



DHMH Limited English Proficiency (LEP) ANNUAL REPORTING FORM

AGENCY INFORMATION

| | | |
|------------------------------|-----------------|-------|
| DHMH Agency Name: | _____ | |
| Completing Employee's Name: | Contact Number: | _____ |
| Completing Employee's Email: | Job Title: | _____ |
| Agency Head's Name: | _____ | |
| Date: | Review Period: | to |

INSTRUCTIONS

Pursuant to DHMH POLICY 01.02.05, the DHMH LEP Report is due on **JULY 30th** of each calendar year.

- 1. Review your agency process and complete each section of this form.**
- 2. To Complete Section D, note the following:**

Date- date of service, **Language**- language requested, **Service Type** – Written (W); Oral (O) or Telephonic (T), **Provider** – Bilingual Staff, Community Volunteer, Language Line, Schreiber or Ad Astra; **Service Cost**- cost of service, **Client Sex**- Male or Female, **Client Age Group** – Child (0-12 years of age), Adolescent (13-20 years of age), Adult-(21-54 years) and Senior (55+ years of age), **Unit**- Name of unit within health department, program, board, commission or facility, **Region** – County where services rendered

- 3. Upon completion, review this report with the Agency Head.**

- 4. Submit the Completed Report to:**
Delinda Johnson
Equal Access Compliance Manager
Office of Equal Opportunity Programs
Department of Health and Mental Hygiene
201 West Preston Street, Room #422-H
Baltimore, Maryland 21201
Delinda.Johnson@maryland.gov

For more information or questions about the process, contact Delinda Johnson at (410) 767-5184.



DHMH Limited English Proficiency (LEP) ANNUAL REPORTING FORM

SECTION A: Summary of Agency Efforts

Provide a summary of efforts to fully implement and improve LEP services during this reporting period:

SECTION B: Future Initiatives

Provide an outline of possible initiatives to enhance LEP services to be implemented during the forthcoming period:

