



## **Access to Services in Your Language**

The Office of Diversity and Inclusion (ODI) takes reasonable steps to overcome language barriers for community services and programs. All programs, clinics, and agencies providing services to consumers need to be able to: 1) Talk to you in your language and 2) Be able to provide vital forms and documents in your native language. To help us develop an understanding of how services are delivered to and received by individuals, we ask that you please complete the survey below to help us better understand your experience accessing services in your native language. Complete and return this form to: [matthew.canuteson@omh.ny.gov](mailto:matthew.canuteson@omh.ny.gov).

**What language were you trying to receive services in?**

**When did this incidence occur? Date (MM/DD/YYYY):** \_\_\_\_\_

**Where (town/city) did the problem happen and at what program/clinic/agency?**

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**What was the problem?** (Circle/Check all that apply)

- I was not offered an interpreter
  - I asked for an interpreter and was denied
  - The interpreter(s) or translator(s) skills were not good
  - The interpreter(s) made rude or inappropriate comments
  - The services took too long
  - I was not given forms or notices in a language I can understand
  - I was unable to use services, programs or activities
  - Other (Explain below):
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**Please Answer the Following Questions:**

1. How long did it take for you to receive services needed in your preferred language? \_\_\_\_\_.
2. Was accessing services and information in your preferred language easy? (Please circle one).  
Yes                      No
3. If No, what prevented you from easily accessing the services? (Please describe)

4. Do you feel your mental health professional/peer specialist was well trained in utilizing language access services, if they were made available to you? (Please circle one).

Yes

No

5. Did you complain to anyone from the program/clinic/agency about accessing services and information in your preferred language? (Please circle one).

Yes

No

6. If Yes, please identify who.