

Limited English Proficiency (LEP) Client Record

Client Name:			
Is English your primary language? Yes If not, indicate the language you wish to communicate in	No n with staff:		
Do you require oral language translation assistance?	Yes	No	
Do you require vital documents translated in writing?	Yes	No	
Are you hearing impaired and require those services?	Yes	No	
Client Signature:	_ Date:		
Notes:			

