

## LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

**State Agency:** New York State Office of Temporary and Disability Assistance

**Effective Date of Plan:** October 1, 2022

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This document is our agency’s **Language Access Plan**.

A **Language Access Plan** explains how we provide services to people who have limited English proficiency.

This **Language Access Plan** includes information about:

	The Limited English Proficient (“LEP”) population in our service area.
	How we notify the public about language access services.
	Our resources and methods for providing language access services.
	How we train our staff to provide language access services to the public.
	How we monitor language access services and respond to complaints.

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## PART 1 – Our Agency’s Services

We prepared this Language Access Plan (“Plan”) to comply with New York State Executive Law Section 202-a which establishes New York’s Statewide Language Access Policy. This Plan explains how we make sure that Limited English Proficient (“LEP”) individuals have meaningful access to agency services, programs, and activities.

In this Plan, LEP individuals are understood as people who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

### **Our agency’s services to the public include:**

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, including immigrant populations. 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’s functions include providing temporary cash assistance; providing assistance in paying for food; providing heating assistance; overseeing New York State’s child support services program; determining certain aspects of eligibility for Social Security Disability benefits; supervising homeless housing and services programs; and providing resettlement assistance.

## PART 2 – The Limited English Proficient Population in Our Service Area



The Statewide Language Access Policy requires state agencies to translate vital agency documents into the top 12 most commonly spoken non-English languages among limited English proficient New Yorkers. Our agency uses U.S. Census data (including data from the American Community Survey) to determine the top 12 languages most commonly spoken by LEP individuals in New York State.

The top 12 languages spoken by LEP individuals in New York State are:

#	Language	Estimated Number of LEP Speakers
1	Spanish	1,166,777
2	Chinese	375,924

3	Russian	119,160
4	Yiddish	71,740
5	Bengali	66,980
6	Haitian Creole	53,335
7	Korean	51,285
8	Italian	44,128
9	Arabic	41,632
10	Polish	33,125
11	French	30,770
12	Urdu	28,827

**New York’s language access law also provides agencies, in consultation with the Office of Language Access, the option to add up to four more languages of translation beyond the top 12. The assessment of whether to include additional languages must be based on factors that are identified in the language access law. Our agency, in consultation with the Office of Language Access, has made the following determination regarding the addition of languages beyond the top 12:**

OTDA's assessment as to the necessity of additional languages of translation beyond the top 12 remains ongoing at this time. OTDA, in consultation with the Office of Language Access, will update this Plan when this assessment has been completed and a final determination reached. OTDA will continue to reassess the need for additional languages of translation on an ongoing basis.

**Our agency tracks encounters with LEP individuals in the following ways:**

Contact with LEP individuals occurs through multiple channels, including in-person; over the telephone; written correspondence; and electronic contact through the MyBenefits and OTDA websites. 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 About the Availability of Language Access Services**

**Our agency informs LEP individuals about their right to free language assistance services in the following ways, using at least the top 12 languages shown in Part 2 of this Plan:**

- LEP individuals are directly informed by our staff

**In which ways?** LEP individuals are informed over the phone and in person by bilingual or parenthetic staff or through an interpretation contractor.

- Signs posted about language assistance services
  - In areas operated by the agency and open to the public
  - Other (describe)
- Information is published on our agency’s website in at least the top 12 languages spoken by LEP individuals in New York State
- Outreach and presentations at schools, faith-based groups, and other community organizations  
**What are the LEP populations targeted?** At outreach events and presentations OTDA provides interpretation services as needed. The language population targeted at outreach events varies according to the population of the area where the event is taking place. For example, at an event targeted at the Spanish-speaking community, a Spanish interpreter will be present to do the presentation in Spanish and to interpret questions and answers from the public.
- Local, non-English language media directed at LEP individuals in their languages  
**What are the LEP populations targeted?**
- Social media posts directed at LEP individuals in their languages  
**What are the LEP populations targeted?**
- Telephonic voice menu providing information in non-English languages  
**In which languages?**
- Other (describe)  
Office of Administrative Hearings (OAH) scheduling notices that are mailed to clients state that interpretation assistance is available at no cost.



