

DATA REQUEST

- 1 For each of the past two (2) fiscal years, please state separately the total number of employees and the overall operating budgets for your agency.
- 2 For each of the past two (2) fiscal or calendar years, indicate the total number of clients, by program/service benefit category, served by your agency.
- 3 Please provide an organizational chart or other information specifying each of the public programs, services and benefits administered by your agency. This submission should contain information describing the nature and objective(s) of each such program, the total number of employees involved, as well as indications regarding how members of the general public apply for, or are otherwise determined eligible for, each service, program or benefit. For each program of service noted, you should also indicate where possible, the frequency (i.e., weekly, monthly, biannually, annually, etc.) with which clients, including LEP persons, come into contact with the program/service.
- 4 State whether or not your agency has developed appropriate policies and procedures to implement a comprehensive written language assistance program. If your agency has such a program, please describe the extent to which it: provides for a range of language assistance options (i.e., interpreters, translations of written materials, etc.) and includes appropriate procedures and policies for obtaining and providing trained and competent and other language assistance services in a timely manner.
- 5 If interpreters are provided as an option, describe the measures and policies implemented to ensure that they are competent and effective in performing this function.
- 6 If interpreters are provided as an option, indicated your agency's policy with respect to allowing family members, friends, and minor children to serve in this capacity.
- 7 If interpreters are provided, state the extent to which this options is made available through informal arrangements as well as contractual agreements. Provide copies of all such contracts or other documentation describing any informal arrangements.
- 8 If interpreters are provided, for the period covering January 1999 – December 1999, provide the following by program/service area and language category:
 - A. The total number of LEP clients receiving this assistance;
 - B. The total number of translators used to provide this assistance;
 - C. The total number of instances this service was provided; and

D. The total number of hours this service was made available.

- 9 If translation services are provided, indicate, by program/service/benefit area and language category, the materials translated.
- 10 Describe the policies and procedures (if any) implemented by your office to disseminate to staff (particularly to employees likely to have contact with LEP clients) information regarding its language assistance program, policies, or procedures.
- 11 Describe any policies/procedures/practices, etc., undertaken by your agency to notify LEP clients about the availability of, and their right to, free language assistance.
- 12 State whether or not your agency has conducted any assessments focused on the language needs of individuals either seeking, or likely to seek, to participate in your agency's programs, or apply or likely to apply, for available benefits and services. If so, please provide documentation of the results of each such assessment conducted during the past five (5) years.
- 13 Other than conducting assessments as addressed above, please describe any other actions or steps implemented by your agency during the past five (5) years to identify the number of persons being served, or likely to be served by your agency that speak a primary language other than English.
- 14 With respect to each of the programs/benefits/services specified in response to item 2 above, describe any and all steps/policies/procedures/practices/etc., being implemented to identify the language needs of each LEP client or potential client. This submission should specify the extent to which staff efforts in this area involve the routine placing of information about clients' language needs in their respective files.
- 15 Please describe what steps, if any, your agency has undertaken to identify points of contact during the administration of the programs/services/benefits indicated in response to item 2 above where language assistance is likely to be needed by LEP individuals.
- 16 State whether or not your agency has made any efforts to establish the identity, location and availability of resources that are needed to provide effective language assistance to LEP clients. Also include in this response a description of the policies/procedures/practices/etc. (if any), instituted to inform staff, clients, as well as potential clients, about any arrangements that must be made to access these resources in a timely manner.
- 17 State/describe the policy implemented by your agency to ensure that employees receive periodic training regarding its language assistance program.

- 18 State/describe the steps (if any) instituted by your agency to conduct on-going monitoring of its language assistance program. Also include in this response any cultural sensitivity training provided to staff.
- 19 Submit any other information/documentation that you feel would assist your examination of the policies, procedures, and practices being implemented by your agency to provide language assistance to LEP clients.