Name:					Date:	
Provider Name:						
				GHS FY 2023 ANNUAL COMPLIANCE	E	
				LIMITED ENGLISH PROFICIENCY		
1.				ons who are in need of language assistance is listed neans identifying individuals who are in need.	as one of the elements of an	
	a.	True	b	. False		
2.	Interp	reting serv	ices	are provided at no cost to the consumer.		
	a.	True	b	. False		
3.	GHS often utilizes bilingual staff for oral interpretation.					
	a.	True	b	False		
4.	The Voices for Health staff can assist in identifying the language of consumers if GHS staff are uncertainties the language they are speaking.				umers if GHS staff are uncertain of	
	a.	True	b.	. False		

5. Sign language interpreter requests go to <a href="mailto:interpreterrequests@genhs.org">interpreterrequests@genhs.org</a>.

b. False

a. True