Department of Health and Senior Services
Limited English Proficiency (LEP) Consumer Report

LEP Data Form

****Complete this form each time an LEP individual is served—one form per person****

NOTE: This is for contact when DHSS will be responsible for providing and paying for the interpreter service. 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 as his/her interpreter, document this choice and let the LEP individual know he/she can change to the free interpreter service at any time. Attach a copy of any invoice received for payment of the service. Please keep this document in the client's file.

1) Date this form was filled out:
2) Division/Center/Office:
3) Bureau/Section:
4) Program in Bureau/Section (if applicable):
5) Name and position of team member making LEP contact:
6) Client Name/DCN :
7) Date of interpreter service:
8) Type of Interpretation: Phone ☐ In-Person ☐
9) Address/Phone of contact made:
10) Interpreter Vendor Agency Used (Example: Language Line, relative, friend, etc.):
11) Name of Interpreter/Interpreter ID number (if available):
12) If an interpreter was not used, explain why and document attempts made to obtain an interpreter (Language Line is available by telephone 365 days, 24/7):

    Interpreter No Show ☐ Participant No Show ☐ Interpreter Cancelled ☐

    Division canceled (24-hour notice given) ☐

    Division canceled (24-hour notice not given) ☐
13) During this contact, please report the language used by the LEP individual: