



aPolicy and Procedure No: MS 6.9		Revision No: 9
Division: Care Management		
Department: Member Services		
Title: PHC-CA Communication Access		
Effective Date: 6/17/2010		
Supersedes Policy No: 91006, MS 6.0, MS 6.1, MS 6.2, MS 6.4, MS 6.5, MS 6.6, MS 6.7, MS 6.8		
Reviewed/Revised by: Melissa Ramos		Review/Revision Date: 7/24/2025
Approving Committee: Member Provider Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe how the Health Plan addresses the communication needs of enrollees, including seniors and persons with disabilities (SPD), and enrollees who are limited English-proficient (LEP) or non-English speaking, by providing support in alternative formats, translated documents, and interpreter services.

Policy:

1. The Health Plan makes clinical and non-clinical services accessible to all enrollees. The Health Plan ensures that enrollees' timely access to care is not impeded by any lack of interpreter services. The plan provides linguistic services, including oral interpreters, sign language interpreters, or bilingual providers and provider staff that can take place in-person, through a telephonic interpreter or via internet or video remote interpreting services that comply with federal and state regulations.
2. The Health Plan provides services to enrollees in a culturally competent manner, including those with disabilities, LEP, restricted reading skills, visual impairment and diverse cultural and ethnic backgrounds. The plan takes reasonable steps to provide meaningful access to each enrollee with LEP eligible for services or likely to be affected by the plan's health programs and activities. Language assistance services are provided free of charge, must be accurate and timely, and protect the privacy and independent decision-making ability of the enrollee with LEP.
 - a. The Health Plan does not require Members with LEP to provide their own interpreters or pay for the cost of their own interpreter or rely on staff who are not qualified interpreters or qualified bilingual/multilingual staff.
3. The Health Plan ensures that all monolingual, non-English speaking, LEP enrollees and potential enrollees receive timely oral interpreter services at all key points of contact through in-person/virtual interpreters and telephone language services. The plan ensures interpreter services are made readily available at the time of appointments and without causing delay to appointment scheduling.
 - a. Immediate sight translation (oral interpretation) is provided for urgent needs where written translation may not be appropriate. Examples include instructions for medication use or education on health conditions.
 - b. Interpreter services provided in all languages spoken by enrollees and potential enrollees, not limited to the Threshold or Concentration Standards languages.
 - c. Key points of contact include, but are not limited to:

- i. Medical care settings
 - 1. Enrollee medical exams/outpatient encounters with providers
 - 2. Medical history
 - 3. Informed consent
 - 4. Telephone advice
 - 5. Urgent care interactions
 - ii. Non-medical settings, including any interaction an individual is likely to have with the Health Plan in person, over the telephone or via remote or virtual methods
 - 1. Member services
 - 2. Orientations
 - 3. Appointment scheduling
 - 4. Customer service
 - 5. Claims
 - 6. Utilization management
 - 7. Population health management
 - 8. Case management
 - 9. Complaints, grievances and appeals
4. The Health Plan produces and makes available all enrollee materials in Spanish. The Health Plan produces enrollee materials in other languages in the required threshold and concentration languages outlined in the Notice of Availability as needed based on enrollee demographics and language preferences it receives prior to and at the time of enrollment and by prospective/current enrollee request. The Health Plan produces educational materials written at the sixth-grade level and translated into plain language.
- a. In the event an enrollee requests translated written information in either traditional or simplified Chinese characters, the Health Plan provides written information in the enrollee's preferred characters. If an enrollee has not indicated a preference for simplified or traditional Chinese characters, the Health Plan provides translations in Simplified Chinese characters. Only upon member request does the Health Plan provide translated written information in Traditional Chinese characters.
5. The Health Plan provides appropriate auxiliary aids and services to Members with disabilities including the provision of qualified interpreters and written materials in alternative formats, free of charge, in accessible formats, in a timely manner, and in such a way to protect the Member's



privacy.

