

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division POLICY & PROCEDURE	Original Date Issued: 06/01/2013	Reviewed: 10/27/2015 By: BTW/WF <hr/> Last Revision: 06/24/2016 By: MM	Section: ADMINISTRATION	Policy No: 037	Pages: 1 of 1 (4 Policies Attached)
<input checked="" type="checkbox"/> Delinquency and Court Services Division <input checked="" type="checkbox"/> Detention Center Children's Court Services Network Purchase of Service Agencies	Effective Date: 09/01/2016	Subject: <p style="text-align: center;">DCSD Limited English Proficiency (LEP) Policy & Procedures</p>			

I. Policy

It is the policy of Milwaukee County's Department of Health and Human Services – Delinquency and Court Services Division (DCSD) to provide assurances and demonstrate that all clients accessing services rendered by DCSD are being provided meaningful access to program information, benefits and services; although customers may be limited in their English Language Proficiency.

II. Procedure

In accordance with the policy outlined above, the specific procedures for DCSD to identify and serve youth and families with LEP identified needs are outlined in corresponding policies for dissemination to the following personnel:

- A. Custody Intake Personnel (4 pages, 1 Attachment - *Attached*)
- B. Data Entry Personnel (3 pages - *Attached*)
- C. Reception Personnel (6 pages, 3 Attachments - *Attached*)
- D. Human Services Workers (HSW) Personnel (4 pages, 4 Attachments - *Attached*)

III. Definitions

Translation: This term refers to changing words from one language to a different language, i.e. documentation.

Interpretation: This term refers to the act of explaining something that is not understood, i.e. verbal.

IV. Storage/Access

- A. The Limited English Proficiency (LEP) Plan was implemented for DCSD in June of 2013. The plan covers the purpose, policy, affected population, methods of providing services, interpreter service to provide, translation of documents, dissemination of information and corresponding training as well as the language plan for contracted services providers.
- B. The LEP Plan for Milwaukee County Department of Health and Human Services – Delinquency and Court Services Division is stored with designated coordinator, Peter Pierce, Detention Center Superintendent.
- C. The LEP Plan is to be reviewed annually and updated as needed.

Reviewed & Approved By: _____

Mark Mertens, Division Administrator



MILWAUKEE COUNTY DHHS DELINQUENCY & COURT SERVICES

LIMITED ENGLISH PROFICIENCY (LEP) POLICIES AND PROCEDURES

CUSTODY INTAKE

Purpose

To identify youths and parents/guardians with LEP issues at the time the youth is brought to Custody Intake.

To provide translation services for all youth brought to Custody Intake, so that the youth and parent/guardian can have meaningful participation in the Custody Intake and juvenile justice process and reduce delays in normal case processing due to language barriers.

To review and explain to all LEP identified youths and families the Milwaukee County DHHS, Delinquency & Court Services Division LEP Services statement. (See Attachment A)

Policy

Juvenile Correctional Officer Supervisor staff shall assess each youth and their parent/guardian processed through Custody Intake for LEP needs. Translation services shall be provided to the youth and parent/guardian with LEP issues during the Custody Intake process.

Juvenile Correctional Officer Supervisor staff shall read/translate and explain the Milwaukee County DHHS, Delinquency & Court Services Division LEP Service statement to all LEP identified youth and parent/guardian (See Attachment A).

The Juvenile Correctional Officer Supervisor shall notify Administration Staff and the Clerk of Court Office of the youth and/or parent/guardian identified as needing LEP services. This information will be used to:

- provide translation services at the youth's Detention Hearing
- assigning youth to a bilingual worker or
- notify assigned worker that youth or parent/guardian have LEP issues

Procedures

Language Identification Cards

Language Identification Cards shall be displayed in the Custody Intake office at all times. Custody will identify the client's primary language either directly from the client or by using the Language Identification Card.

Once the client's primary language has been identified, the Juvenile Correctional Officer Supervisor will contact a bilingual Juvenile Correctional Office for assistance in communicating with the client and the client's family.

If there is no bilingual worker available that can translate the youth or parent/guardian's primary language, Juvenile Correctional Officer Supervisor staff will contact phone translation service to provide translation services for the youth and parent/guardian during the Custody Intake process.

Phone Translation Service

1. Dial 1-800-225-5254
 - When the operator answers, tell them
 - Your Customer Code is: WIFHFS-Division of Access
 - You are calling from Milwaukee County Delinquency & Court Services
 - The language that you need
 - Your name and telephone number
2. The operator will connect you with an interpreter within 5 minutes.
3. Immediately after you have completed the phone translation, contact Delinquency & Court Services Fiscal Specialist at 414.257.7839 to notify DCSD that you have used phone translation services. You will need to provide:
 - Your Name, Agency Name and Phone Number
 - Date and time of interpreter services
 - The language used
 - The client's name and Juvenile ID number

CapTel – Hearing Impaired Translation (TTY)

- Dial English: 1-877-243-2823 (available 24/7)
- Dial Spanish: 1-866-217-3362 (available 7AM to 11PM, 7 Days)
- Listen for the short message
- Enter the area code and phone number of the CapTel user and then press pound (#)

Notice of LEP Services

For all LEP identified youth and families, the Juvenile Correctional Officer Supervisor/translator shall read/translate the Milwaukee County Delinquency & Court Services LEP Services statement to the youth and family (See Attachment A). **Note:** This form is also available in Spanish.

Documenting Identified LEP Clients

The Milwaukee County Juvenile Physical Custody Worksheet contains an area, which identifies youth and their parent/guardian who will require LEP services. This area of the Custody Intake Worksheet shall be completed for all youth brought to Custody Intake.

