

#### **AGENCY INFORMATION**

MDH Agency Name:						
Completing	Contact					
Employee's Name:	Number:					
Completing Employee's Email:	Job Title:					
Agency Head's Name:						
Date:	Review Period: to					

#### **INSTRUCTIONS**

Pursuant to MDH POLICY 01.02.05, the MDHLEP Report is due on **JULY 30<sup>th</sup>** of each calendar year.

- 1. Review your agency process and complete each section of this form.
- 2. To Complete Section D, note the following:

**Date**- date of service, **Language**- language requested, **Service Type** – Written (W); Oral (O) or Telephonic (T), **Provider** – Bilingual Staff, Community Volunteer, Language Line, Schreiber or Ad Astra; **Service Cost**- cost of service, **Client Sex**- Male or Female, **Client Age Group** – Child (0-12 years of age), Adolescent (13-20 years of age), Adult-(21-54 years) and Senior (55+ years of age), **Unit**- Name of unit within health department, program, board, commission or facility, **Region** – County where services rendered

- 3. Upon completion, review this report with the Agency Head.
- 4. Submit the Completed FY 20 \_\_\_ Annual LEP Report to:

Rachelle Lott
Management Associate
Maryland Department of Health
Office of Equal Opportunity Programs
Equal Access Compliance Unit
201 West Preston Street, Room #422-K
Baltimore, Maryland 21201
rachelle.lott@maryland.gov

For more information or questions about the process, contact Delinda Johnson Blake, Deputy Director/ Equal Access Compliance Manager, at (410) 767-5184.



### SECTION A: Summary of Agency Efforts

Provide a summary of ef	fforts to fully im	plement and impro	ve LEP services durir	g this reporting	period:
-------------------------	--------------------	-------------------	-----------------------	------------------	---------

### **SECTION B: Future Initiatives**

Provide an outline of possible initiatives to enhance LEP services to be implemented during the forthcoming period:



#### **SECTION C: Document Translations**

Per the MDH LEP Policy, <u>Vital Documents</u> are defined as documents that individuals applying for services or benefits from a covered entity must understand, respond to or complete in order to access the services/benefits or continue to receive the services or benefit. Vital Documents also include documents that inform the participant of his/her rights under each covered entity. "Vital documents" does <u>not</u> include applications and examinations related to licensure, certification, or registration under the Annotated Code of Maryland: Health Occupation Article, Financial Institutions Article, and Business Regulation Article, within the jurisdiction of MDH or DLLR.

**Provide a listing of all vital documents translated your agency.** Include the name of the provider that translated each document (press tab to create a new row):

MDH Agency	DATE document(s) translated	Name of Document	Vendor / Provider used to translate document(s)	Language translated to	Total Cost
(EXAMPLE) Office of Equal Opportunity Programs	1/10/2017	EEO Notice to Public	Schreiber Translations	Vietnamese	\$950.00



### **SECTION D: Interpretation & Translation Services**

**Provide a listing of the number of individual interpretation/translation services** provided to LEP individuals and the process used to deliver such services (press tab to create a new row):

MDH AGENCY	<b>DATE</b> of Service	SERVICE TYPE Telephonic On-Site	VENDOR [or] STAFF NAME LanguageLine, Ad Astra, If staff: Enter Name	LANGUAGE	TOTAL COST for service	Duration (Hours / Mins)	<b>COUNTY</b> where services were rendered	CLIENT GENDER Male [or] Female	CLIENT AGE Child (0-12), Adolescent (13-20), Adult (21-54), Senior (54+)
(Example) Office of Equal Opportunity Programs	1/10/2017	Telephonic	LanguageLine	Spanish	\$25.15	1 hour	Baltimore City	Female	Adult