- a. The Health Plan provides interpretive services and makes enrollee information available in the following alternative formats: Braille, audio format, large print (no less than 20-point font), and accessible electronic format (such as a data CD).
 - b. The Health Plan gives primary consideration to the individual's request for a particular auxiliary aid or service.
 - c. The Health Plan uses qualified interpreters to interpret for an enrollee with a disability, whether through a video remote interpreting (VRI) service or an on-site appearance.
 - d. The Health Plan provides VRI services in real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images along with adequate training to users of the technology.
 - e. The Health Plan does not require an enrollee with a disability to provide their own interpreter.
 - f. Prior to using a family member, friend, or in an emergency only, a minor child, for interpretation services, the Health Plan informs the Member they have the right to free interpreter services and ensure that the use of an interpreter will not compromise the effectiveness of services or violate the individual's confidentiality.
 - g. The Health Plan ensures that refusal of free interpreter services and the enrollee's request to use a family member, friend, or minor child as an interpreter is documented in the medical record.
 - h. The Health Plan makes reasonable modifications to policies, practices, or procedures when such modifications are necessary to avoid discrimination based on disability.
6. The Health Plan ensures that translations, including both written and sight translations (oral interpretations) are performed using qualified translators. The requirements of APL 25-005 concerning machine translation do not apply as the Health Plan does not use machine translation.
- a. Oral interpretation services are available in all languages, not limited to threshold or concentration standard languages, from a qualified interpreter, on a 24-hour basis, at all key points of contact, at no cost to the enrollee.
 - b. In order to be considered a qualified interpreter for an enrollee with LEP, the interpreter must:
 - i. Have demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language (qualified interpreters for relay interpretation must demonstrate proficiency in two non-English spoken languages)
 - ii. Be able to interpret effectively, accurately, and impartially to and from such language and English (or between two non-English languages for relay interpretation), using any necessary specialized vocabulary or terms without

changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement; and

- iii. Adhere to generally accepted interpreter ethics principles, including client confidentiality
 - c. Bilingual/multilingual staff may be used to communicate directly with enrollees with LEP only when they have demonstrated to the Health Plan that they meet all of the qualifications of a qualified bilingual/multilingual interpreter listed above.
7. The Health Plan conducts marketing activities in a culturally competent manner, including to those with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds.
 8. The Health Plan provides oral and sign language interpreter services when necessary to Health Plan prospective enrollees during the marketing and enrollment process.
 9. The Health Plan requires its providers to post signs in languages other than English that are spoken by a significant fraction of the population in their local communities stating that language interpreter services are available at no cost.
 10. The Health Plan publishes information in its evidence of coverage/enrollee handbook stating that oral and sign language interpreter services are available at no cost.
 11. The Health Plan includes the Department of Health Care Services (DHCS) model non-discrimination notice and Notice of Availability (a.k.a. language translation taglines) in enrollee information and notices, i.e., evidence of coverage/enrollee handbook, provider and pharmacy directory, Notices of Action, enrollment forms, other enrollee notices and the Health Plan's website. See Appendix I.
 - a. The nondiscrimination notice and Notice of Availability are posted in at least 20-point, sans serif font in clear and prominent physical locations where it is reasonable to expect enrollees seeking health program or activities to be able to read or hear the notice.
 - b. The Health Plan uses the most recently updated nondiscrimination notice aligned with the template provided with APL 25-004. The nondiscrimination notice must also include all legally required elements as outlined in 45 CFR section 92.10(a) and W&I section 14029.91(e)(1)-(5).
 - c. The nondiscrimination notice informs enrollees, potential enrollees, and the public about the nondiscrimination, protected characteristics, and accessibility requirements, and conveys the Health Plan's compliance with the requirements.
 - d. The nondiscrimination notice includes information about how to file a discrimination grievance directly with the Health Plan, DHCS' Office of Civil Rights (OCR), and Health and Human Services' OCR (i.e., file a grievance with HHS OCR if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identify or sexual orientation or any combination thereof).

- e. The Health Plan makes the nondiscrimination notice available, upon request or as otherwise required by law, in the threshold and concentration languages, or in an ADA-compliant, accessible format.
 - f. The nondiscrimination notice and Notice of Availability may include QR codes but QR codes cannot replace or be used in lieu of these printed notices.
 - g. In the event the Health Plan chooses to use an abbreviated nondiscrimination statement for small-sized information notices (i.e., postcards, pamphlets, newsletters, brochures, and flyers that are printed and/or distributed on paper or folded in a way that is smaller than 8.5 X 11 inches), the plan will submit its new abbreviated nondiscrimination statement by August 11, 2025. In the event the Health Plan uses a DHCS-approved abbreviated nondiscrimination statement, the statement will be accompanied by the full set of language taglines in 18 non-English languages.
 - h. The Notice of Availability is provided in a conspicuously visible font size no less than 12-point font in English and the top 18 non-English languages identified in APL 25-005.
12. The Health Plan documents enrollee language preferences and/or requirements for written materials in alternative formats in its care management system.
 13. The Health Plan shares enrollee language and/or alternative format preferences with primary care providers through monthly distribution of enrollee rosters. The Health Plan shares enrollee language and/or alternative format preferences with specialists by including this information on authorization approval notices.
 14. The Health Plan submits enrollee alternative format selection information to the California Department of Health Care Services (DHCS) at <https://afs.dhcs.ca.gov>, pursuant to DHCS's Alternative Format Data Process Guide.
 15. The Health Plan solicits enrollees' language and/or alternative format preferences through the enrollment application and health assessments.
 16. The Health Plan refers enrollees as needed to culturally and linguistically appropriate community service programs.

