

CITY OF APPLETON PERSONNEL POLICY	TITLE: INTERPRETER POLICY	
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I. PURPOSE

The purpose of this policy is to provide City of Appleton Employees with direction in providing services to customers with Limited English Proficiency (LEP) and to the Hearing Impaired.

II. POLICY

It shall be the policy of the City of Appleton to use interpreters to ensure quality of service when language exists as a barrier to such service. It shall also be the policy to comply with Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency; and the City of Appleton Civil Rights Compliance Plan. The City of Appleton Civil Rights Compliance Plan is posted throughout the City with other State and Federal Postings.

III. DISCUSSION

This policy will direct City employees in the appropriate use of interpreters and translation services. Some departments may supplement this policy with department specific policies to address their unique needs.

Responsibility for coordinating existing Interpreter programs are as follows:

Health: Public Health Nursing Supervisor

Mayor: Diversity Coordinator

Police: Clerical Assistance

Police: Deputy Chief

Fire: Deputy Chief
Human Resources: Deputy Director of Human Resources
Attorney: Assistant City Attorney

IV. DEFINITIONS

- A. Limited English Proficiency- (LEP) Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.
- B. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et.seq. and its implementing regulation at 45 CRF part 80- The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.
- C. Qualified Interpreters- Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation; and awareness of relevant cultural issues.
- D. Confidential Information- All information relating to “personal facts” obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person’s consent except as may be necessary to provide services needed by the individual or when legally permissible. Information obtained relating to individually identifiable health information shall be subject to the terms and conditions of the Health Insurance Portability and Accountability Act of 1996.

All information relating to “personal facts” obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person’s consent except as may be necessary to provide services needed by the individual.

Personal facts shall be defined as any information ordinarily construed as part of a medical history and physical examination and positively identifying an individual with such medical data.

- E. Sensitive Information- Any information that, upon disclosure, could cause any individual or business undo embarrassment or harm, either emotionally, socially, or financially.
- F. Oral Interpretation- An individual is assisted with verbal communication by another party fluent in the language of the individual and English.
- G. Written Translation- Conversion of written documents to or from English into the language of an individual allowing the individual to understand the document.
- H. Hearing Impaired- An individual is assisted with communication by another party with the ability to communicate through sign language or other acceptable method.

- I. Vital Documents- Any paper or electronic form that contains information that is critical for accessing the recipient's programs, services or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of services or benefits; and documents that inform participants of free language assistance.
- J. CDAC- City Department Advisory Committee.
- K. TDD- A Telecommunications Device for the Deaf is a teleprinter, an electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties.

V. PROCEDURES

A. Qualifying Interpreters

1. City of Appleton staff shall utilize independent interpreters or interpreter agencies that have contracted with the City of Appleton. The listed interpreters should provide a variety of services including oral interpretation, sign language and written translation.
2. Background checks will be completed by the Appleton Police Department before any services are provided for the City of Appleton.
3. Representatives of the CDAC, including Community and Economic Development, Health, Police, Fire, Attorney, and Human Resources shall meet annually to review the program and contracts.
4. A current list of interpreters will be kept by the Diversity Coordinator who will post the list to the City's internal website. Annually, Community and Economic Development's Diversity Coordinator will provide Directors and Deputy Directors with a list of contracted interpreter agencies.

B. Utilizing Interpreter Services

1. To initiate interpreter services, employees should obtain prior approval from their department supervisor (or as provided by their department-specific policy). (Health, Police and Fire shall follow department specific Interpreter Policies and Procedures.).

After obtaining approval, employees should choose an interpreter from the list of contracted interpreter agencies. Prior to working with the interpreter, employees should refer to *Attachment I* (Guidelines for working with interpreters).

Language Line services are appropriate in situations where the phone call is less than 10- minutes. If the situation may require more than 10 minutes an interpreter

should be called with the approval of the department supervisor or based on a department specific policy.

TDD Lines are available at the Police Department (920) 832-5805 and at the Library Reference Desk (920) 832-6173.

2. When working with the interpreter, City of Appleton staff shall work with the interpreter to complete a form to document start and completion time of the interpreter services. If the interpreter does not have a form, Attachment II City of Appleton Interpreter Services Report may be used. Staff should ensure the interpreter and department name are clearly documented and have the form signed by both the interpreter and City of Appleton employee with the documented start and completion times. This should also be followed for telephone interpretation with City employee clearly identifying their name and department.
3. When an invoice is received from the interpreter, staff should review the start and end times to ensure it matches the amount billed and check for City employee signature as well as contacting either the Diversity Coordinator or City Attorney Department contact to ensure the contracted rate matches the billed rate. If billing information is correct, continue to process for payment using the normal City Finance procedures.
4. An evaluation of the level of service is optional but encouraged. Comments should be shared with the Diversity Coordinator or City Attorney contacts.
5. City of Appleton staff will receive training or communication related to this policy and procedures for working with interpreters.

