

Language Assessment

Assessment Date: _____

Pre-Disaster, was client receiving language services?

Yes Don't know
 No Refused

Client is currently having difficulty accessing services due to language barriers:

Yes Don't know
 No Refused

Because of the disaster, client lost language services:

Yes Don't know
 No Refused

Referral Status	Service	Provider Name	Telephone	Street	City	State	Zip Code
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Language resources	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	State language telephone line	_____					