This information will be used to:

- Track youth and families with LEP needs
- Notice supervisor to assign case to bilingual worker, if available
- Notice worker of youth or parent/guardian LEP issues

MILWAUKEE COUNTY JUVENILE PHYSICAL CUSTODY WORKSHEET	
JUVENILE: → → → → → JUVENILE #: → → → → → FAMILY #: → → → → →	<input type="checkbox"/> NO #s
DATE: → / → / → → TIME-IN: → : → AM/PM → TIME-OUT (RELEASED): → : → AM/PM	
REASON(S) FOR CUSTODY: → → → → → → → → → → →	
Limited English Proficiency?	
Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: → → → → → → → → → → →	
Parent/Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: → → → → → → → → → → →	

Notifying the Clerk of Courts

Juvenile Correctional Officer Supervisor staff shall send an email to Dan Barlich, Administrator, Clerk of Courts, Juvenile Division to notify him that a youth and/or parent/guardian need translation services provided at the Detention Hearing.

dan.barlich@wicourts.gov

The email shall indicate that a youth and/or parent/guardian will need translation services provided at the youth's Detention Hearing and include the following information:

- Juvenile's name and date of birth
- Parent(s)/guardian(s) name
- Primary language
- Date and time of the scheduled Detention Hearing.

ATTACHEMENT A

Milwaukee County DHHS Delinquency & Court Services (DCSD) Limited English Services

What are Limited English Proficient (LEP) Services?

DCSD provides limited English proficient (LEP) services to you if you are limited in your ability to read, write and/or speak English. These services provide a way for us to communicate with you even though you are limited in your ability to communicate in English. LEP services are provided in your primary language by authorized bilingual workers or by contracted interpreters and translators. Your primary language is the language you have indicated to our department you wish to communicate in with the department.

LEP Services include:

1. Interpreter (verbal) services in person and/or over the telephone; and
2. Translation of department forms, letters and other printed materials

What are DCSD's Responsibilities in Providing Me with an Interpreter?

1. If you have trouble speaking and/or understanding English, and a bilingual worker is not available to assist you, we will get a qualified interpreter in your primary language to help you communicate verbally with us.
2. Interpreter services are provided in-person or over the telephone.
3. We pay for the interpreter. You do not have to pay anything.
4. If a worker from our department feels that they are not able to communicate with you well enough to provide adequate services, they may request the services of an interpreter even if you did not ask for help.
5. We will provide interpreter services to you in a timely manner so that we can process your case within the processing timeframes.

What are DCSD's responsibilities in providing me with written communication (i.e. translation services) in my primary language?

1. We provide fully translated written communication in your primary language. This includes, but is not limited to:
 - Department pamphlets, brochures and other informational material that describes department services and client rights and responsibilities.
 - Department forms, including Probation Agreements and Informal Agreements, that we ask you to complete and/or sign; and
 - Department letters as required.
2. We pay for the written translation. You do not have to pay anything
3. We will provide translated documents to you in a timely manner so that we can process your case within the processing timeframes.



**MILWAUKEE COUNTY DHHS
DELINQUENCY & COURT SERVICES**

**LIMITED ENGLISH PROFICIENCY (LEP)
POLICIES AND PROCEDURES**

DATA ENTRY STAFF

Purpose

To identify youths and parents/guardians with LEP needs during the custody intake and intake process in order to maintain information regarding the number and type of LEP clients the department serves in order to make informed decisions regarding LEP issues and services in the future.

Policy

Data Entry Staff will update the Primary Language for both, the youth as well as their family, in the Synthesis Demographics Screen from using both of the following forms: 1. the Juvenile Physical Custody Worksheet for new youth (custody intake referrals?) and 2. the Delinquency Referral Form for all new (01) intake referrals.

Procedures

Milwaukee County Juvenile Physical Custody Worksheet (MCJPCW)

The Juvenile Physical Custody Worksheet contains an area, which identifies youth and their parent/guardian who will require LEP services. The staff shall complete this area of the form on all detention referrals.

MILWAUKEE COUNTY JUVENILE PHYSICAL CUSTODY WORKSHEET	
JUVENILE: #	JUVENILE #: _____
FAMILY: #	FAMILY #: _____
DATE: ____/____/____	TIME-IN: ____:____ AM/PM
	TIME-OUT (RELEASED): ____:____ AM/PM
REASON(S) FOR CUSTODY: _____	
Limited English Proficiency?	
Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, primary language: _____
Parent/Guardian: Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, primary language: _____

Delinquency Intake Referral Form (DIR)

The Delinquency Intake Referral (DIR) form contains an area, which identifies youth and their parent/guardian that will require LEP services. The worker completing the form shall complete this area of the DIR on all referrals.

If the worker has not submitted a Delinquency Intake form with the LEP section or the LEP section is not completed, please contact the worker and have them resubmit the correct form or complete the LEP portion of the form accordingly.



