	College Student SNAP Palm Card*
5127 (LDSS)	Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter*
8036 (LDSS)	SNAP Complaint Procedure
OAH 457	Notice of Fair Hearing*
OAH 4420	Acknowledgement of Fair Hearing Request and Confirmation of Aid Status*
OAH 4482	Transmittal of Fair Hearing Decision to Appellant
	Fair Hearing Request Form*
	Fair Hearing Withdrawal Form*
	Fair Hearing Adjournment/Reopening Form*
	Fair Hearing Compliance Complaint Form*

Attachment B

OTDA Forms and Publications translated into the languages indicated

Form Number	Document Name
2921A (LDSS)	Emergency Assistance for Adults Applicant Statement: Spanish
3696 (LDSS)	Job Search Handbook: Spanish
4231 (LDSS)	Option to End Your Sanction: Spanish
4281 (LDSS)	Attestation for Lack of Information: Spanish
4418 (LDSS)	Acknowledgment of Paternity for a child Born to an Unmarried Woman: Spanish
4556 (LDSS)	Tier II Involuntary Discharge Hearing Decision: Spanish
4556 - NYC (LDSS)	NYC Tier II Involuntary Discharge Hearing Decision: Spanish
4571 (LDSS)	Alcohol and Drug Abuse Screening and Referral Form: Spanish
4583A (LDSS)	Domestic Violence Palm Card: Spanish
4863 (LDSS)	Medical Information Release Form: Spanish
4882 (LDSS)	Application for Child Support Services: Spanish
4920 (LDSS)	Right to Recovery Agreement For Legal Services
4946 (Pub)	Health Warning to the Asian Community Lead Poisoning: Chinese
4947 (Pub)	Health Warning to the Hispanic Community Lead Poisoning: Spanish
4954 (Pub)	WorkPays NY Work Supports Resource Guide/Checklist: Arabic, Chinese, Russian, Spanish
5015 (LDSS)	Explanation of Authorization to Disclose Information to NYS OTDA: Spanish
5034 (LDSS)	Disability Instruction Sheet Form: Spanish
5070 (LDSS)	Language Identification Tool: Albanian, Arabic, Bengali, Bosnian, Burmese, Cantonese, Chowchow, Fukienese, Mandarin, Shanghai, Taiwanese, Toishanese, Farsi, French, German, Greek, Haitian-Creole, Hebrew, Hindi, Italian, Japanese, Karen, Korean, Nepali, Pashto, Polish, Portuguese, Russian, Somali, Spanish, Swahili, Tagalog, Thai, Tibetan, Ukrainian, Urdu, Vietnamese, Yiddish.
5074 (Pub)	Important Notice for NYS SSP Recipients: Spanish

Attachment C

OTDA Forms and Publications translated into the following languages: Chinese, French, Haitian-Creole, Italian, Korean, Russian, Spanish, Arabic, Vietnamese, and Yiddish.

***these documents are also translated into Bengali and the rest are in progress**

Form Number	Document Name
	Mailing envelopes for OTDA EISP client notices.*

Any documents determined to be vital during the course of this plan will be timely translated.

The process for ensuring that translations are accurate and incorporate commonly used words is as follows:

Proofing and editing for correctness and cultural sensitivity are a component of the translation services provided by any vendor under contract as part of the publication process. OTDA will also use plain

language in materials produced before translation so information is accessible to a range of literacy levels.

We use, or have available for translating, the following resources:

- Contracts with language service vendors

Names of vendors: Human Touch Translations, Ltd., and vendors procured pursuant to the NYS OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages: Click here to enter text.

- Oral translations of written documents by bilingual staff members

- Oral translations of written documents by other individuals or community organizations

- Other

OTDA Bureau of Refugee Services Language Services Unit

The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:

- Names and contact information for all resources

- Names and locations of staff members who are available to provide oral translations of written documents

- Languages in which each translation service is qualified

- Procedure for accessing each translation service

PART 5 – STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Debbie Stewart and Linda Veraska from the OTDA Bureau of Refugee Services with the assistance of the OTDA Training and Staff Development.

The staff training includes the following components:

- The legal obligations to provide meaningful access to benefits and services to LEP individuals

- How to access language assistance services

- How to work with interpreters
- Cultural competence and cultural sensitivity
- Documenting the language needs of LEP individuals and the language services provided to them by the agency
- How to obtain written translation services

The methods and frequency of training are as follows:

OTDA's staff is trained about our Language Access Plan using webinars and in-person training strategies. Mandatory language access training takes place annually, using the training developed by the Governor's Office of Employee Relations, with refreshers given more often as necessary. E.O. 26 is included in the policy section of the New Hire orientation packet and our language access policy is addressed in their orientation training. Handouts and other written material used during trainings are provided to staff as a reminder of E.O. 26.

PART 6 – ADMINISTRATION

Monitoring

To ensure compliance with the Plan, the LAC will monitor its implementation as follows:

The LAC, in conjunction with other assigned staff, reviews OTDA's Language Access Plan to determine if any updates are necessary, including updates to the staff training materials, frequency of trainings and list of vital documents. The LAC also conducts spot checks to review that the necessary Language Access signs are appropriately posted in the public areas of OTDA buildings. The LAC also reviews and addresses any complaints filed by LEP individuals and assesses the staff training for any necessary updates.

The OTDA Language Access Working Group is organized by the LAC, and consists of OTDA staff from all divisions. The group meets on a quarterly basis to receive information from the State language access meetings, monitor the implementation of the Plan agency-wide through division updates; review language access processes; discuss language access projects and initiatives; and analyze data submitted in the quarterly Language Access Monitoring Report.

Complaints

We provide information to the public in at least the top six languages, advising them of the right to file a complaint if they feel that they have been the subject of discrimination. The information we provide describes how and/or where to file a complaint. We do not retaliate or take other adverse action because an individual has filed a complaint alleging discrimination based on LEP status or needs.

