



Limited English Proficient / Sensory Impaired Client Services Client Determination Form

Division/Office: _____ County: _____ Program: _____

Limited English Proficient (LEP)
 Visually Impaired
 Hearing Impaired

Client Name (Enter All That Apply)

First	Middle	Maiden	Married	Family or Surname
Client Identification #:		County of Residence:		Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Ethnicity and /or Nationality:		
Primary Language (Spoken):		Primary Language (Written):		

Services Delivered

<input type="checkbox"/> Contact a foreign language interpreter or interpreter service. <input type="checkbox"/> Employee <input type="checkbox"/> Family Member	
<input type="checkbox"/> Contact a sign language interpreter for the hearing impaired. <input type="checkbox"/> Employee <input type="checkbox"/> Family Member	
<input type="checkbox"/> Interpreter's/Interpreter Service Name, Address, and Contact Number:	
Interpreter's DHR Contract or Identification #	<input type="checkbox"/> Qualified? <input type="checkbox"/> Certified ?
Appointment Date: _____	
Appointment Time: _____ Interpreter's Starting Time: _____ Interpreter's Ending Time: _____	
Rate _____ per Unit (Hour/Minute) x _____ (# of units - Rounded by Quarter Hour) = _____ Cost of Service	
Other Expenses: _____ Total Due: _____	
Interpreter Service Status: <input type="checkbox"/> Met Expectations <input type="checkbox"/> No Show / Cancellation Without 24 hour Notice	
Client Status: <input type="checkbox"/> Arrived as Scheduled <input type="checkbox"/> No Show	
<input type="checkbox"/> Provided Waiver of Rights to Free Interpreter Services Form <input type="checkbox"/> Provide translated forms, materials and notices. <input type="checkbox"/> Provide written information on "floppy" diskette and/or CD. <input type="checkbox"/> Provide transcribed forms, informational materials and client notices into Braille. <input type="checkbox"/> Provide audiotape instruction for the visually impaired. <input type="checkbox"/> Provide materials in large print. <input type="checkbox"/> Special Transportation Referral <input type="checkbox"/> ESL Referral <input type="checkbox"/> INS/BCIS Change of Address Form <input type="checkbox"/> Other Services:	
Comments/Follow-up:	

Signed: _____ Date _____

Employee

Interpreter

INSTRUCTIONS FOR LEP/SI CLIENT DETERMINATION FORM

The LEP/SI Client Determination Form must be used at all points of contact with clients who have difficulty communicating in English (because their native language is not English) and for clients who are deaf, blind or otherwise sensory impaired. This form may be completed in handwritten form or on-line at www.dhr.georgia.gov "Multicultural Resources." Information from handwritten forms must be entered into the LEP/SI Client Determination Form database, which is located on DHR's website. If you do not have Internet access, fax completed forms to the LEP/SI Coordinator 404/657-8732. A copy of this form must be filed in the client's case record.

Form Completion

1. After designating your division/office, county and program, check the box which best describes your client as "Limited English Proficient", "Visually Impaired" or "Hearing Impaired."
2. Enter the complete name of the applicant in the appropriate space. Using an interpreter, you may discern in which category a persons name may be classified.
3. Next, enter the your program's identifying case or client number followed by county of residence.
4. Select the appropriate gender and race from the drop down box if completing a web-based form. Otherwise, check the appropriate box and designate "Caucasian, Black, Asian, Other, or Multiracial" for race, and enter the ethnicity or representative cultural group in the appropriate text box.
5. Select the primary language spoken and written from those listed in the drop box. If the language is not listed, or if you are completing a handwritten form, write the client's language in the text box.
6. Check the type of service rendered (i.e. by an outside interpreter or service, an employee, or family member).
7. Document the interpreter's contact information.
8. Some interpreter's may have signed a contact with DHR to ensure professionalism of the language specialist. You may ask the interpreter for this number. An employer identification number or social security number may also be entered.
9. Ask the interpreter if they have successfully completed an interpreter-training course and if they are a qualified or certified interpreter. The majority of interpreters listed on DHR's website have met this criteria.
10. Document the date and time of the appointment or time of service.
11. Confirm the time when the interpretive session begins and ends with the interpreter present.
12. Enter and calculate the rate of charge. Interpreter's listed on DHR's website have agreed to charge a negotiated rate according to DHR's interpreter pay scale (www.dhr.georgia.gov/ Multicultural Resources). Agencies and offices utilizing DHR interpreters may negotiate a rate of pay according to this predetermined scale. Rates must be negotiated and agreed on prior to the provision of service. DHR interpreters have agreed not to charge for travel or other expenses unless they involve an overnight stay or daily parking expense.
13. Document any other expenses charged by the interpreter such as mileage, parking, meals, and hotel.
14. Document the service status of both the interpreter and client. Report interpreter "no shows" to the LEP/SI Coordinator by calling 404/657-5244.
15. Note additional language access support by designating information provided and commenting on follow-up services. Additional comments may be attached to this LEP/SI Client Determination Form.
16. Both the DHR employee and interpreter must sign the LEP/SI Client Determination Form to verify services rendered and the cost of service. Signed forms are to be filed in the client's case file.