DELINQUENCY AND COURT SERVICES

DELINQUENCY INTAKE REFERRAL

Page 1 of 2

Juvenile ID # / Referral #		Probation File #		Today's Date	
Name (Last, First Middle)			Sex <input type="checkbox"/> F <input type="checkbox"/> M	D.O.B.	
Lives With		Address/City/Zip		Relationship	
Mother		Address/City/Zip		Phone	
Father		Address/City/Zip		Phone	
Guardian		Address/City/Zip		Phone	
Current Offense(s)					
Prior Offense(s)					
Date of Intake Interview		Parties Present (check those that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Attorney			
Date:		<input type="checkbox"/> Other			
Juvenile at Time of Intake Interview (check one): <input type="checkbox"/> Admitted <input type="checkbox"/> Denied <input type="checkbox"/> Partially Admitted <input type="checkbox"/> No Statement Given					
Juvenile is (check those that apply) <input type="checkbox"/> Pending Court <input type="checkbox"/> On DPA/CD <input type="checkbox"/> In Detention <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole <input type="checkbox"/> On Non-Bacare Order					
Limited English Proficiency?					
Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: _____					
Parent / Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: _____					

Entering LEP Information in Synthesis

Detentions:

For Detention Data Entry staff, when creating a new juvenile you are required to enter the Primary Language for 1. The Enrollee (Juvenile) and 2. The Family (Parent/ Guardian) in the Synthesis Demographics Screen. If the LEP portion of the form indicates N for LEP, then enter English as the primary language. If Y is indicated for LEP, enter the language identified on the form. This will be required for all new detentions received.

Delinquency Intakes:

When processing Delinquency Intakes, Data Entry staff will be required to update the Primary Language for 1. The Enrollee (Juvenile) and 2. The Family (Parent/ Guardian) in the Synthesis Demographics Screen, if this has not already been entered. If the LEP portion of the Delinquency Intake Form indicates N for LEP, then enter English as the primary language. If Y is indicated for LEP, enter the language identified on the form. This is required for all Delinquency Intake Forms received on a new referral.

Synthesis Demographics Screen

10:05 Left

Court						
Demographics	Referrals	Team List	Forms	Placements	Court Orders	COP
Temp COP	School Stats	Transfer	Special	Juv. Justice	Scheduling	

Demographics - (New)

Insert

AKA

SSN (No Dashes) Program

Medicaid Number SACWIS

Enrollee Name (First, Mi, Last)

Date of Birth (mm/dd/yyyy) Gender

Primary Language-Enrollee Ethnicity

Primary Language-Family Box #

Emp Status Case #

Family Role Marital Status

Care Coordinator

Demographics

Eval Tools

Case Notes

Progress Notes

Services

Invoicing

Reports

Logoff



Milwaukee County DHHS Delinquency & Court Services

LIMITED ENGLISH PROFICIENCY (LEP) POLICIES AND PROCEDURES

RECEPTION STAFF

Purpose

To ensure Delinquency and Court Services Division (DCSD) provides interpreter services to all individuals and/or families requiring or participating in programs and services through DCSD. Interpreter services are to be provided in an efficient and timely manner, i.e. there should be no delay in determination of eligibility, receipt of eligible services or participation in department operated or contracted programming due to a family and/or individual being identified to have Limited English Proficiency (LEP) needs.

To assist in meeting the LEP federal requirements and support the individuals and/or families needing the services, DCSD has posted "I Speak..." posters (22 x 28) in the following areas: Administration waiting area, Delinquency Management waiting area and the Custody Intake and Detention visitation area.

Additionally, "I Speak..." cards (8 x 10) have been distributed to the staff monitoring those areas as well as staff that have direct contact with individual clients and/or their families to ensure the staff's ability to meet the needs of the individuals and/or families identified to have LEP needs. [See Attachment A]

Procedures

Reception Desk

When someone comes to the reception desk and you determine that they do not speak English or are unable to speak English clearly, the receptionist must do the following:

A. If a speaking individual that:

1. Does not speak English or does not speak English clearly:
 - a. Speak slowly and clearly,
 - b. Present them with the "I Speak ..." card (*Attachment A*),
 - c. Ask that they pick/point to the language they speak,
 - d. Point to the language they identified to confirm with the individual,
 - e. Provide them with a piece of paper and pen/pencil,
 - f. Using the Client Information Tool (*Attachment B*), ask them to write their name & DOB on the piece of paper,
 - g. Once you have their information, ask the individual: "Have a seat" (verbally and using your hand to direct them),
 - h. Using the information provided, look up the individual client/parent in the data system,
 - i. Contact the assigned worker and share with them the LEP information.
2. Speaks Spanish:
 - a. Speak slowly and clearly,

- b. Tell the individual: "Please hold - I will try to find an interpreter/ Un momento por favor," and ask them: "Have a seat" (verbally and using your hand to direct them),
 - c. Contact one of the 4 bilingual delinquency staff or (Contact another Spanish speaking staff to assist),
 - d. If you cannot locate one of our bi-lingual staff, then follow the "Phone Translation Services" procedure listed below,
 - e. Contact the assigned worker and share with them the LEP information.
3. You are unsure what language is spoken, it has been determined that it is not Spanish and efforts to use the translation cards do not prevail; then request assistance from the office manager or administrative assistant and share that you are working with an individual that has been identified to have LEP needs.

B. If the client is Deaf and:

1. Has a translator with them:
 - a. Converse with the deaf person through the use of their translator,
 - b. ALWAYS look at the deaf person when speaking to them (as it is considered offensive if you speak to the translator and not the deaf person),
 - c. Speak clearly and concisely (as many deaf people read lips),
 - d. Ask them to write their name & DOB on piece of paper,
 - e. Ask them to have a seat (verbally and using your hand direct them),
 - f. Look the individual youth/parent up in the data system,
 - g. Contact the assigned worker and share with them the LEP information as well as that they have a translator with them.

2. Does NOT have a translator with them:
 - a. Hand them the "I Speak ..." card (*Attachment A*),
 - b. Ask that they pick/point to the language they speak,
 - c. Point to the "sign language" icon on the card to confirm with the individual,
 - d. Using the Client Information Tool (*Attachment B*), ask them to write their name & DOB on the piece of paper,
 - e. Once you have their information, ask the individual: "Have a seat" (verbally and using your hand to direct them),
 - f. Look the individual youth/parent up in the data system,
 - g. Contact the assigned worker and share with them the LEP information, as well as that they do NOT have a translator with them.