Procedure:

1. The Health Plan's leadership makes specific and focused efforts in recruiting staff with various language talents. The Health Plan staff may identify enrollees who do not have the proficient English language skills to communicate with the staff. In the event that any of the Health Plan's staff identify an enrollee who needs linguistic assistance, the staff follows these procedures:
 - a. Identify internal available Health Plan staff with the specific language skill. The Health Plan maintains a current listing of staff members who speak languages other than English and who have agreed to act as interpreters for our enrollees. Many are licensed healthcare professionals and are the first choice for interpretation during medical/nursing encounters.
 - b. The Health Plan does not rely on an adult not qualified as an interpreter, or minor child accompanying an LEP enrollee and/or an enrollee with a disability to interpret or



facilitate communication except:

- i. As a temporary measure when there is an emergency involving an imminent threat to the safety or welfare of the enrollee or the public and a qualified interpreter is not immediately available; or
 - ii. If the LEP Member specifically requests that an accompanying adult interpret or facilitate communication. This request must be done in private with a qualified interpreter present and without an accompanying adult present. Additionally, the accompanying adult must agree to provide that assistance, the request and agreement is documented, and reliance on that accompanying adult for that assistance is appropriate under the circumstances.
 - c. If there is no one who can speak the language or if there is no immediate available staff to serve the enrollee, the Health Plan staff initiates a call to Language Line Solutions.
 - i. The Health Plan staff member initiates a three-way conversation between the Language Line Interpreter, enrollee and staff member. In the case of sign language interpretation, the Health Plan staff member sets up a remote video conferencing, i.e., ZOOM, with the interpreter, enrollee and staff member.
 - ii. Health Plan staff stay on the telephone or video conference during the entire conversation until all necessary information has been gathered, and all of the enrollee's questions have been answered.
 - d. The Health Plan pays all costs of language services required by its enrollees, including services rendered in a provider's office or facility, as long as the translator is not on the staff of the facility, and by its prospective enrollees at marketing presentations. The enrollee is never charged for any of the linguistic interpretation services.
2. Special Language or Communication Services for Persons with Hearing Impairments. Enrollees who are deaf or hard of hearing may require devices or services to aid them in communicating effectively with their providers. The Health Plan educates providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:
 - a. Ensure a quiet background for the patient
 - b. Reduce echoes to enhance sound quality
 - c. Add lighting to enhance visibility
 - d. Install flashing lights that work in conjunction with auditory safety alarms
 - e. Clearly identify all buildings, floors, offices and room numbers
 - f. Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office.
 - g. For enrollees and enrollee-applicants, Health Plan staff arrange for a sign language interpreter, either in person or virtually, to be present for the enrollee's clinical

appointments should the provider who enrollee is visiting not have sign language interpreters available. The Health Plan staff also arrange for sign language interpreter services for prospective enrollees who require it.

