

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**LANGUAGE SERVICES TRACKING FORM FOR IN-PERSON ENCOUNTERS
WITH LIMITED ENGLISH PROFICIENT PERSONS**

Instructions: This form is to be completed by agency staff when assisting a Limited English Proficient (LEP) individual in person. A copy of this completed form must be kept either in the OCFS customer's file or in a designated file to document the assistance provided to the Office of Children and Family Services (OCFS) customer.

I _____ located at _____
(Agency Employee) *(Regional or District Office/Residential Facility/Bureau/Other)*

assisted _____ in person with
(Applicant/Recipient)

Limited English Proficiency oral interpretation and/or translation services on _____ / _____ / _____
(Date)

with regard to: *(Check One or Both)* Eligibility Services

Language: _____

Oral Interpretation Service *(Check one.):*

- Directly served by bilingual agency staff
- Telephone interpretation service Interpreter ID No. _____ Approx. Length of the Call: _____
- In-person interpreter (not agency staff)
- Other

Written Translation Service *(Check one.):*

- Provided existing translation of document
- Document unavailable in the requested language* *(See note below.)*
- Provided oral interpretation/explanation of the document by staff/other
- Other

Notes:

Employee Signature

Applicant/Representative Signature

***Note:** Should the requested OCFS document not be available in the OCFS customer's primary language, please submit the name and number of the document and the language in which it has been requested to the Public Information Office, via email at info@ocfs.ny.gov. When sending an email, please write in the "subject" area: **Translation Request for OCFS Document.**