Reception Phone

When someone calls the reception desk phone and you determine that they do not speak English or are unable to speak English clearly, the receptionist must do the following:

A. If a Speaking Caller that:

1. Does not speak English or does not speak clear English:
 - a. Write down the phone number from the phone display immediately (in case we lose the caller) on the log sheet [*See Attachment C*],
 - b. Speak slowly and clearly,
 - c. Ask the caller what language they are speaking,
 - d. If they were able to answer, write down the language on the log sheet,
 - e. Tell the caller: "Please hold while I connect with an interpreter,"
 - f. Once the language has been identified, place the caller on hold,

- g. Follow the "Phone Translation Services" procedure listed below to identify the name and DOB of the caller,
 - h. Once you have the name and DOB, look the individual youth/parent up in the data system,
 - i. Contact the assigned worker and share with them the LEP information.
2. Speaks Spanish:
- a. Write down the phone number from phone display immediately (in case we lose the caller) on the log sheet,
 - b. Speak slowly and clearly,
 - c. Tell the caller: "Please hold, I will try to find an interpreter/ Un momento por favor,"
 - d. Contact one of the 4 bilingual delinquency staff or (Contact another Spanish speaking staff to assist),
 - e. If you cannot locate one of our bi-lingual staff, then follow the "Phone Translation Services" procedure listed below to obtain the name and DOB,
 - f. Once you have the name and DOB, look the individual up in the data system,
 - g. Contact the assigned worker and share with them the LEP information.
3. You are unsure what language is spoken, it has been determined that it is not Spanish and efforts to use the translation services do not prevail, then request assistance from the office manager or administrative assistant and share that you are working with an individual that has been identified to have LEP needs.
4. If the caller is Deaf:
- a. Ask the caller: "Please hold, I will connect with interpreter services,"
 - b. *Use the Wisconsin Relay 711 service, which is a free service for all Wisconsin residents that connects individuals with speech disabilities and/or whom are deaf with standard telephone services.
 - c. Press Conference button on the phone, (the deaf caller will be on hold and ready to connect to the person translating when you return),
 - d. Dial 711,
 - e. When the operator answer, tell them you have a person that is deaf on the phone and need assistance interpreting. Then follow their instructions.
 - f. Once the interpreter is on the line, press Conference button again (the caller, the translator and you will all then be connected),
 - g. Carry out and complete the call as needed.

Phone Translation Services

Once it has been determined that you have an individual and/or family that has been identified to have LEP needs and you know the language, conduct the following steps to use the phone interpretation services (**Please Note:** this service cannot be used if you cannot identify the language needed):

- A. Dial: 1-800-225-5254,
- B. When the operators answers, tell them:
 - o Your customer code: WISCDS,
 - o You are calling from Milwaukee County Department of Health and Human Services - Delinquency & Court Services Division,
 - o The language that you need interpreted,
 - o Your name and telephone number.
- C. The operator will connect you with an interpreter promptly,
- D. Proceed with the individual client interaction to completion.

- E. Immediately after you complete the phone interpretation, contact the Delinquency & Court Services Office Manager at 414-257-5723 to notify DCSD that you have used phone interpretation services. You will need to provide:
- Your Name and Phone Number,
 - Date and time interpreter services were used,
 - The language interpreted,
 - The client's name and the client's Juvenile ID number.

Documentation

After accessing interpretation services (in-house or via phone), the receptionist is required to document in the following manner:

- A. Make a notation on the appropriate log sheet that LEP services were necessary and
- B. Email the office manager and/or administrative assistant with the following information:
 - The date and time interpreter services were used,
 - The clients name and juvenile ID number,
 - The worker's name and
 - The language interpreted.

Please Note: Management is aware that it can be frustrating to try to understand a person whom does not speak English or does not speak English clearly. However, as frustrating as it is for you, imagine how frustrating it is for the client who is trying to access our services.

Remember: Speak slowly, clearly, concisely and be patient - we are here to help!

I Speak...

Language Identification Guide

- A**
- Amharic**
አኔ አማርኛ ነው ምናረው.
- Arabic**
أنا أتحدث اللغة العربية
- Armenian**
Ես խոսում եմ հայերենի
-
- B**
- Bengali**
আমি বাংলা কথা বলতে পারি
- Bosnian**
Ja govorim bosanski
- Bulgarian**
Аз говоря български
- Burmese**
ကျွန်ုပ်တို့/ကျွန်းုပ် မြန်မာလို ပြောတတ် တယ်တယ်
-
- C**
- Cambodian**
ខ្ញុំនិយាយភាសាខ្មែរ
- Cantonese**
我講廣東話 (Traditional)
我讲广东话 (Simplified)
- Catalan**
Parlo català
- Croatian**
Govorim hrvatski
- Czech**
Mluvím česky
-
- D**
- Danish**
Jeg taler dansk
- Dari**
من دری حرف می زنم
- Dutch**
Ik spreek het Nederlands
-
- E**
- Estonian**
Ma räägin eesti keelt
-
- F**
- Finnish**
Puhun suomea
- French**
Je parle français
-
- G**
- German**
Ich spreche Deutsch
- Greek**
Μιλώ τα ελληνικά
- Gujarati**
હું ગુજરાતી બોલું છું
-
- H**
- Haitian Creole**
M pale kreyòl ayisyen
- Hebrew**
אני מדבר עברית
- Hindi**
मैं हिंदी बोलता हूँ ।
- Hmong**
Kuv has lug Moob
- Hungarian**
Beszélék magyarul