3. The Director of Member Services and Call Center Operations or designee is responsible to produce written materials in alternative formats for visually impaired enrollees, including materials in Braille, 20-point font, and audio files or tapes.
4. The Director of Member Services and Call Center Operations receives monthly billing services rendered by the vendors. The Health Plan pays for the services in a prompt manner to ensure continuation of the services. He or she works with the Health Plan's Language Line account manager to address any enrollee quality of service complaints the Health Plan receives or staff complaints related to Language Line services.
5. The Health Plan Administrator is responsible to determine the language(s) into which materials must be translated. Health Plan Administrator or his or her designee is responsible to translate the materials into necessary alternate languages using a certified translation agency.
6. The Health Plan Administrator or designee, in collaboration with the Director of Member Services and Call Center Operations or designee, ensures written and sight translations are performed by competent translators.
 - a. The Director of Member Services and Call Center Operations or designee arranges for language proficiency tests of Health Plan staff who are capable of communicating with enrollees in languages other than English. Staff must meet a proficiency level score of 3 (High Intermediate) at minimum to perform sight translation and otherwise communicate with enrollees in a language other than English.
 - b. The Director of Member Services and Call Center Operations or designee requires vendor translators to be certified by Language Line.
7. The Health Plan Administrator ensures the quality and timeliness of translated materials. The Marketing Communications Coordinator, under the direction of the Health Plan Administrator, sends documents to vendors (i.e. Strictly Spanish for Spanish; TransPerfect for Russian and others as needed) for translation.
 - a. The Health Plan's translation vendors employ a quality review process for all translated materials, including:
 - i. Review by a competent translator not involved in the original translation
 - ii. Use of a back-translation (reverse translation) method to ensure accuracy and cultural appropriateness
 - iii. Periodic quality assurance audits of translated materials
 - b. Translations are available within specified turnaround times:
 - i. Five business days for commonly requested languages
 - ii. Five (5) business days for commonly requested languages

- iii. Ten (10) business days for less commonly requested languages
 - c. For urgent needs, the Director of Member Services and Call Center Operations or designee accesses Language Line for sight translation (oral interpretation). He or she passes written documents for translation to the Marketing Communications Coordinator.
- 8. The Health Plan Administrator is responsible to ensure that the Health Plan's after-hours nurse advice vendor, complies with paragraph 3 in the policy section of this policy and procedure.
- 9. The Manager of Member Services is responsible to document enrollee language and/or alternative format selection preferences in HEALTHsuite. He or she submits enrollee alternative format selection information to DHCS through its portal at <https://afs.dhcs.ca.gov/>.
- 10. The Associate Director of Care Coordination or designee is responsible to include enrollee language (other than English) and/or alternative format selection preference on provider authorization approval notices.
- 11. The Associate Director of Care Coordination or his or her designee is responsible to collect new or updated enrollee language and/or alternative format preference information and pass it to the Member Services Manager for documentation in HEALTHsuite.
- 12. The Materials and Fulfillment Coordinator is responsible to produce and disseminate enrollee primary care provider (PCP) assignment rosters to PCPs monthly.
- 13. The Health Equity Officer or designee conducts an annual needs and capacity assessments to determine the parameters of language and literacy levels existent in the service area, and the organizational capacity to remove and avert communication barriers. Annual assessments use local and national data to:
 - a. Identify the linguistic composition of the service area through the most recent American Community Survey or Census data.
 - b. Analyze national / state data to determine threshold languages based on DHCS requirements, pursuant to DHCS APL 25-005, for languages spoken by 5% or 1,000 individuals (whichever is less) as well as NCQA standards, which is 1% or 200 individuals (whichever is less).
 - c. Analyze utilization data to determine potential gap areas for language access. To calculate the 1%, internal data from the BI Portal and Health Plan Management System—including CLAS and SOGI language-preference fields—is exported and cleaned with IT support to ensure accurate language capture. All members serve as the denominator, and members with documented preferred languages serve as the numerator. This method allows the plan to identify whether language-access needs meet required thresholds and to highlight any care gaps related to communication support.

Definitions:

- 1. Cultural competence: in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural,



and linguistic needs. It is both a vehicle to increase access to quality care for all patient populations and a business strategy to attract new patients and market share.

