# **Partner Agency LEP Plan**

#### I. Purpose

The purpose of this Limited English Proficiency plan is to outline the methods and system that \_\_\_\_\_\_ will utilize to ensure that their clients are being provided meaningful access to program information, benefits and services although the clients may be limited in their English Language Proficiency.

The Oregon Food Bank Network understands its responsibility to provide meaningful access to all individuals applying for or receiving services/benefits administered by, supervised by, authorized by and/or participated in by Oregon Food Bank, the Oregon Food Bank Network of Regional Food Banks and their local agencies. Meaningful access involves the Oregon Food Bank Network promoting effective communication to LEP individuals seeking or receiving services, benefits or participation in programs funded in part by federal funds and/or receiving TEFAP commodities. This plan provides necessary assurances and identifies tools being used to carry out this policy.

#### **II. Federal Authorities**

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination based on race, color or national origin for any programs receiving federal financial assistance. Failure to provide meaningful access to program information, benefits and/or services due to an applicant/recipient's LEP is considered discrimination based on national origin.
- U.S. Department of Justice Title VI Legal Manual, January 11, 2001 edition
- U.S. Department of Labor Policy Guidance on the Prohibition of National Origin Discrimination as it Pertains to Persons with Limited English Proficiency (05/29/03), Federal Register, Volume 68, Number 103, Page 32289-32305

#### **III. LEP Population**

has determined that the languages other than English that are most likely to be encountered by employees/volunteers of the agency are:

## **IV. Plan for Providing Services to LEP Population**

(Check any that are applicable and specify where necessary)

Bi-lingual Employees/Volunteers
Volunteer Interpreters
Intake Cards
Allow client to shop/visually select food items
Telephone Interpreting Services
Name of Service Agreement with Educational Institution
Name of Institution
Written materials translated into multiple languages
Other

### V. Plan for Providing Outreach to LEP Population

(Check any that are applicable and specify where necessary)



Brochures/ Flyers



Local Newspaper/Radio

Name of agency	Contact In
Contact Hours	
Listing in local service guide	
Website	
Other	

Signed \_\_\_\_\_

Agency Director/Manager

Title

Printed Name

Date

Name of Agency

Street Address

City, State, Zip Code

Telephone Number