



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 #514B
Baltimore, Maryland 21201
Delinda.Johnson@maryland.gov

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



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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:



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SECTION C: Document Translations

Per the DHMH LEP Policy, ***Vital Documents*** are defined as documents that individuals applying for services or benefits from a covered entity must understand, respond to or complete in order to access the services/benefits or continue to receive the services or benefit. Vital Documents also include documents that inform the participant of his/her rights under each covered entity. "Vital documents" does not include applications and examinations related to licensure, certification, or registration under the Annotated Code of Maryland: Health Occupation Article, Financial Institutions Article, and Business Regulation Article, within the jurisdiction of DHMH or DLLR.

Provide a listing of all vital documents translated your agency. Include the name of the provider that translated each document (press tab to create a new row):

DHMH Agency	DATE	Name of Document	Vendor / Provider	Language	Total Cost
	document(s) translated		used to translate document(s)	translated to	
(EXAMPLE) Office of Equal Opportunity Programs	10/10/13	EEO Notice to Public	Schreiber Translations	Spanish, French, Vietnamese, Chinese, Korean	\$950.00



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SECTION D: Interpretation & Translation Services

Provide a listing of the number of individual interpretation/translation services provided to LEP individuals and the process used to deliver such services (press tab to create a new row):

DHMH AGENCY	DATE of Service	SERVICE TYPE Telephonic On-Site	VENDOR [or] STAFF NAME Language Line, Ad Astra, If staff: Enter Name	LANGUAGE	TOTAL COST for service	Duration (Hours / Mins)	COUNTY where services were rendered	CLIENT GENDER Male [or] Female	CLIENT AGE Child (0-12), Adolescent (13-20), Adult (21-54), Senior (54+)
<i>(Example) Office of Equal Opportunity Programs</i>	<i>10/10/13</i>	<i>Telephonic</i>	<i>Language Line</i>	<i>Spanish</i>	<i>\$25.15</i>	<i>1 hour</i>	<i>Baltimore City</i>	<i>Female</i>	<i>Adult</i>



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SECTION D: Interpretation & Translation Services (CONTINUED)

DHMH AGENCY	DATE <small>of Service</small>	SERVICE TYPE <small>Telephonic On-Site</small>	VENDOR [or] STAFF NAME <small>Language Line, Ad Astra If staff: Enter Name</small>	LANGUAGE	TOTAL COST <small>for service</small>	Duration <small>(Hours / Mins)</small>	COUNTY <small>where services were rendered</small>	CLIENT GENDER <small>Male [or] Female</small>	CLIENT AGE <small>Child (0-12), Adolescent (13-20), Adult (21-54), Senior (54+)</small>