## DIGHTON HOUSING AUTHORITY (DHA) POLICY TO ADDRESS IMPROVING ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

In order to determine the level of access needed by LEP persons, the DHA will balance the following four factors: (1) the number or proportion of LEP persons eligible to be served; (2) the frequency with which LEP persons come into contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the DHA and costs. Balancing these four factors will ensure meaningful access by LEP persons to critical services while not imposing undue burdens on the DHA.

## A. ORAL INTERPRETATION

In a courtroom, a hearing, or situations in which health, safety, or access to important benefits and services are at stake, the DHA will generally offer, or ensure that the family is offered through other sources, competent services free of charge to the LEP person.

The DHA will analyze the various kinds of contracts it has with the public, to assess language needs and decide what reasonable steps should be taken. "Reasonable steps" may not be reasonable where the costs imposed substantially exceed the benefits.

Where feasible, the DHA will train and hire bilingual staff to be available to act as interpreters and translators, will pool resources with other Local Housing Authorities (LHAs), and will standardize documents. Where feasible and possible, the DHA will encourage the use of qualified community volunteers.

Where LEP persons desire, they will be permitted to use, at their own expense, an interpreter of their own choosing, in place of as a supplement to the free language services offered the DHA. The interpreter may be a family member or friend.

## **B. WRITTEN TRANSLATION**

Translation is the replacement of written text from one language into an equivalent written text in another language.

In order to comply with written-translation obligations, the DHA will take the following steps:

The DHA will provide written translations of vital documents for each eligible LEP language group that constitutes 5 percent of 1,000 persons, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

If there are fewer than 50 persons in a language group that reaches the 5 percent trigger, the DHA does not translate vital written materials, but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

As needed and when feasible, the DHA will use accredited websites for written translations.

## C. IMPLEMENTATION PLAN

After completing the four-factor analysis and deciding what language assistance services are appropriate, the DHA shall determine whether it is necessary to develop a written implementation plan to address the identified needs of the LEP populations it serves.

If the DHA determines that it is not necessary to develop a written implementation plan, the absence of a written plan does not obviate the underlying obligation to ensure meaningful access by LEP persons to the DHA's program and services.

If it is determined that the DHA serves very few LEP persons, and the DHA has very limited resources, the DHA will not develop a written LEP plan, but will consider alternative ways to articulate in a reasonable manner a plan for providing meaningful access. Entities having significant contact with LEP persons, such as schools, grassroøts and faith-based organizations, community groups, and groups working with new immigrants will be contacted for input into the process.

If the DHA determines it is appropriate to develop a written plan, the following five steps will be taken: (1) Identifying LEP individuals who need language assistance; (2) identifying language assistance measures; (3) training staff; (4) providing notice to LEP persons; and (5) monitoring and updated the LEP plan.

Adopted by DHA Board, at its regular meeting, on August 11, 2020.