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Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
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John A. Johnson
Commissioner

Informational Letter

Transmittal:	06-OCFS-INF-05
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development and Public Affairs Offices
Date:	May 10, 2006
Subject:	OCFS Limited English Proficiency (LEP) Survey
Suggested Distribution:	All programs in local Departments of Social Services All programs in Voluntary Agencies
Contact Person(s):	Mery Rosendorn, Public Affairs Office (518) 473-7793; info@ocfs.state.ny.us
Attachments:	Yes – PDF version of LEP Survey
Attachment Available Online:	The LEP Survey is available electronically on the OCFS intranet by clicking on the link below: http://ocfs.state.nyenet/ohrd/survey/lep/

Filing References, if applicable

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.

I. Purpose

The purpose of this Informational Letter (INF) is to provide guidance to local departments of social services and voluntary agencies on the Limited English

Proficiency (LEP) program, and request their assistance in completing the attached Limited English Proficiency (LEP) survey by **June 19, 2006**. The New York State Office of Children and Family Services (OCFS) has developed this survey in response to the LEP federal requirements and policy guidance issued by the U.S. Department of Health and Human Services pursuant to Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," issued on August 11, 2000.

II. Background

Under federal requirements, every agency receiving federal financial assistance must provide meaningful access to programs and services to individuals who may be limited in English proficiency. An LEP individual is a person who does not speak English as his/her primary language and who has a limited ability to read, write, speak or understand English. The OCFS LEP survey is designed to gather information from the local departments of social services and voluntary agencies on their experience with the LEP population. This survey will help identify needs associated with providing meaningful access to LEP individuals who access their programs and services. The completion of this survey is designed to further develop a comprehensive OCFS policy guidance document on LEP. Survey responses will not impact levels of OCFS or federal financial assistance.

III. Limited English Proficiency (LEP) Survey

The OCFS LEP survey is due **June 19, 2006**. This survey can be completed and submitted electronically via the OCFS intranet. The intranet link to access the electronic version of the OCFS LEP survey is <http://ocfs.state.nyenet/ohrd/survey/lep/>. Voluntary agencies that are unable to access the OCFS intranet can print out and complete the attached OCFS LEP survey (PDF file), and submit it to the Division of Public Affairs at the following address:

Division of Public Affairs
Attn.: LEP Survey Coordinators
New York State Office of Children and Family Services
52 Washington Street, Room 305 South
Rensselaer, New York 12144

Local departments of social services and voluntary agencies must complete a survey for each program. To assist OCFS in compiling your LEP data, e-mail OCFS (info@ocfs.state.ny.us), at your earliest convenience, a listing of each of the program(s) that will be submitting a survey and the name(s) of the person(s) responsible for completing it. Please include "LEP Program List" in the subject area of your e-mail. If you do not have access to electronic correspondence, please send your list via regular mail to the address listed above.

Surveys are due **June 19, 2006**.

Issued Jointly By:

/s/ Sandra A. Brown

Name: Sandra A. Brown
Title: Assistant Commissioner for Public Affairs
Division/Office: Division of Public Affairs

/s/ Nancy W. Martinez

Name: Nancy W. Martinez
Title: Director
Division/Office: Office of Strategic Planning and Policy Development

Limited English Proficiency Survey

The Limited English Proficiency (LEP) Survey of the New York State Office of Children and Family Services (OCFS) is designed to gather information from Local Departments of Social Services (LDSS) and voluntary agencies regarding their experience with the LEP population. Limited English Proficiency refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. The LEP population in your county may be eligible for services but unable to access them due to limited English ability. Your agency or program may have already started developing materials to help LEP individuals better access programs. The LEP Survey is designed to learn about what steps you have already taken to meet the needs of LEP clients, as well as to identify your needs in providing more meaningful access to your programs and services. Your responses will assist OCFS in providing for the needs of the LEP community. If your LDSS/voluntary agency offers several different programs, please complete a survey for each program, clearly identifying the LDSS/voluntary agency and program name on the survey(s) submitted.

Survey(s) must be submitted to OCFS by **June 19, 2006**. If you decide to send your survey via regular mail, please send it to:

Division of Public Affairs
Attention: LEP Survey Coordinators
New York State Office of Children and Family Services
52 Washington Street, Room 305 South
Rensselaer, NY 12144

Should you have any questions regarding this survey, please e-mail OCFS at **info@ocfs.state.ny.us**, or call the agency's Public Information Office for assistance at **(518) 473-7793**.

