**Translation Requirements Checklist**

All “Vital” documents must be translated to Spanish, or another language within thirty days of the time the English document is approved. If the document is consistently used in face-to-face encounters with customers/clients then interpretation by a certified interpreter is a reasonable alternative to translation. Vital documents are documents, paper or electronic, which contain information that is critical for accessing the provider/agency services and/or benefits; letter or notices that require a response from the customer/client; and documents that inform customers of free language assistance. The Limited English Proficiency (LEP) Policy is located in the Policy Manual on the DCF Web. Customer/Client refers to an external customer or recipient of DCF program services. To determine whether or not a document is a vital document, you need to answer “yes” to at least one of the questions below:

|  |  |
| --- | --- |
| Form / Publication Number | Title – Form / Publication |

**Yes No**

Check “**YES**” here if this document is consistently used in face-to-face encounters with clients/customers and interpretation is used instead of translation. (For documentation purposes please complete the rest of the questions on this form.)

The document must be completed and signed by a customer/client.

The document contains information the customer/client is required to know.

The document contains the customer’s/client’s rights and responsibilities when receiving benefits.

The document contains rules, regulations, or laws that must be followed in order to receive benefits.

The document is required to obtain benefits.

The document informs a customer/client of eligibility.

The document informs a customer/client of any change in benefits.

The document requires a response from the customer/client.

The document contains medical discharge information.

The document is a notice informing the customer/client of something that is happening with their case.

Has the document already been translated and if so what languages?

Spanish  Other

|  |  |
| --- | --- |
| Content Contact/Owner of Form or Publication | Date Signed |

This checklist must be sent to [Agency Operations](mailto:DCFMBAgencyOperations@wisconsin.gov) only when a **new** form or publication has been created. If this checklist indicates that the document requires translation (has at least one “yes” response), contact your [Division Forms/Publications Coordinators](https://dcfweb/files/publications/pdf/5328.pdf) and they will take care of the translations. If you have questions regarding interpretation of these statements please email the [Civil Rights Compliance Unit](mailto:dcfcivilrights@wisconsin.gov) .

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| **SIGNATURE** –Civil Rights Unit Review | **Vital Document**  Yes  No | Date Signed |
| **Translations Completed**  Spanish  Other: | | Date Completed |
| **SIGNATURE** – Department Forms/Publications Officer or designee | | Date Signed |