

# ALTERNATE FORMAT WORKER GUIDE

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The following process is to be used when local office staff need to submit requests to Publications to have forms which include consumer specific information for translation from English to another language and/or an alternate format.

**NOTE:** Regarding translation form requests - Publications will return the translated document directly to the requestor. They DO NOT mail the documents to the consumer. The requestor will be responsible for mailing the completed translated document to the consumer.

**NOTE:** Regarding forms converted to Braille - Publications will mail the completed document directly to the consumer.

1. Setting up a Workfront Account
  - a. If you work outside of ODHS or OHA, you will need to send an email requesting a Workfront account to: [ocr.dhs@odhsoha.oregon.gov](mailto:ocr.dhs@odhsoha.oregon.gov)
2. Once you have a Workfront Account – Accessing Workfront
  - a. If you work outside of ODHS or OHA, you will need to login to get to your account at <https://dhssoha.my.workfront.com/login>
  - b. If you are part of ODHS or OHA, go to the Publications and Creative Services Project Request page on the OWL page located here: <https://dhssoha.sharepoint.com/teams/Hub-ODHSOHA-PCS/SitePages/Project-Request.aspx>

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- i. If you're not logged in to VPN you will be directed to an account sign in page where you will need to enter your credentials.
  - ii. If you are logged in to VPN, it will take you directly into the request form.
3. Once you're logged in to Workfront - How to Complete and Submit a Request to Translate a Document with Consumer Specific Information
  - a. Select ODHS client-specific alternate format and translation request – replaces form CE0010A.

The screenshot shows the top navigation bar of the Workfront website. It includes links for OWL, ODHS, OHA, Popular Links, Shared Services, Human Resources, Finance and Business, and OIS Online Support. Below this is the 'Publications and Creative Services' header with a sub-menu for 'Level 2 - Limited (Groups and Sites) \ Internal Only'. The main navigation includes Home, Business cards and letterhead, Contact PCS, Logos and templates, Project or Translation Requests (highlighted), Services, and Standards Manuals. A 'Send to' dropdown is visible on the left. Below the navigation is a blue banner with the text 'Request design, publications, forms, translation, alternate formats or printing services'. Underneath the banner is a grid of service tiles: 'Project (All Services) Request', 'Inventory reprint (ONLY) request', 'Access my requests via Workfront', 'ODHS client-specific alternate format and translation request - replaces form CE0010A' (highlighted with a red box), 'Post (ONLY) request', and 'Translation (ONLY) request'.

## b. Request Type: Client Specific Translation Request

The screenshot shows the 'New request' form. At the top is a purple speech bubble icon with a question mark and the text 'New request'. Below this is a 'Request Type' dropdown menu. The selected option is 'Client Specific Translation Request'. A mouse cursor is pointing at the dropdown arrow.

- c. Subject: It is recommended that you include the form number, form name, and the consumer's prime number (do not enter the consumer's name).

The screenshot shows the 'Details' section of the request form. It has a 'Subject' field with a red asterisk indicating it is required. The text entered in the field is 'SDS 002N Assessment Summary AB12345C'. A mouse cursor is pointing at the end of the text.

- d. Description: It is recommended that you include anything that is relevant to the request and helps Publications.

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## Description

Client specific translation request from English to Arabic of form # SDS 002N Assessment Summary form for consumer # AB12345C.

- e. Priority Level: Select your project priority level 1-7 based on the following criteria
  - i. Priority 1 - Emergent, Immediate, Urgent
    - 1. Address a critical health or life safety information or need
    - 2. Provide information or communication about a disaster
    - 3. Impact core or foundational service delivery
    - 4. Impact core or foundational operations
  - ii. Priority 2 - High Visibility, High Impact, Usually Near-Term Deadline
    - 1. Requested by the Governor's Office
    - 2. Address an OHA/ODHS strategic agency priority
    - 3. Other services or products depend on this body of work
    - 4. Organizational commitment depends on this body of work
  - iii. Priority 3 - High Accountability
    - 1. Legislative mandate or requirement
    - 2. Federal mandate
    - 3. State mandate
    - 4. Program reports are needed
  - iv. Priority 4 - Time Sensitive program information that has direct impact on Oregonians
    - 1. Convey information about new benefits, services, and programs
    - 2. Convey important information about changes to existing benefits, services, and programs
    - 3. Request to post an OAR
    - 4. Request to post an ODHS/ OHA policy
  - v. Priority 5 - Accessibility or consumer experience changes to programs
    - 1. Cultural responsiveness
    - 2. Accessibility
    - 3. Consumer experience
  - vi. Priority 6 - Program Updates, Not Time sensitive
    - 1. General program education (example: refresh a program brochure or flyer)

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2. General program awareness (example: refresh a program brochure or flyer)
  3. General program redesign (example: refresh a program brochure or flyer)
- vii. Priority 7 - Maintenance and Operations
1. Routine updates to existing forms
  2. Routine updates to existing signage
  3. Development of new forms
  4. Development of new signage
  5. Other new design requests
- viii. Priority 8 - OHA and ODHS Communications ONLY

Project Priority\* ?

