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/](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:

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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
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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](mailto: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.

- adolescent pregnancy prevention services
- adoption subsidies and services
- adult protective services
- aftercare services
- blind and visually handicapped services
- child care services
- children and family services
- child protective services
- domestic violence services
- employment services
- foster care services
- independent living services
- legal services
- preventive services
- rehabilitative services
- residential services
- runaway homeless youth services
- youth development services
- AmeriCorps
- 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.)

- 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 (specify)

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.

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Often</td>
<td></td>
</tr>
<tr>
<td>2nd Most Often</td>
<td></td>
</tr>
<tr>
<td>3rd Most Often</td>
<td></td>
</tr>
<tr>
<td>4th Most Often</td>
<td></td>
</tr>
<tr>
<td>5th Most Often</td>
<td></td>
</tr>
<tr>
<td>6th Most Often</td>
<td></td>
</tr>
</tbody>
</table>

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

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

- 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
- Lithuanian
- Latvian
- Mohawk
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Servo-Croatian
- Spanish
- Tagalog
- Thai
- Ukrainian
- Urdu
- Vietnamese
- Yiddish
- Sign Language/Braille
- Other

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.

- 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

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.

- 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
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.

   - 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
   - Other
   - Pashto
   - Polish
   - Portuguese
   - Punjabi
   - Romanian
   - Russian
   - Servo-Croatian
   - Spanish
   - Tagalog
   - Thai
   - Ukrainian
   - Urdu
   - Vietnamese
   - Yiddish
   - Sign Language/Braille
   - Other

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.

- None
- African Languages
- Arabic
- Armenian
- Bengali
- Bosnian
- Cambodian
- Cantonese
- Mandarin
- Taiwanese
- Other Chinese
- Czech
- Dutch
- Farsi (Persian)
- French
- French Cajun
- French Creole
- German
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- Hungarian
- Italian
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- Mohawk
- Navajo
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- 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

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

<table>
<thead>
<tr>
<th>Publication/Form #</th>
<th>Available Languages</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Publication/Form #</th>
<th>Available Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

   - 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

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

- 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
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Servo-Croatian
- Spanish
- Tagalog
- Thai
- Ukrainian
- Urdu
- Vietnamese
- Yiddish
- Sign Language/Braille
- Other

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.

- None
- African Languages
- Arabic
- Armenian
- Bengali
- Bosnian
- Cambodian
- Cantonese
- Mandarin
- Taiwanese
- Other Chinese
- Czech
- Dutch
- French
- French Cajun
- French Creole
- Farsi (Persian)
- German
- Greek
- Hebrew
34. Please indicate how often your program uses the following options to communicate **verbally**.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>employees as interpreters</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>contract interpreters</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>language banks</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>community-based orgs.</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>telephone services</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>relatives or friends</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Some of The Time</th>
<th>Most of The Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>employees as interpreters</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>language banks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>community-based orgs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>telephone services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relatives or friends</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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- 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?

   - 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
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   - Mohawk
   - Navajo
   - Oneida
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   - Seneca
   - Tuscarora
   - Other Native American
   - Pashto
   - Polish
   - Portuguese
   - Punjabi
   - Romanian
   - Russian
   - Servo-Croatian
   - Spanish
   - Tagalog
   - Thai
   - Ukrainian
   - Urdu
   - Vietnamese
   - Yiddish
   - Sign Language/Braille
   - Other

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.