- I**
- Icelandic**
Ég tala íslensku
- Ilocano**
Agsaonak ti Ilokano
- Indonesian**
saya bisa berbahasa Indonesia
- Italian**
Parlo italiano
-
- J**
- Japanese**
私は日本語を話す
-
- K**
- Kachichiquel**
Quin cha güic ká chá bal' ruim' rí
- Korean**
한국어 합니다
- Kurdish**
man Kurdîi zaanim
- Kurmanji**
man Kurmanjîi zaanim
-
- L**
- Laotian**
ຂອບປາກພາສາລາວ
- Latvian**
Es runāju latviski
- Lithuanian**
Aš kalbu lietuviškai

- M**
- Mam**
Bán chiyola tuj kíyol main
- Mandarin**
我講國語 (Traditional)
我讲国语/普通话 (Simplified)
- Mon**
အဲပဉ်အတုင်ဗုတ်
-
- N**
- Norwegian**
Jeg snakker norsk
-
- P**
- Persian**
من فارسی صحبت می کنم.
- Polish**
Mówię po polsku
- Portuguese**
Eu falo português do Brasil (for Brazil)
Eu falo português de Portugal (for Portugal)
- Punjabi**
ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

- Q**
- Qanjobal**
Ayin tí chí wal q' anjob' al
- Quiche**
In kinch'aw k'u'in ch'e quiche
-
- R**
- Romanian**
Vorbesc românește
- Russian**
Я говорю по-русски
-
- S**
- Serbian**
Ja говорим српски
- Sign Language**

I, ME SIGN, WITH LANGUAGE
- Slovak**
Hovorím po slovensky
- Slovenian**
Govorim slovensko
- Somali**
Waxaan ku hadlaa af-Soomaali
- Spanish**
Yo hablo español
- Swahili**
Ninaongea Kiswahili
- Swedish**
Jag talar svenska
-
- T**
- Tagalog**
Marunong akong mag-Tagalog
- Tamil**
நான் தமிழ் பேசுவேன்
- Thai**
พูดภาษาไทย
- Turkish**
Türkçe konuşurum
-
- U**
- Ukrainian**
Я розмовляю українською мовою
- Urdu**
میں اردو بولتا ہوں
-
- V**
- Vietnamese**
Tôi nói tiếng Việt
-
- W**
- Welsh**
Dwi'n siarad
-
- X**
- Xhosa**
Ndiithetha isiXhosa
-
- Y**
- Yiddish**
איך רעד יידיש
- Yoruba**
Mo nso Yooba
-
- Z**
- Zulu**
Ngiyasikhuluma isiZulu

Executive Order 13166 requires DHS to take reasonable steps to provide meaningful access to its programs and activities for persons with limited English proficiency and - as also required by Title VI of the Civil Rights Act of 1964 - to ensure that recipients of federal financial assistance do the same.

I Speak is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Other resources at www.lep.gov

Contact the DHS Office for Civil Rights and Civil Liberties' CRCL Institute at CRCLTraining@dhs.gov for digital copies of this poster or a "I Speak" booklet.



ΑΤΤΑΧΗΜΕΝΟ

Client Information Tool

Please write your name and date of birth on this paper and then have a seat in the waiting room. Your social worker will be contacted.

Arabic: الرجاء كتابة الاسم وتاريخ الميلاد في هذه الورقة ومن ثم يكون على مقعد في غرفة الانتظار. سيتم الاتصال عمل الخاص بك.

Bulgarian: Моля, напишете името и датата на раждане на тази хартия и след това да има място в чакалнята. Ще се свържете с вашия работник.

Catalan: Si us plau escrigui el seu nom i la data de naixement en aquest paper i després tenir un seient a la sala d'espera. Es contactarà amb el treballador.

Czech: Na tento papír napište své jméno a datum narození a pak Posad'te v čekárně. Váš pracovník bude kontaktován.

Danish: Skriv venligst dit navn og fødselsdato på dette papir og derefter har en plads i venteværelset. Din arbejdstager vil blive kontaktet.

Dutch: Schrijf uw naam en geboortedatum op dit papier en vervolgens hebben een zetel in de wachtkamer. Uw werknemer gecontacteerd worden.

Estonian: Palun kirjutage oma nimi ja sünniaeg käesoleva raamatu ja siis on iste ooteruum. Teie töötaja võetakse ühendust.

Finish: Kirjoita kirjjan nimi ja syntymäaika ja sitten istuin odotushuoneessa. Oman työntekijän otetaan yhteyttä.

French: Veuillez écrire votre nom et votre date de naissance sur ce livre et puis avoir un siège dans la salle d'attente. Nous communiquerons avec votre travailleur social.

German: Bitte schreiben Sie Ihren Namen und Geburtsdatum auf dieses Papier, und nehmen Sie Platz im Wartezimmer. Ihre Sozialarbeiter werden kontaktiert.

Greek: Παρακαλώ γράψτε το όνομα και ημερομηνία γέννησης για το βιβλίο και στη συνέχεια να έχετε μια θέση στην αίθουσα αναμονής. Κοινωνικός λειτουργός σας θα ενημερώνεστε.

Haitian Creole: Silvouple ekri non ou, ak dat nesans sou papey sa a, lè sa a, gen yon chèz nan sal pou tann. Travayè sosal ou ap kontakte.

Hebrew: נא לכתוב את שמך ואת תאריך הלידה על נייר זה ולאחר מכן לשבת בחדר ההמתנה. ייצור קשר עם עובדת סוציאלית שלך.