## PART 4 – Provision of Language Access Services

### A. Determining the Need for Services

During *in person* encounters, our agency uses the following tools to determine whether an individual is LEP, and what their primary language is:

- “I Speak” posters or visual aids that provide information about free interpreting services in multiple languages
- Reception staff make those determinations based on training and experience

- Bilingual staff members, where available, assist in identifying a LEP individual's language
- Other (describe): For in-person encounters and telephonic Supplemental Nutrition Assistance Program (SNAP) Quality Control interviews, 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.

**On *telephone calls*, our agency uses the following tools to find out if an individual is LEP, and what their primary language is:**

- Reception staff make those determinations based on training and experience
- Bilingual staff members, where available, assist in identifying a LEP individual's language
- Telephonic interpreting service
- Other (describe): A LEP individual may self-identify

**Our agency's protocols for assessing whether an individual needs *oral interpreting services* in different service situations are as follows:**

- During office 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.
- 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.
- When speaking on the 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 the caller's language while the representative connects to the interpreter service.
- For pre-planned appointments with LEP individuals:** A LEP individual's case file 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. The staff has already identified an individual's language need and made the necessary arrangements through an interpretation contractor or bilingual or language parenthetic staff for the pre-planned meeting.

**Other (describe):**

**Our agency records and maintains 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 (WMS) for New York City applicants/payees. OTDA also collects those data elements for applicants who use MyBenefits.

Each LEP individual’s interpreter needs are manually entered into the Fair Hearing Information System (FHIS).

The New York State Supplement Program (SSP) maintains a record of the language spoken in the SSP System. This information is passed down through the State Data Exchange (SDX) from the federal Social Security Administration (SSA).

Call Center Representatives record the language spoken for every call taken at the Human Services Call Center.

**B. Oral Interpreting Services**

**Our agency has made the following resources available for oral interpreting requests:**

- Bilingual staff members who take calls from LEP individuals

**Number of staff and languages spoken:**

- Employment and Income Support Programs (EISP) – 8 Spanish
- Bureau of Refugee Services (BRS) Language Services Unit (LSU) – 1 Chinese, 4 Spanish, 1 Russian, 1 Arabic / French
- OAH – 14 Spanish
- Human Services Call Center Representatives – 6 Spanish

- Bilingual staff members who provide oral interpreting services on a volunteer basis

**Number of staff and languages spoken:**

- Telephonic interpreting service

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

- Contracts or other arrangements with school and community organizations

**Number of staff and languages spoken:**

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

**Our agency protocols for informing LEP individuals that free interpreting services will be provided and that they do not need to provide their own interpreters is as follows:**

- ☒ **During office in-person encounters:** Bilingual or language parentetic 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 parentetic 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.
- ☒ **When speaking on the telephone:** Bilingual or language parentetic 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 parentetic staff.
- ☒ **Other (describe):** OAH scheduling notices mailed to individuals state that interpreting assistance is available free of charge. The OTDA and MyBenefits websites also inform LEP individuals of their right to free language assistance services.

**Our agency's protocols for obtaining interpreting services in a timely manner are as follows:**

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

**If an LEP individual insists on using a family member, friend, or another person as an interpreter, our protocols for deciding whether to accept or decline such an arrangement are as follows:**

LEP individuals that come into contact with OTDA will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as an interpreter. However, during emergencies, an LEP individual will be permitted to use a minor, a family member, or a friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member, or a friend as an interpreter for routine matters, such as asking the location of the office, hours of operation, or rescheduling an appointment. When the interaction with the LEP individual occurs at the agency's office, and an individual is permitted to use an interpreter of their choosing, they must fill out a written consent/waiver form.



Where an 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 their choice when filling out applications or when involved in other legal matters.

**Our agency provides information to all staff members who have contact with the public about how to obtain oral interpreting services. Our protocol in this regard is as follows:**

The Administrative Policies and Procedures Manual (APPM) functions as OTDA’s primary vehicle for disseminating administrative policy and procedures to all its employees. The APPM contains a section that outlines the policy and procedures for OTDA employees to utilize interpretation services.

The Language Access Resources page on OTDA’s internal website makes language access tools, information, and resources easily accessible to OTDA staff, including the process of how to obtain oral interpretation services and best practices for utilizing an interpreter.

Whenever the process for obtaining oral interpreting services is updated, a memo from the LAC goes to the OTDA Language Access Working Group. The Language Access Working Group disseminates the information to staff members who have contact with the public. All updates are also made to the Language Access Resources page and APPM if applicable.