1. Emergent, Immediate, Urgent

2. High Visibility, High Impact, Usually Near-Term Deadline

3. High Accountability

4. Time Sensitive program information that has direct i...egonians

5. Accessibility or consumer experience changes to programs

6. Program Updates, Not Time sensitive

7. Maintenance and Operations

8. OHA and ODHS Communications ONLY (+1)

Hide options

4. Time Sensitive program information that has direct i...egonians

4. Time Sensitive program information that has direct impact on Oregonians

6. Program Updates, Not Time sensitive

- f. Justification: Select the appropriate reason for the priority selection

Priority 4 Justification\* ?

0 of 3 selected Select All Deselect All

Information about new benefits, services and programs

Important changes to existing benefits, services and programs

Request to post an OAR

Self-Sufficiency Program (SSD)

- g. Select program: Aging and People with Disabilities (APD)

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Select program\* ?

- Aging and People with Disabilities (APD)
- Child Welfare (CW)
- Office of Developmental Disabilities (ODDS)
- Self-Sufficiency Programs (SSP)
- Vocational Rehabilitation (VR)

- h. Does the translation request include consumer person information? Select Yes since this is a consumer specific translation request

Does translation request include client personal information?\* ?

- Yes
- No

- i. Date submitted: Enter the current date the request is being submitted.

Date submitted\* ?

May 9, 2023

- j. Date document needed: Enter the desired date of completion of the translation.

Date document needed\* ?

May 16, 2023 11:42 AM

- k. Primary contact email: Enter requestor's email address.

Primary contact email\* ?

|

ⓘ This field is required

- l. Requestor name: Enter the requestor's name.

Requestor name

- m. Requestor phone number: Enter the requestor's phone number.

Requestor phone number ?

- n. Manager's name: Enter the requestor's manager's name.

Manager's name ?

- o. Manager's email: Enter the requestor's manager's email address.

Manager's email ?

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- p. Additional contact 2: If there is a secondary contact for the request (such as a back-up worker if the primary contact will be out), enter the secondary contact's name.

Additional contact 


- q. Additional contact email: If there is a secondary contact for the request, enter the secondary contact's email address.

Additional contact email 

- r. Prime number: Enter the consumer's prime for the translation request.

Prime number\*

- s. Select program: Aging and People with Disabilities (APD)


Select program\* 

Aging and People with Disabilities (APD)


Child Welfare (CW)



Office of Developmental Disabilities (ODDS)

Self-Sufficiency Programs (SSP)

Vocational Rehabilitation (VR) 

- t. Office location by district for ODHS: Select the district from which the request is being submitted.

Office location by district for ODHS\* 

  
  
 This field is required

- u. APD index: This will auto fill based upon the APD program selection.


APD index

- v. APD PCA: This will auto fill based upon the APD program selection.

APD PCA

- w. Document name: Enter the document name. This should be similar to the Project Request name.


Document name\* 

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- x. Number of pages: Enter the total number of pages submitted which require translation.

Number of pages\*

 This field is required

- y. Document format: Select the format in which the document is being submitted in (.doc, .docx are the preferred format for translations (but not required)).

Document format\*

Letter  
Completed Form  
Narrative  
Notice  
Form/Pamphlet  
Other

- z. Language from: Select the language the form is currently in which is being submitted for translation.

Language from\*

- aa. Language to: Select the language the form needs to be translated into.
- Select Other if the form needs to be translated into a language not listed.
  - Select N/A if the form needs to be translated into an alternate format not listed (such as large print, braille, audio format, ADA/electronic, or video/closed captioning).

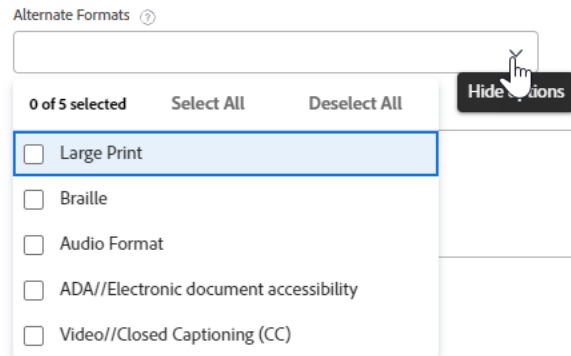
Language to\*

- bb. Other language not listed: Type in the language (not listed above) which the form needs to be translated into.

Other language not listed

- cc. Alternate Formats: Select the alternate format required.

