

Nondiscrimination/Interpretive Services

1410 NONDISCRIMINATION POLICY

The Division of Welfare and Supportive Services (DWSS) does not discriminate against any applicant or participant in any aspect of program administration. Benefits are extended to all eligible households without regard to age, race, color, sex, handicap, religious creed, national origin, or political beliefs.

The Division must inform the public of this nondiscrimination policy and the applicable complaint procedures, and must provide access to nondiscrimination information within 10 days of a request. All Division district offices must post nondiscrimination and civil rights policy in lobby areas. Workers are also given publications to post in individual interviewing areas.

Each Division district office and satellite office must display a nondiscrimination poster provided by the United States Department of Agriculture (USDA).

1420 DISCRIMINATION COMPLAINTS

Explain the following procedures to clients who feel they have been discriminated against and want to file a claim.

Encourage the client to complete Form 2174-EG. Once the complaint is received, submit it to the social welfare manager (SWM) for investigation. Clients may submit the complaint directly to the appropriate federal office, any Division district office, Central Office or all of the above. Below is the contact information for the Federal Civil Rights Office for each program.

U.S. Office of Civil Rights (OCR)
Dept. of Health & Human Services
50 United Nations Plaza
San Francisco, CA 94102

(415) 437-8310,
toll free 800-368-1019 or
TDD (415) 437-8311

U.S. Department of Agriculture
Office of the Assistant Secretary for
Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: 202 690-7442

Email: program.intake@usda.gov

Clients must file their complaints in writing within 180 calendar days of the incident that caused the complaint.

In the event a complainant refuses to put the allegation in writing, the person to whom the allegation is made must put the elements of the complaint in writing. **Note:** The complaint may be made anonymously.

1430 RACIAL AND ETHNIC DATA COLLECTION

The Division obtains racial and ethnic information about all clients. The ethnic categories include Hispanic or non-Hispanic. The racial categories are: American Indian or Alaskan Native, Black or African American, Asian, Native Hawaiian or Other Pacific Islander and White. Clients are asked to voluntarily identify their race and/or ethnicity on the, Application for Assistance. If this information is not voluntarily provided on the application form, the case manager will determine the category by observation and record it on each individual's MEMB screen in the system.

1440 TOLL-FREE PHONE ACCESS

The Division provides a toll-free phone number during normal office hours. The SNAP and TANF complaint number is **1-800-992-0900**.

The number allows Central Office to:

- provide information to clients about their rights and responsibilities,
- provide addresses and telephone numbers of the local office,
- respond to program policy inquiries from clients and explain local office procedures,
- refer complaints to appropriate staff (includes federal staff),
- refer clients who request other Division services to other agencies/programs,
- refer callers to local agencies for emergency food assistance.

1450 INTERPRETIVE SERVICES REQUESTS

The Division provides interpretive services for both foreign and sign languages. If you recognize or may have any reason to believe that a person or companion is deaf or hearing impaired you must advise the person that appropriate auxiliary aids and services, such as sign language and oral interpreters, TTYs, note takers, written materials, assistive listening devices and systems, and telephones compatible with hearing aids, may be provided free of charge. If you are the case manager, you must ensure that such aids and services are provided when appropriate.

1450.1 Sign Language Interpreter Request

To request a sign language interpreter for a scheduled appointment, the case manager must e-mail the request to Welfare – Interpretive Services under Welfare Groups in the Outlook address book at least two working days prior to the date of the interview/appointment. The request must include the type of interpretive services needed, the date and time of the interview/appointment, the name of the client, the office in which the interview/appointment will be held, estimated length of the interview/appointment, name of the employee who will be conducting the interview/appointment and the direct telephone number of the employee.

The Eligibility and Payments unit clerk will contact the appropriate interpreter and confirm the appointment with the case manager. Once the request is received and processed, the case manager will receive a confirmation. If the case manager does not receive a confirmation within one working day, a second request should be sent.

Once the in-person interview has been conducted, the case manager **must** complete Section I of Form 2034-WG and have the interpreter complete Section II. Once Sections I and II are completed, both the case manager and the interpreter must acknowledge the information provided by signing the bottom of the form. A photocopy of this form must be given to the interpreter for submission with their invoice for payment AND the ORIGINAL mailed to Eligibility and Payments in Central Office to verify the services of the interpreter.

If a confirmed interpreter does not show for the appointment, notify Welfare – Interpretive Services the same day via email. If the applicant cancels the appointment, notify the Eligibility and Payments unit clerk at (775) 684-0615 of the cancellation as soon as possible.

1450.1.1 NON-DWSS EMPLOYEES PROVIDING INTERPRETIVE SERVICES

All non-DWSS employees who provide in-person interpretive services must attest to their status as an employee of the State of Nevada. At each interview, the case manager must inquire if the non-DWSS employee is currently an employee of the State of Nevada. Any interpreter providing in-person interpretive services for the first time must complete page 2 of Form 2034-WG verifying current State of Nevada employment status. Failure to complete and submit page 2 of Form 2034-WG will result in non-payment for the services provided.

1450.2 Non-English Speaking Interpretive Requests

All interpretive services needed for clients who speak a language other than English, will be conducted using CTS LanguageLink through a telephone conference or by using DWSS employees assigned to an office, who are bi-lingual, whenever possible. This applies to all pre-scheduled appointments as well as those circumstances where immediate interpretive services are needed. CTS LanguageLink will assist in setting up conference calls for interviews conducted on the telephone.

To access CTS LanguageLink services, follow the procedures located at G:\WILLCALL\Interpretive Services\CTSLanguageLink Procedures.

Once the call is completed with CTS LanguageLink, all areas of Section I of Form 2034-WG must be completed and the employee/case manager must sign the form. Section II and page 2 do not need to be completed when CTS LanguageLink is used. Once the form is completed, it must be forwarded to the District Office designee the same business day the service is used.

It is imperative that **any** employee/case manager of DWSS accessing the CTS LanguageLink services, for any length of time, complete the Confirmation of Interpretive Services form including the program which the household is applying for or receiving. It is also imperative that staff become familiar with the procedures for CTS LanguageLink including the use of DWSS's account number and the appropriate access code for each office and any associated units.