# Language Access Plan Worksheet

Recipients are strongly encouraged to conduct a language access needs assessment; and, based on that assessment, develop a written language access plan. While a written plan is not required, the development and maintenance of a periodically updated plan on language assistance for limited English proficient (LEP) individuals is a simple and cost-effective means of documenting compliance with language access laws and providing a framework for the provision of appropriate language assistance.

## Needs Assessment

### What is the name of this program or service?

_____________________________________________________________________________________

### What is the target audience for this program or service? (Examples of target audiences could include pregnant and nursing mothers or low income families).

_____________________________________________________________________________________

### What is the nature or mission of this program or service?

_____________________________________________________________________________________

### How important is this program or service to people’s lives?

_____________________________________________________________________________________

### What is the number or proportion of LEP individuals who are eligible to be served or likely to be encountered by this program or service and what language/s do they speak? (For example: approximately 5% of the program’s target audience speak Spanish).

_____________________________________________________________________________________

_____________________________________________________________________________________  

### What data sources were used to determine the number or proportion of LEP persons who are eligible to be served or likely to be encountered by this program or service? (See the Federal LEP Data Resources and Language Identification Questions handouts).

_____________________________________________________________________________________

_____________________________________________________________________________________  

### How frequently will LEP individuals be in contact with this program or service? (Examples could include: daily, weekly, monthly, rarely, etc.).

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________

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Page 1 of 3
What resources are currently available for the provision of language access services? (Examples could include: bilingual staff, volunteer interpreters, or a monetary amount).

Identifying LEP Individuals Who Need Assistance
How will staff members determine whether an individual may need language assistance services? (Examples could include: use of “I Speak” cards and asking if the individual would like an interpreter).

Language Assistance Services
What type of language assistance services will be provided to participants?

- Written Translation
  - All Documents
  - Vital Documents
    - List Vital Documents
  - Outreach Materials
    - List Outreach Materials
  - Materials will be translated as need arises
  - Other
    - Translation will be completed by:
      - Bi-Lingual Staff
      - Volunteer Interpreters
      - Contract Interpreter Service
        - Name of service provider:
  - In-Person Interpreters
    - Bi-Lingual Staff
    - Volunteer Interpreters
    - Contract Interpreter Service
      - Name of service provider:
  - Video Interpreters
    - Name of service provider:
  - Telephonic Interpreters
    - Name of service provider:

How will you ensure the quality of the language services that you provide?
Staff Training
Which staff members will receive language access training?

☐ Frontline Staff  ☐ Health Care Providers
☐ Administrative Staff  ☐ Volunteers
☐ Managers and Supervisors  ☐ Other ____________________

What type/s of training will staff members receive and how often will they receive it? (For example: staff members will attend a 2-hour, in-person training and receive an annual email reminding them of our language access policies and procedures).
_____________________________________________________________________________________

Notice to LEP Individuals
How will you notify program participants that language access services are available to them at no cost? (For translated notice templates see https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html).

☐ Posting signs in intake areas and other entry points
☐ Providing notice during initial point of contact
☐ Posting notice and taglines on website
☐ Other ____________________
☐ Including notice outreach documents
☐ Other ____________________

Monitoring and Updating the Language Access Plan
Who will be responsible for reviewing and updating this language access plan? (Examples could include the grant manager or program director).
_____________________________________________________________________________________

How often will this language access plan be reviewed?
_____________________________________________________________________________________

When the plan is reviewed, what will be assessed?

☐ Current LEP populations in recipient service area.
☐ Frequency of encounters with LEP language groups.
☐ Nature and importance of activities to LEP persons.
☐ Availability of resources.
☐ Whether existing assistance is meeting the needs of LEP individuals.
☐ Whether staff know and understand the language access plan and how to implement it.
☐ Whether identified sources for assistance are still available and viable.
☐ Other ____________________