



Spanish and Non-Spanish Limited English Proficient (LEP) Persons

FCR Center: _____ Date: _____
 FCRC Administrator: _____ Contact Person(s): _____

Staff present during the meeting (If it is conducted in the office or via telephone conference):

Name	Title

1.	Current Quarter
Date of Current Quarter	
Total Applications	
Total Applications Which Require Bilingual Assistance	
Total Applications Which Require Spanish Bilingual Assistance	
Total Office Cases	
Total Cases Which Require Bilingual Assistance	
Total Spanish - speaking (SS) Cases Only	
Total SS Staff on Board	
Total Office Staff on Board	
Total SS Bilingual Intake HS Caseworkers	
Ratio of SS Cases at Intake per Caseworker	
Total SS Bilingual Service Coordination HS Caseworkers	
Ratio of SS Cases at Service Coordination per Caseworker	

2. Please indicate the following:

Office Staff	Total Staff on Board	SS B/L Staff Allocation	SS Option B/L Staff On Board	SS BL Staff Not Receiving B/L Pay	Non-Spanish B/L Staff On Board
Switchboard Operator					
Clerical					
PA Eligibility Assistant					
SSCT					
HS Casework					
HS Casework Manager					
Management Level					
Other					
Total Staff					

3. Spanish Speaking Allocation:

a) Is the current SS B/L staff allocation sufficient to properly provide Bilingual services to your Spanish LEP customers?

Yes No

b) Are all allocated positions filled? Yes No

If no, what is your immediate need in order to provide adequate services to this population?

4. Do you have SS bilingual "temporary contractual" staff? Yes No If yes, How many? _____

Where are they assigned? Intake Service Coordination Other

If other, please explain.

5. On average, how long does an LEP customer wait for an interpreter? _____

6. Refer to Administrative Directives 01.01.01.060 - Provisions of Interpretive Services for Limited English Proficient (LEP) Persons. (Revised 05/15/09)

a) Is all staff familiar with this Administrative Directive? Yes No

b) Does your office have an LEP Customer Service Plan in place? Yes No

PLEASE ATTACH A COPY OF THE PLAN.

c) Has a copy of your LEP Office Plan been sent to the DHS Bureau of Civil Affairs (BCA)? Yes No

If no, please explain.

d) If applicable, is the current list of bilingual staff available to all office staff? Yes No

e) Does your office use interpreters who are brought in by the customer(s)? Yes No

f) Where on your site is the poster (DHS -4007)(translated in various languages) indicating that interpreter services are available at no cost to the customer, as well as the procedures for obtaining an interpreter?

g) Is the toll free phone number posted for customers to use when filing a grievance or appeal? Yes No

7. Is an LEP customer offered bilingual assistance in filling out an application, appeal or grievance form?	Yes	No
Application	<input type="checkbox"/>	<input type="checkbox"/>
Appeal	<input type="checkbox"/>	<input type="checkbox"/>
Grievance	<input type="checkbox"/>	<input type="checkbox"/>

8. In the past year, what has been the bilingual staff turnover and reason?

Name	Reason

9. Are the following mandatory posters properly displayed and visible in the reception room?	Yes	No
DHS 4426 (R-09-06) English/Spanish Grievance	<input type="checkbox"/>	<input type="checkbox"/>
WCS 8080 (R-10-09) Food Stamp Rights	<input type="checkbox"/>	<input type="checkbox"/>
DHS 4215 (R-7-06) Client Rights	<input type="checkbox"/>	<input type="checkbox"/>
WCS 8175 (R-10-09) Food Stamp Expedited	<input type="checkbox"/>	<input type="checkbox"/>
DHS 4007 (R-06-09) Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>
DHS 4215S (R-9-06) Client Rights (Spanish)	<input type="checkbox"/>	<input type="checkbox"/>
DHS 4425 (R-09-06) Justice for All	<input type="checkbox"/>	<input type="checkbox"/>
WCS 4300S (R-10-09) Quinones Counties (Spanish)	<input type="checkbox"/>	<input type="checkbox"/>
WCS 8219S (R-10-09) Migrant Counties	<input type="checkbox"/>	<input type="checkbox"/>
Are all posters current?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain:		

10. Indicate which services are collocated in your office, and who provides interpretation services to their SS LEP customers.		
Provided	Service	Spanish B/L Staff
<input type="checkbox"/>	Child Support (CSS)	
<input type="checkbox"/>	Mental Health (DMH)	
<input type="checkbox"/>	Rehabilitation (DRS)	
<input type="checkbox"/>	Alcohol and Substance Abuse (DASA)	
<input type="checkbox"/>	Women, Infant and Children (WIC)	
<input type="checkbox"/>	Family Counseling/Domestic Violence	
<input type="checkbox"/>	Other	

11. a) Please identify your Office's Immigrant Liaison

b) When was the immigrant liaison trained on new policies related to citizenship/immigration? Month/Year _____

c) Has your staff been adequately trained to provide culturally-competent services to individuals and families of ethnic, diverse, cultural, racial populations served by DHS? Yes No

If yes, when? _____ If No, Why? _____

12. Does your staff provide the DHS Customers Satisfaction Survey (444- 4704) to customers visiting the office for services?

Yes No

If yes, how often? _____ If No, Why? _____

DEMOGRAPHIC DATA

13. Please assist this office in compiling accurate information that reflects the current Hispanic/Latino demographic profile for your community.

a. Please explain if there have been demographic changes that have caused an increase/decrease in Spanish LEP application and/or cases.

b. Please compare 2010 to 2011 Spanish LEP customers:				
	2010 Applications	2010 Active Cases	2011 Applications	2011 Active Cases
Spanish LEP Customers				

14. Please provide any ideas or other ways that OHLA can assist your efforts to serve LEP customers.

Other than the Local Offices

COMMUNITY OUTREACH

15. Please identify the agencies and describe your relationship with those community partners that address Hispanic /Latino needs in your assigned geographical service area:

16. Please describe any community-related activity(ies) in which your DHS office takes a leading or supportive role, as it relates to providing services for the Hispanic/Latino community in your assigned geographical area:

17. Does anyone from your DHS office sit on any community agency boards or committees who specifically target service delivery and needs issues of the Hispanic/Latino community? Yes No

If yes, please describe the agency(ies) and the relationship.

FOR MIGRANT COUNTY OFFICES ONLY

18. a) How many migrant farm workers applied for assistance this year?

b) How many migrant farm workers applied for assistance last year?

c) What demographic changes have you experienced from previous years?

19. What percentage of the migrant farm workers applying for services in your area are assisted by the Illinois Migrant Council (IMC)?

20. What has been your relationship with the IMC or other community organizations serving the migrant population?