



ACCESS TO LANGUAGE SERVICES ACKNOWLEDGEMENT

State Form 55546 (3-14)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is required when the Department of Child Services (DCS) is providing services to a Limited English Proficient (LEP) individual(s). If the LEP individual(s) identify English as their preferred language for speaking, reading, and/or writing, only Section I needs to be completed. If the LEP individual(s) identify a language other than English as their preferred language for speaking, reading, and/or writing, Section II must also be completed.

NOTE: DCS is not responsible for providing language services for other agencies or entities (i.e. courts, law enforcement, etc.). Additional information regarding LEP services can be found in DCS Policy GA-3, Language Services.

SECTION I – To be completed by DCS.

Case identification number

NAME(S) OF CHILD(REN)	IDENTIFICATION NUMBER OF PERSON	PREFERRED LANGUAGE TO SPEAK	PREFERRED LANGUAGE TO READ	PREFERRED LANGUAGE TO WRITE
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
NAME OF PARENT / GUARDIAN / CUSTODIAN	IDENTIFICATION NUMBER OF PERSON	PREFERRED LANGUAGE TO SPEAK	PREFERRED LANGUAGE TO READ	PREFERRED LANGUAGE TO WRITE
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
		<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Other: _____

Document (1) how the information on this form was relayed to the LEP individual(s) who indicated in Section I a preference other than English to read, write, and/or speak and (2) if applicable, provide details for why an individual listed above did not complete the form (i.e. unable to be located).

Signature of DCS employee	Date (month, day, year)
---------------------------	-------------------------

Printed name of DCS employee

ACCESS TO LANGUAGE SERVICES ACKNOWLEDGEMENT *(continued)*

State Form 55546 (3-14)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Each LEP individual who identified a language other than English as his or her preferred language to read, write, and/or speak must complete this section.

SECTION II

Completed for *(Printed name of all individual(s) to which this section applies):*

DCS balances the following factors to determine the scope of language services it offers:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered in DCS programs and services,
2. The frequency with which LEP individuals come in contact with DCS programs and services,
3. The nature and importance of the particular program, activity, or service provided by DCS to the LEP individual's life, and
4. The resources available to DCS and the cost of providing such meaningful access.

If DCS provides the applicable language services for the primary language in which you communicate, the services will be offered at no charge. **The language services offered by DCS will end when DCS services are no longer provided to the above named individual(s). If there is a new assessment following closure of a case, a new form will need to be completed.**

You are entitled to utilize your own interpreter or translator, however, DCS will not authorize payment for interpreters or translators not previously secured or approved by DCS, and DCS reserves the right to require a trained interpreter or translator be present to ensure the accuracy of the interpretation or translation.

Please select and complete the appropriate statement:

- I have been advised of my right to free language services from DCS. I understand that I am entitled to language services at no cost to me and I choose to receive these services.
- I have been advised of my right to free language services from DCS. I understand that I am entitled to language services at no cost to me but I do not wish to receive the free services offered by DCS at this time. I designate _____ to act as my interpreter and/or translator until such time my case is closed or I notify DCS of a change in my designation. I understand that I may withdraw this waiver at any time and request that DCS provide free language services. I understand that this pertains only to language services and does not entitle my interpreter and/or translator to act as my Authorized Representative. I also understand that DCS may require that a trained interpreter or translator be present to ensure that the interpretation or translation is accurate.

SIGNATURES

If the LEP individual is under the age of eighteen (18), this form must be signed by the minor individual's parent or legal guardian.

Signature of LEP individual	Date (month, day, year)
Printed name of LEP individual	
Signature of LEP individual	Date (month, day, year)
Printed name of LEP individual	
Signature of LEP individual	Date (month, day, year)
Printed name of LEP individual	
Signature of LEP individual	Date (month, day, year)
Printed name of LEP individual	