



Client Language Access Needs Assessment

The Client Language Access Needs Assessment is meant to collect additional language data for clients who are non-English speaking and/or have a communication disability. This assessment should **only** be done with clients who indicate an interpretation or translation assistance need and/or a communication assistance need. For clients who do not report a need for this type of assistance, a client language access needs assessment **is not** necessary.

PROVIDER DIRECTIONS:

Step 1: Identify the client's preferred language and communication needs following the Language Access Plan [Protocol for identification of client language and communication needs](#)

Step 2: Create an HMIS profile for the client, completing the following Language Access fields in HMIS upon client enrollment into a program:

- Client Preferred Language
- Interpretation and Translation Assistance Needs
- Communication Assistance Needs

If client reports yes to interpretation and translation assistance needs and/or communication assistance needs, continue to Step 3. STOP here and do not complete this assessment if client reports no interpretation and translation assistance needs AND no communication assistance needs.

Step 3: If needed, contact an interpreter. (i.e. for a non-English speaking client or a client who is deaf/hard of hearing). Follow the Language Access Plan [Protocol for obtaining an interpreter.](#)

- a. An interpreter should be contacted if there is any language barrier between client or staff or an inability of the client to fully communicate with or understand staff.

Step 4: Complete the Client Language Access Needs Assessment. **If using an interpreter,** follow the [Protocol for completing documents when using an interpreter.](#)

Step 5: Input answers to the assessment in HMIS

- a. Complete the Client Language Access Needs Assessment in HMIS under the client's profile

PROVIDER/INTERPRETER SCRIPT:

You indicated that you needed interpretation and translation assistance and/or communication assistance. The purpose of this assessment is to gather additional information about your interpretation, translation and/or communication assistance needs to ensure that our staff can best meet your needs.

Are you ready to start?

With the client's permission, complete the Client Language Access Needs Assessment.

LANGUAGE ACCESS NEEDS ASSESSMENT:

If client checked YES for interpretation and translation assistance needed, complete questions 1-4. If client checked NO for interpretation and translation assistance needed, skip questions 1-4, marking the answer choices 'not applicable' and continue to question 6.

1. What language do you prefer to speak or sign in?

<input type="checkbox"/> Arabic	<input type="checkbox"/> Somali
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Swahili
<input type="checkbox"/> English	<input type="checkbox"/> Swedish
<input type="checkbox"/> French	<input type="checkbox"/> Tagalog
<input type="checkbox"/> German	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Urdu
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Hindi	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Italian	<input type="checkbox"/> British Sign Language
<input type="checkbox"/> Jamaican Patois	<input type="checkbox"/> Other _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Korean	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Russian	<input type="checkbox"/> Not applicable

2. What language do you prefer to write in?

<input type="checkbox"/> Arabic	<input type="checkbox"/> Somali
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Swahili
<input type="checkbox"/> English	<input type="checkbox"/> Swedish
<input type="checkbox"/> French	<input type="checkbox"/> Tagalog
<input type="checkbox"/> German	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Urdu
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Hindi	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Italian	<input type="checkbox"/> British Sign Language
<input type="checkbox"/> Jamaican Patois	<input type="checkbox"/> Other _____

<input type="checkbox"/> Japanese	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Korean	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Russian	<input type="checkbox"/> Not applicable

3. What language do you prefer to receive spoken or signed information in?

<input type="checkbox"/> Arabic	<input type="checkbox"/> Somali
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Swahili
<input type="checkbox"/> English	<input type="checkbox"/> Swedish
<input type="checkbox"/> French	<input type="checkbox"/> Tagalog
<input type="checkbox"/> German	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Urdu
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Hindi	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Italian	<input type="checkbox"/> British Sign Language
<input type="checkbox"/> Jamaican Patois	<input type="checkbox"/> Other _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Korean	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Russian	<input type="checkbox"/> Not applicable

4. What language do you prefer to receive written information in?

<input type="checkbox"/> Arabic	<input type="checkbox"/> Somali
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Swahili
<input type="checkbox"/> English	<input type="checkbox"/> Swedish
<input type="checkbox"/> French	<input type="checkbox"/> Tagalog
<input type="checkbox"/> German	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Urdu
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Hindi	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Italian	<input type="checkbox"/> British Sign Language
<input type="checkbox"/> Jamaican Patois	<input type="checkbox"/> Other _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Korean	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Russian	<input type="checkbox"/> Not applicable

If client checked YES for communication assistance needed, complete questions 5 and 6. If client selected NO for communication assistance needed, skip question 5 and 6, marking the answer choice 'not applicable' and finish the assessment.

5. Do you have difficulty hearing and/or have a hearing impairment requiring accommodations?
- Yes
 - No
 - Client doesn't know
 - Client prefers not to answer
 - Data not collected
 - Not applicable
- 5a. If yes, what accommodations do you need? (*Check all accommodations needed*)
- American Sign Language interpretation
 - British Sign Language interpretation
 - Notetaker
 - Captions provided on video content
 - Written materials and printed scripts
6. Do you have a visual impairment that requires accommodations?
- Yes
 - No
 - Client doesn't know
 - Client prefers not to answer
 - Data not collected
 - Not applicable
- 6a. If yes, what accommodations do you need? (*Check all accommodations needed*)
- Large print materials
 - Written materials read aloud
 - Audio recording of printed information

POST COMPLETION PROVIDER INSTRUCTIONS:

The questions on the Client Language Access Needs Assessment are intended to collect additional information about a client's language access needs, so staff are able to obtain the appropriate services. After completion of the assessment with a client, please follow the below instructions, referencing the MSCHC Language Access Plan to ensure the client is provided appropriate language access services.

1. **Questions 3-4.** These questions are designed to ensure that the client is given both spoken and written information in a language they understand. Please ensure to obtain an interpreter when interacting with a client who prefers to receive spoken information in a non-English language (question 3). When completing documents with the client, provide the client with translated documents in the language they prefer to receive written information in (question 4), when available. All HMIS and CES translated

documents can be found on CAFTH's Language Access Webpage > [Translated Form Hub](#). See Language Access Plan **Component 5: Delivery of Services**.

2. **Question 5.** If a client reports needing accommodations for a hearing impairment, obtain or provide the indicated accommodations. For a list of accommodations, see Language Access Plan Sections **Auxiliary Aids and Services** and **Delivery of Auxiliary Aids and Services**. For obtaining a sign language interpreter follow the Language Access Plan [Protocol for obtaining an video sign language interpreter](#). If a client indicates needing captions, if able, provide captions on any videos or audio content provided.

3. **Question 6.** If a client reports needing accommodations for a visual impairment, obtain or provide the indicated accommodations. For a list of accommodations, see Language Access Plan Section **Auxiliary Aids and Services** and **Delivery of Auxiliary Aids and Services**. If the client reports needing information available in large print, follow the Language Access Plan [Protocol for providing large print materials](#). If the client reports needing information read aloud to them, ensure that all documents being completed with the client are read word by word to the client.

If you have any questions in regards to the Client Language Access Needs Assessment or delivery of language access services please contact languageaccess@cafth.org.