Hmong: Thov sau koj lub npe thiab hnub yug rau ntawm daim ntawv no thiab ces muaj ib lub rooj rau cov chav zaum tos. Koj tus social worker yuav raug hu.

Hungarian: Kérjük, írja a nevét és a születési dátum a könyvről, és akkor egy helyet a váróteremben. A szociális munkás felvenni a kapcsolatot.

Indonesian: Silakan menuliskan nama dan tanggal lahir Anda di atas kertas ini dan kemudian memiliki kursi di ruang tunggu. Pekerja sosial Anda akan dihubungi.

Italian: Si prega di scrivere il tuo nome e data di nascita su questa carta e quindi hanno un posto nella sala d'attesa. Sarete ricontattati al vostro assistente sociale.

Latvian: Lūdzu, rakstiet savu vārdu un dzimšanas datumu, par šo grāmatu un tad sēdēkli uzgaidāmajā telpā. Sociālais darbinieks sazināsies.

- Lithuanian:** Parašykite savo vardą ir gimimo datą dėl šios knygos ir tada vietaį i laukimo salę. Jūsų socialinis darbuotojas susisieks.
- Norwegian:** Skriv inn ditt navn og fødselsdato på notatet, og da har et sete på venterommet. Din sosialarbeider vil bli kontaktet.
- Persian:** لطفا نام و تاریخ تولد خود را در این مقاله نوشتن و سپس یک صندوقی در اتاق انتظار مددکار اجتماعی شما گرفته شود.
- Polish:** Proszę napisać imię i nazwisko oraz datę urodzenia na ten papier i wtedy siedzenie w poczekalni. Skontaktuje się z twoją pracownik socjalny.
- Portuguêse:** Por favor, escreva seu nome e data de nascimento sobre este livro e, em seguida, ter um assento na sala de espera. Seu assistente social ser  contactado.
- Romanian:** V  rug m s  scrie i numele  i data na terii pe aceast  h rtie  i apoi au un loc  n sala de a teptare. Dumneavoastr  asistentul social va fi contactat.
- Russian:** Пожалуйста, напишите ваше имя и Дата рождения на этой бумаге и затем место в комнате ожидания. Ваш социальный работник будет связаться.
- Slovak:** Pros m nap i te va e meno a d tum narodenia na tento dokument a potom maj  s dlo v  ak rni. Soci lny pracovn k bud  kontaktovan .
- Slovenian:** Prosimo, napi ite svoje ime in datum rojstva na tem papirju in potem imaj  sede  v  akalnici. Socialna delavka stik.
- Spanish:** Por favor escriba su nombre y fecha de nacimiento en este papel y luego tener un asiento en la sala de espera. Su trabajador social ser  contactado.
- Swedish:** Skriv ditt namn och f delsedatum p  detta papper och sedan ha en plats i v ntrummet. Din socialarbetare kommer att kontakta.
- Turkish:** Lutfen adinizi ve dogum tarihinizi bu kağıda yazın ve sonra bekleme odası koltuk. Sizin sosyal g revli irtibata ge ilecektir.
- Ukrainian:** Будь ласка, напишіть ваше ім'я і дату народження на роботі і мати місце в приймальні. Буде зв'язатися соціального працівника.
- Urdu:** براہ مہربانی آپ کا نام اور تاریخ پیدائش اس کاغذ پر لکھیں اور پھر انتظار کے کمرہ میں ایک نشست ہے۔ اپنے سماجی کارکن سے رابطہ بر جائے گا۔
- Vietnamese:** Xin vui lòng viết tên và ngày sinh của bạn về bài viết này và sau đó có một chỗ ngồi trong phòng chờ đợi. Nhân viên xã hội của bạn sẽ được liên lạc.



**MILWAUKEE COUNTY DHHS
DELINQUENCY & COURT SERVICES**

**LIMITED ENGLISH PROFICIENCY (LEP)
POLICIES AND PROCEDURES**

HUMAN SERVICE WORKER

Purpose

To identify youths and parents/guardians with LEP needs during the intake process. To provide interpretation and translation services for all youth and parents/guardians referred to our department, so that the youth and parent/guardian can have meaningful participation in the intake and juvenile justice process and reduce delays in normal case processing due to language barriers.

To review and explain the Milwaukee County DHHS, Delinquency & Court Services Division LEP Services statement to all LEP identified youth and families. (See Attachment A)

To notify the Clerk of Courts office of the LEP identified youth and families that require translation services provided during court proceedings.

To notify service providers of youths and families with LEP needs.

Policy

Human Service Worker (HSW) staff shall assess each youth and their parent/guardian referred to our Department for LEP needs. Interpretation and translation services shall be provided to the youth and parent/guardian identified as needing LEP services during the Intake process.

HSW staff shall read/translate and explain the Milwaukee County DHHS, Delinquency & Court Services Division LEP Service statement to all LEP identified youth and parent/guardian (See Attachment A).

HSW staff shall notify the Clerk of Court Office of the youth and/or parent/guardian identified as needing LEP services so that arrangements can be made to provide interpretation/translation services at all court hearings

HSW staff shall complete all forms that require LEP identification of clients in order to track this information and notice service providers of the youth and/or parent/guardian requiring LEP services.

Procedures

To Use Language Identification Cards

Language Identification Cards shall be available in the office at all times. HSW Staff will identify the client's primary language either directly from the client or by using the Language Identification Card.

Once the client's primary language has been identified, the HSW Staff will contact a bilingual HSW staff for assistance in communicating with the client and the client's family – if available.

