



Georgia Department
of Human Services

DHS Language Access Self-Assessment Survey

(The survey can also be completed online at: <https://forms.office.com/g/wMC9gZwPwk>)

Fiscal Year:	
Division:	
County Office Name:	
Physical Address:	
Phone number:	

Person who completed this survey	Include name, title, and contact information (email and phone number):
	Name:
	Title:
	Phone:

A. Interaction, Identification and Assessment of Limited English Proficient (LEP) Individuals

1. Does your program or office interact or communicate with LEP individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please choose the manner in which your program or office interacts with the public or LEP individuals (Select all that apply):	<input type="checkbox"/> In-Person <input type="checkbox"/> Over the phone <input type="checkbox"/> Electronically (e.g. email or website) <input type="checkbox"/> Mail Correspondence <input type="checkbox"/> Other: (please specify): <input type="text"/>
3. How does your program or office identify LEP individuals? (Select all that apply)	<input type="checkbox"/> Assume limited English proficiency if communication seems impaired <input type="checkbox"/> Respond to requests for language assistance services <input type="checkbox"/> Self-identification by the LEP individual <input type="checkbox"/> Ask open-ended questions to determine language proficiency on the telephone or in person (Note: LEP individuals may be competent in English for certain purposes (e.g. speaking), but still be LEP for certain types of communication (e.g. reading, writing, or discussing medical, legal, or other complicated or highly specialized topics). <input type="checkbox"/> Use of "I Speak" language identification cards or posters <input type="checkbox"/> Based on written material submitted to the agency (e.g. complaints, applications or supporting documents)

	<input type="checkbox"/> We have not identified and/or do not have a process or method for identifying LEP individuals <input type="checkbox"/> Other (Please specify): <input type="text"/>
<p>4. Does your program or office have a process to collect data on the number of LEP individuals in your service area?</p>	<input type="checkbox"/> Yes Please explain: <input type="text"/> <input type="checkbox"/> No
<p>5. Does your program or office have a process to collect data on the number and prevalence of languages spoken by LEP individuals in your service area?</p>	<input type="checkbox"/> Yes Please explain <input type="text"/> <input type="checkbox"/> No
<p>6. How often does your program or office assess the language data for your service area?</p>	<input type="checkbox"/> Annually <input type="checkbox"/> Biennially <input type="checkbox"/> Not Sure <input type="checkbox"/> Other: <input type="text"/>
<p>7. What data does your program or office use to identify the LEP communities in your service area? (Select all that apply)</p>	<input type="checkbox"/> US Census <input type="checkbox"/> US Dept. of Education <input type="checkbox"/> US Dept. of Labor <input type="checkbox"/> State Agencies <input type="checkbox"/> Community Organizations <input type="checkbox"/> Intake information <input type="checkbox"/> Other: <input type="text"/>
<p>8. Do you collect and record preferred language data from individuals when they first contact your programs and activities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. If you collect and record preferred language data, where is the information stored?</p>	<input type="text"/>
<p>10. How many LEP individuals use your programs or services each month?</p>	<input type="text"/>
<p>11. Specify the top five most frequently encountered non-English languages by your program or office and how often these encounters occur (e.g., 2-3 times a year, once a month, once a week, daily, constantly), listing the most frequently encountered under number "1."</p>	Language 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>

B. Providing Language Assistance Services

<p>1. What types of language assistance services does your program or office provide? (Select all that apply)</p>	<p><input type="checkbox"/> Bilingual staff</p> <p><input type="checkbox"/> Contracted interpreters</p> <p><input type="checkbox"/> Contracted translators</p> <p><input type="checkbox"/> Language bank or dedicated pool of interpreters or translators</p> <p><input type="checkbox"/> Volunteer interpreters or translators</p> <p><input type="checkbox"/> Other:</p> <input type="text"/>
<p>2. Does your program or office determine whether the use of interpreters and/or translators are qualified to provide language assistance services?</p>	<p><input type="checkbox"/> Yes</p> <p>Please explain:</p> <input type="text"/> <p><input type="checkbox"/> No</p>
<p>3. Does your program or office provide staff with a list of available interpreters and the non-English languages they speak, or information on how to access qualified interpreters?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>4. Does your program or office have a process for translating documents?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Other (please specify):</p> <input type="text"/>
<p>5. Which vital written documents are translated into non-English languages?</p>	<p><input type="checkbox"/> Consent forms Languages: <input type="text"/></p> <p><input type="checkbox"/> Complaint forms Languages: <input type="text"/></p> <p><input type="checkbox"/> Intake forms Languages: <input type="text"/></p> <p><input type="checkbox"/> Notices of rights Languages: <input type="text"/></p> <p><input type="checkbox"/> Notice of denial, loss or decrease in benefits or services Languages: <input type="text"/></p> <p><input type="checkbox"/> Applications to participate in programs or activities or to receive benefits or services Languages: <input type="text"/></p>