ATTACHMENT I

Guidelines For Working With Interpreters

Reference: Southeast Asian Health Care: A Cultural Guide, Indochinese Cultural and Service Center, Portland, Oregon, 1982, p. 38-40.

1. Choose an interpreter of the same gender as the client when possible. If it is a health matter, these issues are generally more openly communicated between members of the same gender.
2. Try not to ask a child to interpret for a parent. Although children learn new languages faster than adults, it may be a matter of shame or loss of face for the parent to require the help of a child for interpretation.
3. Schedule extra time for appointments when using an interpreter. Translated sessions, especially when teaching is done, take longer than non-translated appointments. Taking the extra time to achieve accurate information will ultimately save time and energy.
4. When assisting a customer with an interpreter, face both the client and the interpreter. Speak to the customer.
5. Observe both the interpreter and the customer during the interview for visual cues that can help increase understanding.

6. Ask the interpreter to interpret sentence by sentence. Give lengthy explanations one sentence at a time. Give instructions in small units, asking the customer to repeat the information through the interpreter to insure understanding. Unless you know the interpreter is very familiar with the information, do not allow him/her to paraphrase long explanations as this can lead to inaccurate communication.
7. Use basic words and concrete versus absolute terms. Conditional words like “maybe”, “if”, “could” and “would” may have difficult implications in other languages. Be wary of using phrases that are idioms or metaphors as these are usually not translatable.
8. Speak slowly and clearly in short, simple sentences. Speak in a normal tone of voice.
9. Because English and Southeast Asian languages generally are not directly translatable, a brief question or short description may sometimes result in a lengthy translation. If mistranslation is suspected, ask the same question again using different words or ask the customer to repeat the information through the interpreter.
10. Use a trained interpreter when possible rather than a friend or family member. A health interpreter should be trained in medical terminology as well as confidentiality.

ATTACHMENT II

City of Appleton Interpreter Service Report

Date: _____

Interpreter: _____

Incident # / Client Name: _____

Type of Service: _____ Language: _____

Circle One: Scheduled Appointment / Emergency

Service began: _____ am/pm ended: _____ am/pm

Staff Signature _____

Department _____

ATTACHMENT III

**City of Appleton
Interpreter Information & Background Check Form**

All interpreters are required to complete the following information (please print).

Please list your FULL NAME as it appears on your driver's license or social security card.

Name _____
Last First Middle Initial Social Security # or Employer Identification #

Other Names Used _____ Date of Birth _____
Or Maiden Name (Nee)

Gender M F (Circle One)

Driver's License # _____ State of Issue _____ Expiration Date _____

Is Driver's License currently valid? ____ yes ____ no

Do you have transportation available? ____ yes ____ no

Current Address _____
Number and Street City State Zip

Home Phone # _____ Work Phone # _____

Have you lived out of state in the last 10 years? ____ yes ____ no

If yes, please list below:

Number and Street City State Zip

Number and Street City State Zip

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of your request to be an interpreter.

CHECK HERE IF NOT APPLICABLE.

Approximate dates may be listed: (you may attach another sheet if necessary)

Date	Location	Charge	Court	Disposition of case

Note: A conviction record or pending arrest record does not constitute an automatic bar to interpreting and will be considered only if there is substantial relationship to the circumstances of the particular position.

Current Employer: _____

Position Title: _____

Interpreter agency you are employed by: _____
(If different than above)

List any languages, other than English, that you speak fluently:

Do you currently translate for any other clients or municipalities? Yes No (Circle one)
If yes, Who?

List three (3) references other than family:

Name & Address	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background: High School Diploma/GED: Yes No (Circle one)

Name and Location of College	Degree Received
_____	_____
_____	_____
_____	_____

Certifications (please attach): _____

READ CAREFULLY BEFORE SIGNING:

I certify that all answers to the above questions are true and complete and authorize the City of Appleton to use the information I have provided. I understand that falsification of, or omissions from this form may result in disqualification or cancellation of my contract.

PRINTED NAME _____

Signature _____

Date _____

Emergency Contact: _____ Phone # _____
(Name and Relationship)

INDEPENDENT INTERPRETERS ONLY

Cell Phone # _____ Pager # _____

Days Available: Su ____ Mo ____ Tu ____ We ____ Th ____ Fr ____ Sa ____

Hours available to translate: _____

What City departments are you interested in interpreting for? Check all that apply

Police _____ Fire _____ Health _____ Any _____