

**Illinois Department of Children and Family Services
Hispanic Client Language Determination Form (Form CFS-1000-1)**

Instructions for Investigator/Caseworker: *You must explain the content of this form to the parent(s)/guardian(s). Please read the entire document out loud to the client.*

The Illinois Department of Children and Family Services (the “Department”) wants to make sure you understand your rights and that you and your children receive any services in the language that you identify as **your** language for spoken and written communications. It is important to let us know (in Spanish or in English) of any difficulties you have in understanding or speaking English. You do not have to answer any of the following questions, but your answers will help the Department in providing the most appropriate services for you and your family.

If you prefer to communicate in Spanish and the assigned Investigator/Caseworker speaks English only, the Investigator/Caseworker will contact the Language Line for an interpreter. Your case then will be reassigned to a bilingual Investigator/Caseworker. If your language of preference is Spanish for spoken and/or written communications, any written documents/letters will be provided to you in Spanish.

You can change your mind at any time and request a new copy of this form to update your language preference. This request should be communicated to the assigned Investigator/Caseworker and a new CFS 1000-1 Hispanic Client Language Determination Form will need to be completed.

The Department is required to provide all child welfare services in Spanish to parents who identify Spanish as their language of preference. This is to ensure that language is not a barrier to receiving services.

Parent/Guardian 1 - Please tell us about you and the languages you prefer to use.

| | | |
|---|---|---|
| My name is (first name, last name): | | |
| I was born in (name of country): | | <input type="checkbox"/> Prefer not to answer |
| I prefer to talk to a caseworker in: | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Prefer not to answer |
| I prefer to read information in: | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Prefer not to answer |

Parent/Guardian 2 - Please tell us about you and the languages you prefer to use.

| | | |
|---|---|---|
| My name is (first name, last name): | | |
| I was born in (name of country): | | <input type="checkbox"/> Prefer not to answer |
| I prefer to talk to a caseworker in: | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Prefer not to answer |
| I prefer to read information in: | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Prefer not to answer |

Date _____ Region/Site/Field _____ SCR# or Family ID# _____

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The child(ren) - Please tell us about the children in your home and languages they prefer to use.

| Child's Name | Child's Age | Date of Birth | Prefers to Use | |
|--------------|-------------|---------------|----------------------------------|----------------------------------|
| | | | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| | | | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| | | | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| | | | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| | | | <input type="checkbox"/> English | <input type="checkbox"/> Spanish |

Signatures:

Parent Guardian 1 Signature Date

Parent Guardian 2 Signature Date

Today's Investigator/Caseworker (filled out by the DCFS/CWCA Investigator/Caseworker):

The Investigator/Caseworker who reviewed this form with the parent(s) and who signed the form is a certified bilingual worker: Yes No

Name (first name, last name): _____

I shared all information today in: English Spanish On my own Used an Interpreter

Signature of Investigator/Caseworker Date

Interpreter Name (if used): _____

Please email completed form to: DCFS.BurgosCoordinator@illinois.gov