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- dd. Additional comments: Add any additional comments on timing or any special request information, such as additional information supporting why you selected your priority level.

Additional comments ⓘ

0/2000

- ee. Before you drag and drop your document:

- i. It is **IMPORTANT** that all documents with consumer information be password protected prior to adding to Workfront.
- ii. **ONLY** use password: **Protect2Send!**
- iii. Please remove any other editing passwords or restrictions on uploaded documents.
- iv. Word documents (.doc, .docx) are the preferred format for translations. Please always include a Word version if available. Other document types will be accepted but may increase cost and timeline.

4. Link for a Video Demonstration on How to Password Protect a Word Document and a PDF Document

- a. <https://apps.state.or.us/Forms/Served/me300-43200.pdf> OR see step by step instructions below for each.

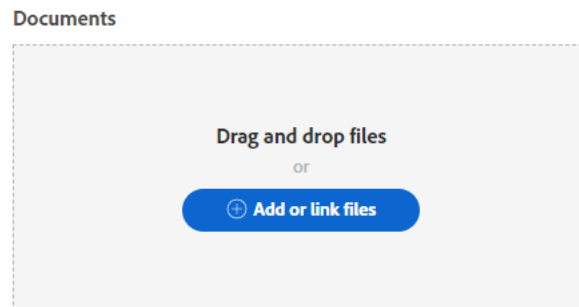
5. Instructions on How to Password Protect a PDF Document

- i. Select the following:
  1. File
  2. Properties
  3. Security tab
  4. Security Method – select Password Security



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5. Require a password to open the document
  6. Enter password – **Protect2Send!**
  7. OK
  8. Reenter password to confirm
  9. OK
- ii. Now click Save As to save your document in a place you can easily access it.
6. Instructions on How to Password Protect a Word Document
- i. Select the following:
    1. File
    2. Info
    3. Protect document
    4. Encrypt document
    5. Enter password – **Protect2Send!**
    6. OK
    7. Reenter password to confirm
    8. OK
  - ii. Now click Save As to save your document to a place you can easily access it.
- b. You may now drag and drop your document under Documents.
- i. You will receive an email saying you have submitted a request to Publications.
  - ii. You will receive another email once Publications has converted your request to a project.



- c. Click Submit to complete your submission request



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## 7. How to Save OA Forms to a PDF Format

a. In OA you will need to first preview the form and then you can save it as a pdf.



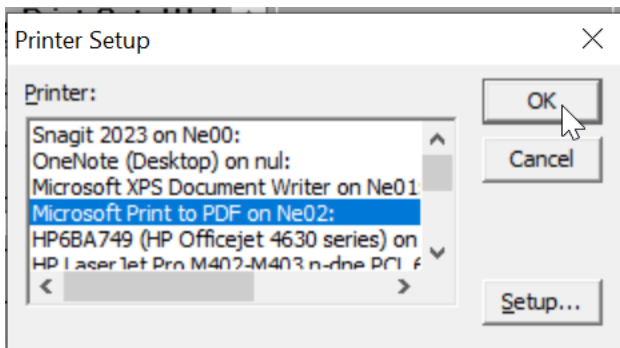
b. To do that you have to select print from the OA toolbar

c. Select Prev for the form you wish to have translated on the Print Forms screen

Form	Form number	Description	Prev	Print	Sets	Web
Case	002N	CAPS 2 Assessment Summary Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	
	003N	CAPS 2 Client Details Form	<input type="checkbox"/>	<input type="checkbox"/>	1	

d. Select Printer Setup

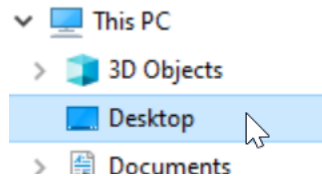
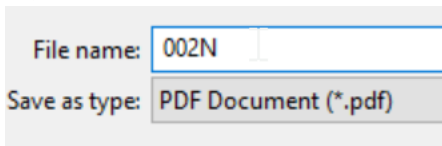
e. Select “Microsoft Print to PDF....” Then select OK



f. Select Preview on the Print Forms screen

g. Select Print

h. Update the File name to a name that identifies the name of the form



i. Select the place you want the file saved

i. It is important to remember to delete the file from your desktop after you have submitted the request to Publications.

j. Select Save

k. Select Close to close the Print Preview screen

l. Select Close to close the Print Forms screen

## 8. Tracking Your Request

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- a. ODHS or OHA staff may go to <https://dhsoha.my.workfront.com> or <https://dhsoha.sharepoint.com/teams/Hub-ODHSOHA-PCS/SitePages/Project-Request.aspx>
- b. If you are outside of ODHS or OHA, you will need to login to get to your account at <https://dhsoha.my.workfront.com/login>