The New York State Supplement Program (SSP) also provides handouts to staff on how to obtain interpretation services once the need has been identified.

**The agency’s Language Access Coordinator (“LAC”) maintains a list of oral interpreting resources that are available to staff. This resource list 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 an LEP individual’s primary language
- Languages in which each interpreter or service is qualified
- Procedures for accessing each interpreter or service

**Our agency records and maintains documentation of oral interpreting services provided to LEP individuals at each encounter. Our protocol in this regard is 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.

## **Cultural Competence and Confidentiality**

**Our agency makes sure interpreters are culturally competent<sup>1</sup> in the following ways:**

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 parentheticals who are tested through Civil Service for spoken-language proficiency. OTDA does not permit interpretation by all bilingual employees. Bilingual employees who are not parenthetical 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.

**Our agency makes sure interpreters follow state and federal confidentiality protocols in the following ways:**

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 applicable law.

### **C. Translations of Documents**

**At least every two years after the effective date of this Plan, our agency determines and reassesses vital documents<sup>2</sup> that must be translated. This process is accomplished in the following ways:**

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 languages specified in New York State Executive Law Section 202-a.

**Our agency's process for making sure documents are written in plain language<sup>3</sup> before they are translated into other languages is as follows:**

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<sup>1</sup> Cultural Competence is defined as *a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework*. U.S. Department of Health and Human Services, Office of Minority Health. 2000. Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. Extracted from: [https://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring\\_Cultural\\_Competence\\_in\\_Health\\_Care-1999.pdf](https://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring_Cultural_Competence_in_Health_Care-1999.pdf)

<sup>2</sup> Vital Documents is defined as any paper or digital document that contains information that is critical for obtaining agency services or benefits or is otherwise required to be completed by law.

<sup>3</sup> The [Plain Writing Act of 2010](https://www.govinfo.gov/app/details/PLAW-111publ274) defines plain language as writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience. Extracted from: <https://www.govinfo.gov/app/details/PLAW-111publ274>

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).

**Our agency has the following resources available for the translation of documents:**

- Contracts with vendors for translation services

**Vendors:** Eriksen Translations, Inc.

- Contracts or other arrangements with schools and community organizations

**Names of schools/organizations:**

- Translation of documents by bilingual staff members

- Other (describe)

**The agency’s Language Access Coordinator (“LAC”) maintains a list of translation resources that are available to staff. This resource list includes:**

- Names and contact information for all resources
- Names and locations of staff members who are available to provide translations of documents
- Languages in which each translation service is qualified
- Procedures for accessing each translation service

**Our agency translates documents that LEP individuals submit in their primary languages in a timely manner. Our protocol in this regard 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 their 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.

For clients who submit documents in their primary language to EISP, translations are currently completed from the client’s primary language to English within 48 hours, sent to the EISP Policy Bureau for a response, and translated into the client’s primary language within 48 hours and sent back to the client.

**The following non-exhaustive list of documents is currently translated or in the process of translation by our agency in the languages indicated. Documents with an asterisk (\*) are determined by the agency to be vital documents.**

- *AR: Arabic*
- *BE: Bengali*
- *CH: Chinese*
- *FR: French*



- *HA: Haitian-Creole*
- *IT: Italian*
- *KO: Korean*
- *PO: Polish*
- *RU: Russian*
- *SP: Spanish*
- *UR: Urdu*
- *YI: Yiddish*

Form #	Name	Top 12 Languages												Additional Languages
		AR	BE	CH	FR	HC	IT	KO	PO	RU	SP	UR	YI	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2921 A (LDSS)	Emergency Assistance For Adults Application Statement*	✓					✓				✓			
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 NYC (LDSS)	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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3494B (LDSS)	HEAP Notice of Eligibility Decision – Denial*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3596 (LDSS)	Financial Statement*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3696 (LDSS)	Job Search Handbook*				✓		✓		✓		✓		✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4148B.1 (LDSS)	What you Should Know About Social Services Programs – Book 2 Insert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	4148A and 4148B Supplement – Important Changes in the Medicaid Program*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4148C (LDSS)	What you Should Know If You Have an Emergency*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4230 (LDSS)	Conciliation Notification*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4230A (LDSS)	Option to Avoid SNAP Employment Sanction*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4231(LDSS)	Option to End Temporary Assistance Sanction*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4231NYC (LDSS)	Option to End Temporary Assistance Sanction*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4279 (LDSS)	Notice of Responsibilities and Rights for Support: Spanish*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4281 (LDSS)	Attestation for Lack of Information*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4310A (LDSS)	Follow up to the Periodic Report*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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 Pass Assistance Overpayments Still Owed After Case is Closed *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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 *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4532 (LDSS)	Notice of Intent to file an Assignment of Wages, Salaries, Commissions or other Compensation for Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4556 (LDSS)	Tier II Involuntary Discharge Hearing Decision											✓		
4556 - NYC (LDSS)	NYC Tier II Involuntary Discharge Hearing Decision											✓		
4571 (LDSS)	Alcohol and Drug Abuse Screening and Referral Form*											✓		
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