If there is no bilingual worker available that can translate the youth or parent/guardian's primary language, HSW Staff will contact phone translation service to provide translation services for the youth and parent/guardian during the Intake process. *A speakerphone is available in the Administration Conference Room located in Room 1205.

If you are aware, prior to the juvenile appearing for his Intake Appointment, that the youth or parent/guardian have LEP issues, schedule an Interpreter for the scheduled Intake at least **2 weeks** in advance.

To Use Phone Interpretation Services

1. Dial 1-800-225-5254
2. When the operator answers, tell them:
 - Your Customer Code: WIFHFS-Division of Access,
 - You are calling from Milwaukee County Department of Health and Human Services - Delinquency & Court Services Division,
 - The language that you need interpreted,
 - Your name and telephone number
3. The operator will connect you with an interpreter **promptly**
4. Immediately after you have completed the phone interpretation, contact the Delinquency & Court Services Fiscal Specialist at 414.257.7839 to notify DCSD that you have used phone interpretation services. You will need to provide:
 - Your Name and Phone Number
 - Date and time interpreter services were used
 - The language interpreted
 - The client's name and the client's Juvenile ID number

To Use Hearing Impaired Translation (TTY)

CapTel – Hearing Impaired Translation (TTY) will provide services for those with hearing impairments.

- For English, dial: 1-877-243-2823 (available 24/7)
- For Spanish, dial: 1-866-217-3362 (available 7AM to 11PM (CST), 7 days per week)
- Listen for the short message
- Enter the area code and phone number of the client being contacted (i.e. the CapTel user) and then press pound (#).

To Use In Person Interpretation Services

Language Source, LLC will provide in person language interpretation/translation services.

Contact the Administrative Support Staff to schedule an interpreter for Intake Conference or other in-person interpretation at least **2 weeks** ahead of needed date. Include in your request:

- Translation language you will need
- The Date, time and location (include Room Number) of scheduled meeting.
- The client's name and Juvenile ID number

Arrangements will be made for translation services and you will be notified when translator has been confirmed.

To Notice for LEP Services

At the time of intake with youth and families identified to have LEP needs, the HSW/translator shall read/translate the Milwaukee County Delinquency & Court Services LEP Services statement to the youth and family (See Attachment A). **Note:** This form is also available in Spanish.

To Document LEP Identified Clients

The following forms contain a section indicating LEP status of the youth and/or parent/guardian and must be completed accordingly. This information will be used to monitor our LEP compliance as well as providing LEP information to service providers.

- Delinquency Intake Form (Attachment B)
- Program Admission Form (Attachment C)
- Multi-Program Referral Form (Attachment D)

To Notify the Clerk of Courts

When you receive a Notice of Hearing for a new petition for a client identified with LEP needs, HSW staff shall send an email to Dan Barlich, Administrator, Clerk of Courts, Juvenile Division to notify him that a youth and/or parent/guardian need translation services provided at all hearings scheduled.

dan.barlich@wicourts.gov

The email shall indicate that a youth and/or parent/guardian will need translation services provided at the youth's Hearings and include the following information:

- CCAP Number
- Juvenile's name
- Parent(s)/guardian(s) name
- Primary language
- Date and time of the first scheduled Hearing.

Available Forms

The following forms are available in English and Spanish.

- Authorization to Disclose Confidential Information
- Deferred Prosecution Agreement (DPA) form
- Delinquency & Court Services Complaint Form
- Limited English Services Information (Attachment A)
- Notice of Rights form
- Probation Agreement form
- Service Plan Authorization form
- MCAP (Milwaukee County Accountability Program) Agreement

If any of these forms need to be translated to another language, please contact the Delinquency & Court Services Office Manager at 414-257-5723 to request translation services.

ATTACHEMENT A

Milwaukee County DHHS Delinquency & Court Services (DCSD) Limited English Services

What are Limited English Proficient (LEP) Services?

DCSD provides limited English proficient (LEP) services to you if you are limited in your ability to read, write and/or speak English. These services provide a way for us to communicate with you even though you are limited in your ability to communicate in English. LEP services are provided in your primary language by authorized bilingual workers or by contracted interpreters and translators. Your primary language is the language you have indicated to our department you wish to communicate in with the department.

LEP Services include:

1. Interpreter (verbal) services in person and/or over the telephone; and
2. Translation of department forms, letters and other printed materials

What are DCSD's Responsibilities in Providing Me with an Interpreter?

1. If you have trouble speaking and/or understanding English, and a bilingual worker is not available to assist you, we will get a qualified interpreter in your primary language to help you communicate verbally with us.
2. Interpreter services are provided in-person or over the telephone.
3. We pay for the interpreter. You do not have to pay anything.
4. If a worker from our department feels that they are not able to communicate with you well enough to provide adequate services, they may request the services of an interpreter even if you did not ask for help.
5. We will provide interpreter services to you in a timely manner so that we can process your case within the processing timeframes.

What are DCSD's responsibilities in providing me with written communication (i.e. translation services) in my primary language?

1. We provide fully translated written communication in your primary language. This includes, but is not limited to:
 - Department pamphlets, brochures and other informational material that describes department services and client rights and responsibilities.
 - Department forms, including Probation Agreements and Informal Agreements, that we ask you to complete and/or sign; and
 - Department letters as required.
2. We pay for the written translation. You do not have to pay anything
3. We will provide translated documents to you in a timely manner so that we can process your case within the processing timeframes.