We thank you for your efforts in continuing to serve New York State's children, families, adults, and communities.

1. Your information:

Name of LDSS/Voluntary Agency _____
Name of Program Completing Survey _____
Street _____
City _____
County _____
Zip Code _____
Name of Person Completing Survey _____
Title of Person Completing Survey _____
Telephone Number _____
E-mail Address (if you have one) _____

2. Check all primary OCFS supervised programs and services administered by the LDSS or voluntary agency.

- | | |
|---|--|
| <input type="checkbox"/> adolescent pregnancy prevention services | <input type="checkbox"/> employment services |
| <input type="checkbox"/> adoption subsidies and services | <input type="checkbox"/> foster care services |
| <input type="checkbox"/> adult protective services | <input type="checkbox"/> independent living services |
| <input type="checkbox"/> aftercare services | <input type="checkbox"/> legal services |
| <input type="checkbox"/> blind and visually handicapped services | <input type="checkbox"/> preventive services |
| <input type="checkbox"/> child care services | <input type="checkbox"/> rehabilitative services |
| <input type="checkbox"/> children and family services | <input type="checkbox"/> residential services |
| <input type="checkbox"/> child protective services | <input type="checkbox"/> runaway homeless youth services |
| <input type="checkbox"/> domestic violence services | <input type="checkbox"/> youth development services |
| | <input type="checkbox"/> AmeriCorps |
| | <input type="checkbox"/> other _____ |

3. Does your LDSS or voluntary agency receive any federal financial assistance such as federal grants, entitlement programs or other assistance; training; use of equipment; and/or donations of surplus property?

- Yes
- No
- Don't Know

4. Are there any LEP individuals who attempt to access or use any of your programs?

- Yes
- No
- Don't Know

If you answered YES to question 3 and YES to question 4, please GO TO QUESTION 5 NOW.

If you answered NO to question 3 or NO to question 4, you do not need to complete the remainder of the survey.

You may submit this survey now by mailing it to the address provided on page 1.

5. Please estimate the number of LEP individuals who *attempt to access* your program per month.

6. Please estimate the number of LEP individuals who *use or receive services* from your program per month.

7. Please estimate the **total** number of individuals who *use or receive services* from your program per month.

8. Please indicate the language(s) spoken by your program's LEP clients or prospective clients. (Please select all the languages that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Other Native American | _____ |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Pashto | _____ |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Greek | | |

9 & 10. Below, please specify the top six languages (other than English) encountered and how often they occur. Please identify frequency by filling in: *once a year, 2-3 times a year, 4-10 times a year, once a month, twice a month, once a week, twice a week, almost every day.*

<u>Language</u>	<u>Frequency</u>
Most Often _____	_____
2 nd Most Often _____	_____
3 rd Most Often _____	_____
4 th Most Often _____	_____
5 th Most Often _____	_____
6 th Most Often _____	_____

11. Please select all the languages in which a program application or written consent is available.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Farsi (Persian) |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Cantonese | <input type="checkbox"/> French |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Mandarin | <input type="checkbox"/> French Cajun |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> French Creole |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> German |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Czech | <input type="checkbox"/> Greek |
| | <input type="checkbox"/> Dutch | <input type="checkbox"/> Hebrew |

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Seneca | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Other Native American | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pashto | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Mohawk | <input type="checkbox"/> Romanian | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Russian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Servo-Croatian | |
| <input type="checkbox"/> Onondaga | | |

12. Please select all the languages in which written notices of rights or benefits are available.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

13. Do other written materials need to be completed to access your services?

- No
- Yes

13a. Please list the written materials.

14. Please select all the languages in which required written documents are available.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

15. Do you have signs or posters announcing your program in English?

- No
- Yes

16. Please select all the languages in which signs or posters are available.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

17. Does your program have signs or posters announcing the availability of language services?

- No
- Yes

18. Please select all the languages in which signs or posters announcing the availability of language services are available.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

19. Do you conduct groups or activities that are mandatory for continued enrollment or success in the program?

- No
- Yes

20. Are mandatory groups or activities offered in any language other than English?

- No
- Yes

21. Does your program have renewal/recertification forms that are mandatory for continued enrollment?

- No
- Yes

22. How many different languages are the renewal/recertification forms in? Please select all the languages that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

23. Please list any OCFS forms, notices, or documents and their corresponding publication numbers that your program uses in a language other than English.

Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____

24. Please list any other forms, notices, or documents that your program developed in a language other than English.

Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____

Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____
Publication/Form # _____	Available Languages _____

25. Does your program have a form that explains the rights of an LEP individual, including the availability of interpretation and/or translation services?

- No
- Yes

26. Does your program employ any bilingual employees?

- No
- Yes

27. Specify all languages that bilingual staff speak.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

28. What percent of the total number of employees at the LDSS or voluntary agency is bilingual and able to communicate verbally or interpret orally in the another language?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Less Than 1% | <input type="checkbox"/> 26 - 35% |
| <input type="checkbox"/> 1 - 4% | <input type="checkbox"/> 36 - 50% |
| <input type="checkbox"/> 5 - 10% | <input type="checkbox"/> 51 - 75% |
| <input type="checkbox"/> 11 - 25% | <input type="checkbox"/> More Than 75% |

29. What percent of the total number of employees at the LDSS or voluntary agency can translate materials accurately into another language?

- Less Than 1%
- 1 - 4%
- 5 - 10%
- 11 - 25%
- 26 - 35%
- 36 - 50%
- 51 - 75%
- More Than 75%

30. Are there any bilingual employees who can assist LEP individuals with intake?

- No
- Yes

31. Specify all languages for which staff can assist with intake:

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

32. Are there any bilingual employees who can assist LEP individuals with case coordination?

- No
- Yes

33. Specify all languages for which staff can assist with case coordination.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Farsi (Persian) |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Cantonese | <input type="checkbox"/> French |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Mandarin | <input type="checkbox"/> French Cajun |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> French Creole |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> German |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Czech | <input type="checkbox"/> Greek |
| | <input type="checkbox"/> Dutch | <input type="checkbox"/> Hebrew |

- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Laotian
- Cayuga
- Mohawk
- Navajo
- Oneida
- Onondaga
- Seneca
- Tuscarora
- Other Native American
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Servo-Croatian
- Spanish
- Tagalog
- Thai
- Ukrainian
- Urdu
- Vietnamese
- Yiddish
- Sign Language/Braille
- Other

34. Please indicate how often your program uses the following options to communicate **verbally**.

	Never	Some of The Time	Most of The Time
employees as interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contract interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
language banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
community-based orgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
telephone services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Select all languages for which **verbal** interpretations are most commonly done.

- None**
- African Languages
- Arabic
- Armenian
- Bengali
- Bosnian
- Cambodian
- Cantonese
- Mandarin
- Taiwanese
- Other Chinese
- Czech
- Dutch
- Farsi (Persian)
- French
- French Cajun
- French Creole
- German
- Greek
- Hebrew
- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Laotian
- Cayuga
- Mohawk
- Navajo
- Oneida
- Onondaga
- Seneca
- Tuscarora
- Other Native American
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Servo-Croatian
- Spanish

- Tagalog
- Thai
- Ukrainian
- Urdu
- Vietnamese
- Yiddish
- Sign Language/Braille
- Other

36. Please indicate how often your program uses the following options to translate **written** materials.

	Never	Some of The Time	Most of The Time
employees as interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contract interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
language banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
community-based orgs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
telephone services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Select all languages for which **written** translations are most commonly done.

- None**
- African Languages
- Arabic
- Armenian
- Bengali
- Bosnian
- Cambodian
- Cantonese
- Mandarin
- Taiwanese
- Other Chinese
- Czech
- Dutch
- Farsi (Persian)
- French
- French Cajun
- French Creole
- German
- Greek
- Hebrew
- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Laotian
- Cayuga
- Mohawk
- Navajo
- Oneida
- Onondaga
- Seneca
- Tuscarora
- Other Native American
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Servo-Croatian
- Spanish
- Tagalog
- Thai
- Ukrainian
- Urdu
- Vietnamese
- Yiddish
- Sign Language/Braille
- Other

38. Does your staff work with any community-based organizations that are familiar with the language needs of individuals participating in your programs, activities, or services?

- No
- Yes

39. Would your program benefit from employing (additional) bilingual staff?

- No
- Yes

40. Which of the following languages would be essential to your program?

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> German | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Servo-Croatian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Navajo | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Oneida | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Seneca | <input type="checkbox"/> Sign Language/Braille |
| <input type="checkbox"/> French Cajun | <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Other |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Other Native American | |

41. Does your program currently have a system in place for tracking LEP individuals who request services?

- No
- Yes

42. Please list additional resources that your program has identified to successfully serve LEP clients.

43. Please comment on any other relevant issues that have not been covered in this survey.

Thank you for completing this OCFS survey.