4725 (LDSS)	TANF Services Certification/Application Review Form*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4726 (LDSS)	TANF Services Application/Recertification*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4733 (LDSS)	DFR Legal Residence Statement*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4753 (LDSS)	SNAP Request for Contact/Missed Interview *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4770 (LDSS)	TANF Youth Services Application *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4826A (LDSS)	How to Complete SNAP Application/Recertification*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4827 (LDSS)	PA IPV Notice*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4827 (LDSS)	NYC PA IPV Notice*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4836 (LDSS)	SNAP Benefits Interim Report*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4836 (LDSS)	NYC SNAP Benefits Interim Report*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4836 (LDSS)	NYSNIP SNAP Benefits Interim Reports*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4887 (LDSS)	Mail-In Recert Eligibility Questionnaire*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4903 (LDSS)	Disqualification Consent Agreement*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4904 (LDSS)	Consequences of Disqualification Consent Agreement*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4905 (LDSS)	Domestic Violence Information for all Temporary Assistance Applicants*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4906 (LDSS)	Notice to advise Individuals on a Court Record of Disqualification Provisions*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4920 (LDSS)	Right to Recovery Agreement for Legal Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4942 (LDSS)	SNAP Authorized Representative Form*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4982 (LDSS)	How Do I Apply for Supplemental Nutrition Assistance Program (SNAP) (Formerly Known As Food Stamps)?*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5009 (LDSS)	Mental Health Screening Questionnaire *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5010 (LDSS)	NYS HEAP Heating Equipment Repair and Replacement Assessment Form*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5015 (LDSS)	Explanation of Authorization to Disclose Information to NYS OTDA*											✓		
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5058 (LDSS)	Emergency Safety Net Assistance Shelter Arrears Repayment Agreement - (Part 1 Eligibility Worksheet and Part 2 Agreement)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5065 (LDSS)	SNAP Civil-Human Rights Violation Complaint Form*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5066 (LDSS)	EBT Cardholder Online EBT Account User Guide*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

5067 (LDSS)	Direct Deposit Cancellation Form for State Supplement Program (SSP) Recipients*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5087 (LDSS) NYC	TA and SNAP Re-Engagement and Conciliation Notice*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5090 (LDSS)	Noncustodial Parent – New York State Earned Income Credit										✓			
5127 (LDSS)	Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5143 (LDSS)	Application for Child Support Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5143A (LDSS)	Information about Child Support Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5143B (LDSS)	Additional Child Information (Application)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

5145 (LDSS)	Referral for Child Support Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5145A (LDSS)	Additional Child Information (Referral)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5165 (LDSS)	Notice to All Recipients of Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance Cash Benefits (TA) with Medicaid (MA)*										✓			
5166 (LDSS)	Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5167 (LDSS)	Notice to All Recipients of Supplemental Nutrition Assistance Program (SNAP)*										✓			
5171 (LDSS)	Acknowledgement of Parentage*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5172 (LDSS)	SUNY/CUNY/EOC Student Verification of Enrollment*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5173 (LDSS)	Establishing Parentage*										✓			
5175 (LDSS)	Notice of Proposed Class Action Settlement About Asylum Applicants with Employment Authorization Who Were Denied Safety Net Assistance (SNA)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5181 (LDSS)	ESAP Interview Letter*		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5193 (LDSS)	Important Information About SNAP Work Rules-with ABAWD language*	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	
5193A (LDSS)	Important Information About SNAP Work Rules-without ABAWD language*	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
SNAP QC Home Visit Letter*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
SNAP QC Office Visit Letter*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
SNAP QC Telephone Visit Letter*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
SNAP QC Client Attestation Form*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS DMV Affidavit of Net Worth	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Direct Deposit Enrollment Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Request to Make Satisfactory Payment Arrangements or to Challenge the Suspension of Your Driving Privilege for Failure to Pay Child Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Request for Review of the Additional Amount on the Income Withholding Order/Notice for Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Mistake of Fact and/or Exempt Money Claim Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Request for Administrative Review of the Certification of Support Owed for Tax Refund Offset/Passport Denial	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Challenge to the Referral of your Case to the New York State Department of Taxation and Finance for Failure to Pay Child Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Claim Form in Response to Professional or Recreational License Suspension/Revocation Warning Notice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
DCSS Request for a First-Level Desk Review of the	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