ATTACHMENT B



**DELINQUENCY AND COURT SERVICES
DELINQUENCY INTAKE REFERRAL**

Page 1 of 2

Juvenile ID # / Referral #		Probation File #		Today's Date
Name (Last, First Middle)		Sex <input type="checkbox"/> F <input type="checkbox"/> M	D.O.B.	Phone
Lives With	Address/City/Zip	Relationship		Phone
Mother	Address/City/Zip			Phone
Father	Address/City/Zip			Phone
Guardian	Address/City/Zip			Phone
Current Offense(s)				
Prior Offense(s)				
Date of Intake Interview	Parties Present (check those that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Attorney			
Date:	<input type="checkbox"/> Other			
Juvenile at Time of Intake Interview (check one): <input type="checkbox"/> Admitted <input type="checkbox"/> Denied <input type="checkbox"/> Partially Admitted <input type="checkbox"/> No Statement Given				
Juvenile is (check those that apply) <input type="checkbox"/> Pending Court <input type="checkbox"/> On DPA/CD <input type="checkbox"/> In Detention <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole <input type="checkbox"/> On Non-Secure Order				
Limited English Proficiency?				
Juvenile: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: _____				
Parent / Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, primary language: _____				
Accomplices: _____				

SOCIAL INFORMATION

Juvenile's Attitude Toward Offense & Statement: _____

Assessment of Parental Supervision: _____

Child/Parent Relationship: _____

Child's Adjustment at Home, According to Parent: _____

School Adjustment, According to Available Information: _____

School: _____ Grade: _____ Type of Program: _____

Department of Children & Families (CPS/CW) Involvement: Open: ___ Yes ___ No History: ___ Yes ___ No

Comments: (Indicate any significant information regarding youth's home & school adjustment, youth's employment, CPS history, Private JIPS, etc.)

White - Clerk of Court

Green - HSU

Pink - ADA

Shelter/Level II Admission & GPS Request Form

Program: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Court Ordered <input checked="" type="checkbox"/> Shelter <input type="checkbox"/> Level II <input type="checkbox"/> Level II w/GPS </div> <div style="border: 1px solid black; padding: 2px;"> HSW Requested <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level II w/GPS </div>	Level II Monitoring Agency: <input type="checkbox"/> Southwest Key <input type="checkbox"/> St. Charles Referral Date: _____
--	--

Human Service Worker:

Name: _____ Phone: _____ E-mail: _____ @milwaukeecountywi.gov

Wraparound Care Coordinator:

Name: _____ Phone: _____ E-mail: _____

CHIPS Worker:

Name: _____ Phone: _____ E-mail: _____

Juvenile Information:

Juvenile ID No.: _____ Ref. No. _____ Probation No. _____
 Youth Last name: _____ First name _____ M.I. _____
 Date of Birth: _____ Sex: Male Female Race: _____ Hispanic? Y N
 Height: _____ Weight _____ Hair Color: _____
 Medical Conditions: _____
 Medications: none _____
 Address: _____ City: _____ State: WI Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Limited English Proficiency? Y N Language(s): _____

Caregiver Information:

Mother Father Caregiver - relationship _____
 Last Name: _____ First Name: _____ DOB: _____
 Address: _____ City: _____ State: WI Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Limited English Proficiency? Y N Language(s): _____

Alternate Contact Information:

Mother Father Caregiver - relationship _____
 Last Name: _____ First Name: _____ DOB: _____
 Address: _____ City: _____ State: WI Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Limited English Proficiency? Y N Language(s): _____

ATTACHMENT D

MULTI-PROGRAM REFERRAL FORM

Referral Date:

Select Program:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alternative to Sanctions (SAS) | <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Restorative Justice |
| <input type="checkbox"/> Burglary/Auto Monitoring (BMP) | <input type="checkbox"/> Evening Reporting Center (ERC) | <input type="checkbox"/> Serious Chronic Offender (SCOP) |
| <input type="checkbox"/> Community Accountability (CAP) | <input type="checkbox"/> Firearms (FA) | <input type="checkbox"/> Southwest Key Mentoring |
| <input type="checkbox"/> Community Connections (CCP) | <input type="checkbox"/> Functional Family Therapy (FFT) | <input type="checkbox"/> Supervision Engagement (SEP) |
| <input type="checkbox"/> Community Srvc/Restitution (CSR) | <input type="checkbox"/> Milw Cnty Accountability (MCAP) | |

HSW: _____ Phone: _____ E-mail: _____@milwaukeecountywi.gov
 BMCW Worker: _____ Phone: _____
 Other Team Members: _____

Juvenile, Family, and Caregiver Demographics

Juvenile ID No.: _____	Ref. No. _____	Probation No. _____
Youth Last name: _____	First name _____	M.I. _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____ Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N
Height: _____	Weight: _____	
Address: _____	City: _____	State: WI Zip: _____
Home Phone: _____	Cell: _____	Work: _____
Limited English Proficiency? <input type="checkbox"/> Y <input type="checkbox"/> N	Language(s): _____	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver - relationship	_____	
Last Name: _____	First Name: _____	DOB: _____
Address: _____	City: _____	State: WI Zip: _____
Home Phone: _____	Cell: _____	Work: _____
Limited English Proficiency? <input type="checkbox"/> Y <input type="checkbox"/> N	Language(s): _____	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver - relationship	_____	
Last Name: _____	First Name: _____	DOB: _____
Address: _____	City: _____	State: WI Zip: _____
Home Phone: _____	Cell: _____	Work: _____
Limited English Proficiency? <input type="checkbox"/> Y <input type="checkbox"/> N	Language(s): _____	

Limited English Proficiency Plan

**Milwaukee County Department of Health and Human Services
Delinquency & Court Services Division**

9/1/2016

**LEP Coordinator
Peter Pierce**

**Division Administrator
Delinquency & Court Services Division
Mark Mertens**