



# MARYLAND Department of Health

## Limited English Proficiency (LEP) ANNUAL REPORTING FORM

### AGENCY INFORMATION

MDH Agency Name:	_____		
Completing Employee's Name:	_____	Contact 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](mailto: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.



MARYLAND  
Department of Health

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### SECTION A: Summary of Agency Efforts

Provide a summary of efforts to fully implement and improve LEP services during this reporting period:

### SECTION B: Future Initiatives

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