	Distribution and Disbursement of Child Support Collections													
	DCSS Request for a Second-Level Desk Review of the Distribution and Disbursement of Child Support Collections	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

New documents identified for translation after the signing of this Plan and before the 2-year reassessment will be translated in a timely manner.

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

OTDA has established a quality review process to make sure translations are accurate, consistent, and culturally appropriate. Vendors under contract with OTDA are required to adhere to the same quality standards. In-house staff and vendors use computer-automated tools to make sure translations are consistent, accurate, and culturally appropriate.



**PART 5 – Staff Training**

**The person in the agency who is responsible for training staff in language access services is:**

Alma Escobar-Godi from OTDA’s Bureau of Refugee Services – Language Services Unit with the assistance of the OTDA Training and Staff Development.

**The staff training includes the following components:**

- The agency’s legal obligations to provide language access services
- The agency’s resources for providing language access services
- How to access and work with interpreters
- Cultural competence and cultural sensitivity
- How to obtain translation services
- Maintaining records of language access services provided to LEP individuals

**The methods and frequency of training are as follows:**

Mandatory language access training takes place annually, using the training developed by the Office of Employee Relations. In addition, each division has a designated LEP contact that assists employees on how to access interpreters and obtain translated forms. OTDA’s intranet also provides language access resources to staff needing interpretation and/or translation services.



## PART 6 – Monitoring the Plan and Responding to Complaints

### A. Monitoring

**Our agency’s Language Access Coordinator (“LAC”) will monitor the implementation of the Plan to make sure we are in compliance. Our protocols in this regard are as follows:**

The Language Access Coordinator facilitates a meeting on a quarterly basis with OTDA Language Access Working Group whereby:

- a) Statewide language access guidance and directives are disseminated
- b) OTDA language access processes are reviewed, discussed, and updated as necessary

The Language Access Coordinator regularly reviews the OTDA website (including the Intranet) to confirm that up-to-date information is available.

### B. Complaints

**We provide information to the public in at least the top 12 most commonly spoken non-English languages in the state, advising members of the public of their right to file a complaint if they feel that they have not been provided adequate language access services or have been denied access to services because of their limited English proficiency. We do not retaliate or take other adverse action because an individual has filed a language access complaint.**

**We display information on the right to file a complaint, and the procedures for filing a complaint, in the following manner:**

Signs in public areas advise LEP individuals of their right to file a complaint regarding language access issues. Additionally, information on the right to file a complaint is posted in the top twelve languages on our website and in our offices in areas where it can be easily seen by the public. The standardized complaint forms are available in all twelve languages in our public offices upon request. The complaint forms are also available for download or online submission through our website.


**We handle complaints made to the agency regarding the provision of language assistance services in the following manner:**


All complaints received by OTDA on the prescribed form are logged in and referred to the OTDA LAC for handling. The OTDA LAC will acknowledge receipt of the complaint to the complainant. The LAC will also work with the appropriate program division and review, investigate and recommend any appropriate action.

All complaints must be timely forwarded to the Office of Language Access.

**PART 7 – Signatures**



	Commissioner	September 22, 2022
<b>Head of Agency</b>	<b>Title</b>	<b>Date</b>

	Language Access Coordinator	September 26, 2022
<b>Agency LAC</b>	<b>Title</b>	<b>Date</b>

	Executive Director, NYS Office of Language Access	September 26, 2022
<b>Executive Director, NYS Office of Language Access</b>		<b>Date</b>