2. **Culturally and Linguistically Appropriate Services (CLAS):** Health care services that are respectful of, and responsive to, cultural and linguistic needs. The U.S. Department of Health and Human Services, Office of Minority Health, has issued national CLAS standards. Positive Healthcare Partners is committed to a continuous effort to perform according to those standards. The delivery of culturally competent health care and services requires health care providers and/or employees to possess a set of attitudes, skills, behaviors, and policies which enable the organization and staff to work effectively in cross-cultural situations. It reflects an understanding of the importance of acquiring and using knowledge of the unique health-related beliefs, attitudes, practices, and communication patterns of beneficiaries and their families to improve services, strengthen programs, increase community participation, and eliminate disparities in health status among diverse population groups.
3. **Department of Health Care Services (DHCS) or Department:** means the single State department responsible for the administration of the Medi-Cal Program, California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health-related programs, as provided by statute and/or regulation.
4. **Enrollee Materials:** are defined as any collateral created by the Health Plan and disseminated to enrollees and prospective enrollees. Enrollee materials include, but are not limited to, post-enrollment materials, i.e., Evidence of Coverage (EOC), provider directories, member ID cards, member education, member newsletters, website, notices and letters etc., and pre-enrollment materials, i.e., brochures, fact sheets, flyers, websites, promotional items, enrollment forms, etc.
5. **Language Line:** is the Health Plan’s telephonic oral interpreter services and remote visual sign language interpreter vendor.
6. **Limited English Proficiency (LEP):** means an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with Providers or Contractor’s employees.
7. **Member or Enrollee:** means a Potential Member who has enrolled with the Health Plan.
8. **National Committee for Quality Assurance (NCQA):** is an organization responsible for the accreditation of managed care plans and other health care entities and for developing and managing health care measures that assess the Quality of Care and services that Members receive.

Monitoring:

1. The Director of Member Services and Call Center Operations closely reviews and monitors Language Line phone bills on a monthly basis for utilization trends.
2. This policy is updated, as necessary, reviewed and approved annually by the Member Provider Committee.

References:



1. Department of HealthCare Services (DHCS) contract 23-30211, Exhibit A, Attachment III, Section 4.6.1. G Member Grievance and Appeal System, 5.1 Member Services, and 5.2.10 Access Rights.
2. W & I Code Section 14182 (b) (12)
3. ACA, Section 1557
4. Title 22 CCR Section 53853(c) and (d)
5. Department of HealthCare Services (DHCS) All Plan Letter (APL) 22-002, [Alternative Format Selection for Members with Visual Impairments](#), dated March 14, 2022.
6. DHCS APL 25-005, [Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats](#) (Supersedes APL 21-004), published February 12, 2025.
7. DHCS APL 25-006, Timely Access Requirements, published April 25, 2025.

Regulatory Agency Approvals:

Date	Version	Agency	Purpose	Response
9/19/2023	6.6	Dept. of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0157	Approved
9/19/2023	6.6	DHCS	2024 O/R R.0158	Approved
11/7/2023	6.6	DHCS	2024 O/R R.0190	Approved
6/20/2025	6.7	DHCS	APL 25-005	Approved
8/15/2025	6.8	DHCS	APL 25-006	Approved
TBD	6.9	DHCS	APL 25-016	



“NONDISCRIMINATION”

NONDISCRIMINATION NOTICE

Discrimination is against the law. PHC California follows State and Federal civil rights laws. PHC California does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

PHC California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact PHC California between 8:00 am to 8:00 pm, Monday through Friday by calling 1-800-263-0067. If you cannot hear or speak well, please call 711.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

PHC California
P.O. Box 46160
Los Angeles, CA 90046
1-800-263-0067
TTY 711

HOW TO FILE A GRIEVANCE

If you believe that PHC California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

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- **By phone:** Contact Member Services between 8:00 am to 8:00 pm, Monday through Friday by calling 1-800-263-0067. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:

PHC California
P.O. Box 46160
Los Angeles, CA 90046
- **In person:** Visit your doctor's office or PHC California and say you want to file a grievance.
- **Electronically:** Visit PHC California's website at www.phc-ca.org/members/complaints/grievance

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.

- In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call 1-800-263-0067 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-263-0067 (TTY: 711). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-263-0067 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-263-0067 (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

Ուշադրություն դարձնենք: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-263-0067 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կրթություն: Ձանգահարեք 1-800-263-0067 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-263-0067 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬ ឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-263-0067 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-263-0067 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-263-0067 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-263-0067 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-263-0067 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.



हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-263-0067 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-263-0067 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-263-0067 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-263-0067 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-263-0067 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ທາດບີ 1-800-263-0067 (TTY: 711). ອັງກິດຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ຄຸ້ມຄອງສາມທັດບໍ່ອັກສອນນູນແລະນິຕິພົມໃຫຍ່ ໃຫ້ໃຫ້ທາດບີ 1-800-263-0067 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງຈ່າຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-263-0067 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-263-0067 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-263-0067 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-263-0067 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-263-0067 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-263-0067 (TTY: 711). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-263-0067 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-263-0067 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-263-0067 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-263-0067 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-263-0067 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-263-0067 (TTY: 711). Các dịch vụ này đều miễn phí.