

LANGUAGE ASSISTANCE PLAN

4 Factor Analysis:

1. # or portion of **LIMITED ENGLISH PROFICIENCY (LEP)** persons served or encountered _____;
2. Frequency with which LEP persons come in contact with program, activity, or service _____;
3. Nature & importance of program, activity or service _____;
4. Resources available & costs involved _____.

Language Assistance Plan (LAP)

1. LAP are needed for the following languages spoken: _____;
2. In our organization the following people/titles are most likely to interact or encounter LEP persons for the following purposes:

Name or Title / Activity or Purpose

_____/_____

_____/_____

_____/_____

_____/_____

3. LEP Assistance will be provided as follows:

Bilingual staff Interpretation Services Written
Translations

Use of "I Speak" Cards Other: _____ Other: _____

4. The following documents will be/are translated:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Model Lease Application Form | <input type="checkbox"/> Tenant Rights & Responsibilities | <input type="checkbox"/> |
| <input type="checkbox"/> Eviction Notice Notices | <input type="checkbox"/> Annual Income Certification Form | <input type="checkbox"/> Security |
| <input type="checkbox"/> Notice of Availability of LEP Services List Info. | | <input type="checkbox"/> Waiting |
| <input type="checkbox"/> Disclaimer Based Paint Info. | <input type="checkbox"/> Inspection Notices | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Organization/Company Name: _____

Address: _____

Phone: _____

Contact Person: _____

Email: _____

Name & Title of Certifying Individual: _____/_____

Signature: _____

Date: _____