

**HISPANIC CLIENT LANGUAGE DETERMINATION FORM**

The Illinois Department of Children and Family Services wants you to understand your rights and wants to make sure that you and your children receive the services that you require. It is important that we are made aware of any difficulties you may have in understanding or speaking English. While you are not required to respond to any of the following questions, your answers will assist us in providing you with the most appropriate service. Please check the correct response to the following questions.

**A. Parent's Language** (Please indicate your selection with an "X")

- 1. Do you usually speak Spanish at home?  Yes  No
- 2. Do you communicate better in the English  or Spanish  language?
- 3. I'll prefer services in the English  Spanish  language?

If the answer to questions A2 or A3 is "Spanish," you are entitled to a bilingual worker and bilingual family services.

**B. Written Communication**

- 1. Do you find reading easier in Spanish than in English?  Yes  No

If you indicate you read better in Spanish, DCFS forms and notices will be provided to you in Spanish.

To verify this information, all clients who state they read more easily in Spanish are asked to complete the Spanish version of the language determination form themselves.

**C. Child's Language**

- 1. Does your child(ren) usually speak Spanish at home?  Yes  No
- 2. Does your child(ren) communicate better in the English  or Spanish  language?

If the answer to question C2 is Spanish, he or she will receive bilingual service unless you specifically state, in writing, that you do not want him or her to have a particular bilingual service. Please indicate the child's primary language in Section E for each of the children.

**D. Parent/Guardian Identification**

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Nation of Descent

\_\_\_\_\_  
Nation of Descent

\_\_\_\_\_  
\*Primary Language

\_\_\_\_\_  
\*Primary Language

If Primary Language or parent is unknown, please explain: \_\_\_\_\_

\_\_\_\_\_  
\*Indicate primary language according to the answer of question A2.

**Client(s) Signature(s)**

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Other

\_\_\_\_\_  
Father

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Bilingual Worker

E. Child's Name	Age	Primary Language	Name of Bilingual Worker	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have children who are too young to speak, please give their names below:

_____	_____
_____	_____

If you have difficulty with any aspect of the service provided to you or to your family, or if you do not understand the forms prepared for your case, you have the right to call a bilingual representative at 312/808-5264.