Federal and State laws, as well as the City’s policies, require that programs be accessible to non-English speaking populations in the City of Los Angeles. Please answer the following questions, sign, and submit with RFCR packet.

|  |
| --- |
| **FACILITY INFORMATION** |

|  |
| --- |
| Subrecipient Name: |
| Center’s days and hours of operation: |

|  |
| --- |
| **SERVICES** |

* 1. Does your Center have an LEP client policy in place?  Yes  No

If yes, please attach the LEP client policy.

|  |
| --- |
| * 1. Describe best practices your Center uses to provide services to the LEP population *(Highlight the approaches your Center takes to provide quality services to targeted LEP customers in your community*): |

|  |
| --- |
|  |

* 1. Based on the demographics in your service area, what languages are in demand and what languages are provided by the BSC?

|  |  |  |
| --- | --- | --- |
| **Language** | **Language Demand in Service Area** | **Languages Provided by BSC** |
| Armenian |  |  |
| Arabic |  |  |
| Cambodian |  |  |
| Chinese **(Traditional)** |  |  |
| Chinese **(Simplified)** |  |  |
| Farsi |  |  |
| French |  |  |
| French Creole |  |  |
| Japanese |  |  |
| Korean |  |  |
| Russian |  |  |
| Portuguese |  |  |
| Spanish |  |  |
| Tagalog |  |  |
| Vietnamese |  |  |
| American Sign Language |  |  |
| Other (list)\*: |  |  |
| Total: |  |  |

\**Add additional rows as needed*

|  |
| --- |
| **COMMUNICATION** |

1. Does your Center use a telephone interpreter service?  Yes  No

If “yes”, provide:

|  |  |  |
| --- | --- | --- |
| Company Name: | Phone #: | Email: |

1. In the table below, double click and check off the type of materials/tools you have available in each language:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Language** | **Outreach Materials (check)** | **Posters (check)** | **Computer Software (check)** | **Resource Materials (check)** | **Assessment Tests (Check)** | **Customer Surveys** | **Other (Describe briefly):** |
| Armenian |  |  |  |  |  |  |  |
| Arabic |  |  |  |  |  |  |  |
| Cambodian |  |  |  |  |  |  |  |
| Chinese **(Traditional)** |  |  |  |  |  |  |  |
| Chinese **(Simplified)** |  |  |  |  |  |  |  |
| Farsi |  |  |  |  |  |  |  |
| French |  |  |  |  |  |  |  |
| French Creole |  |  |  |  |  |  |  |
| Japanese |  |  |  |  |  |  |  |
| Korean |  |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |  |
| Portuguese |  |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |  |
| Tagalog |  |  |  |  |  |  |  |
| Vietnamese |  |  |  |  |  |  |  |
| American Sign Language |  |  |  |  |  |  |  |
| Other (list)\*: |  |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |  |

\**Add additional rows as needed*

1. In the table below, identify the number of staff with interpreter/translation capabilities and whether or not they are certified:

|  |
| --- |
| **SIGNATURE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of person who completed form Date

|  |  |
| --- | --- |
|  |  |

Signature

|  |  |
| --- | --- |
|  |  |

Title