CFS 1000-1
Rev. 1/98

State of Illinois
Department of Children and Family Services

Region/Site/Field _____

Family I.D. No. _____

HISPANIC CLIENT LANGUAGE DETERMINATION FORM

The Illinois Department of Children and Family Services wants you to understand your rights and wants to make sure that you and your children receive the services that you require. It is important that we are made aware of any difficulties you may have in understanding or speaking English. While you are not required to respond to any of the following questions, your answers will assist us in providing you with the most appropriate service. Please check the correct response to the following questions.

A. Parent's Language (Please indicate your selection with an "X")

1. Do you usually speak Spanish at home? ☐ Yes ☐ No
2. Do you communicate better in the English ☐ or Spanish ☐ language?
3. I'll prefer services in the English ☐ Spanish ☐ language?

If the answer to questions A2 or A3 is "Spanish," you are entitled to a bilingual worker and bilingual family services.

B. Written Communication

1. Do you find reading easier in Spanish than in English? ☐ Yes ☐ No

If you indicate you read better in Spanish, DCFS forms and notices will be provided to you in Spanish.
To verify this information, al clients who state they read more easily in Spanish are asked to complete the Spanish version of the language determination form themselves.

C. Child's Language

1. Does your child(ren) usually speak Spanish at home? ☐ Yes ☐ No
2. Does your child(ren) communicate better in the English ☐ or Spanish ☐ language?

If the answer to question C2 is Spanish, he or she will receive bilingual service unless you specifically state, in writing, that you do not want him or her to have a particular bilingual service. Please indicate the child's primary language in Section E for each of the children.

D. Parent/Guardian Identification

_____	_____
Mother's Name	Father's Name
_____	_____
Nation of Descent	Nation of Descent
_____	_____
*Primary Language	*Primary Language

If Primary Language or parent is unknown, please explain: _____

_____

*Indicate primary language according to the answer of question A2.

Client(s) Signature(s)

_____	_____
Mother	Other
_____	_____
Father	Relationship
_____	_____
Date	Name of Bilingual Worker

E.

Child's Name	Age	Primary Language	Name of Bilingual Worker	Date

If you have children who are too young to speak, please give their names below:

_____ _____

_____ _____

If you have difficulty with any aspect of the service provided to you or to your family, or if you do not understand the forms prepared for your case, you have the right to call a bilingual representative at 312/814-6800.