



LIMITED ENGLISH PROFICIENCY (LEP) CONSUMER REPORT USAGE DATA SHEET

Complete this form each time an LEP individual is served—one form, per person, per interpreter service

NOTE: When completing the LEP form, Home and Community Based Services (HCBS) providers should enter the name of your agency in place of the Division/Center/Office name in question 2.

Be sure the interpreter service is offered to the LEP individual free of charge. If the individual wishes to use another person over the age of 18 years as his/her interpreter (spouse, aunt, etc.) please document this choice and let the LEP individual know he/she can change at any time to the free interpreter service.

- 1) Date this form was filled out:
- 2) Division/Center/Office: _____
- 3) Address/Phone: _____
- 4) Name and position of employee making LEP contact:

- 5) Date contact was made:
- 6) Was an Interpreter Offered Free of Charge? Yes ___ No ____
- 7) Accepted? Yes ___ No ____ if “no”, give reason: _____
- 8) Source of Interpreter Used (Example: Language Line, relative, friend, etc.)

- 9) Name of Interpreter (if available) _____
- 10) Relationship to LEP individual (None, spouse, mother, etc): _____
- 11) If an interpreter was not used, explain why and document attempts made to obtain an interpreter :

- 12) During this contact, please report the language used by the LEP individual:
Language used: _____