	<input type="checkbox"/> Other (please specify): <input type="text"/> Languages: <input type="text"/>
6. Do all phones have three-way conference call capabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there ever a time an LEP individual is not offered free interpretation services? If so, when?	<input type="checkbox"/> Yes Please explain: <input type="text"/> <input type="checkbox"/> No
9. Does your program conduct outreach activities? If yes, what specific measures are taken to ensure that public notification and outreach efforts reach LEP populations?	<input type="checkbox"/> Yes Please explain: <input type="text"/> <input type="checkbox"/> No
10. For subrecipients of federal funds: In which language(s) is vital information available on the program's website and online services?	Languages: <input type="text"/>

C. Training of Staff on Policies and Procedures

1. Do all customer facing staff receive initial and periodic training on how to access and provide language assistance services to LEP individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Who receives staff training on working with LEP individuals? (Select all that apply)	<input type="checkbox"/> Management or senior staff <input type="checkbox"/> Employees who interact with or are responsible for interactions with non-English speakers or LEP individuals <input type="checkbox"/> Bilingual Staff <input type="checkbox"/> New employees <input type="checkbox"/> All employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Others (Please specify): <input type="text"/> <input type="checkbox"/> None of the above
3. Do staff receive periodic training on how to obtain and work with interpreters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Do staff receive periodic training on how to request the translation of written documents into other languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Providing Notices of Language Assistance Services

1. Are the following notices posted in your office about the availability of language assistance services? (Select all that apply)	<input type="checkbox"/> Notice of Free Interpretation Services Poster <input type="checkbox"/> Notice of Nondiscrimination <input type="checkbox"/> And Justice for All Poster <input type="checkbox"/> Civil Rights Complaint Process <input type="checkbox"/> Other (Please specify): <input type="text"/> <input type="checkbox"/> N/A <input type="checkbox"/> None of the above
2. Does your program or office inform LEP individuals about the availability of language assistance services?	<input type="checkbox"/> Yes Please explain <input type="text"/> <input type="checkbox"/> No
3. Does your program or office post the appropriate multilingual notice announcing the availability of language assistance services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

E. Monitoring Language Access Procedures, Policy, and Plan

1. Does your program or office currently have a system in place for tracking the type of language assistance services it provides to LEP individuals at each interaction?	<input type="checkbox"/> Yes Please explain <input type="text"/> <input type="checkbox"/> No
2. What data, if any, does your program or office collect and maintain regarding language assistance services? (Select all that apply)	<input type="checkbox"/> Preferred language of LEP individuals encountered or served <input type="checkbox"/> Use of language assistance services such as interpreters and translators

	<input type="checkbox"/> Funds or staff time spent on language assistance services <input type="checkbox"/> Number of bilingual staff <input type="checkbox"/> Cost of interpreter services <input type="checkbox"/> Cost of translation of materials into non-English languages <input type="checkbox"/> Other (Please specify): <input type="text"/>
<p>3. Has your program or office received any complaints because it did not provide language assistance services in the past 3 years?</p>	<input type="checkbox"/> Yes Please explain: <input type="text"/> <input type="checkbox"/> No
<p>4. Do you obtain feedback from the LEP community on the effectiveness of your language access program and the language assistance services you provide?</p>	<input type="checkbox"/> Yes Please explain <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>5. Do the appropriate staff in your office know where to locate the DHS LEP/SI policy and procedures?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Do the appropriate staff know how to select the preferred language of the LEP individual and indicate the need for an interpreter if an interview is required on the Georgia Gateway system?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No