

Administration for Community Living

Language Access Plan

August 2024

Overview

The Administration for Community Living (ACL) funds services and supports provided primarily by networks of community-based organizations; advocates to ensure the needs of disabled people and older adults are reflected in federal policy and programs; and invests in research, education, and innovation. ACL does not administer benefits or provide services directly to the public. Therefore, much of ACL's communications are for the benefit of professional audiences.

ACL is committed to ensuring that all older adults and people with disabilities can access the programs and services we fund. Making information available in a variety of languages and formats - including sign language and easy-read formats that are more accessible to both people with intellectual disabilities and people with limited English reading skills - is an important part of that commitment. This applies to all ACL employees and was developed in accordance with the purpose and authorities described in the HHS Language Access Plan.

ACL holds itself to the highest standards of accessibility, which includes ensuring American Sign Language (ASL) interpretation is available when needed for accessibility. When the audience is known to include people who use ASL, the material is focused on people with disabilities, and/or the material provides critical information that will be relevant to a broad audience, ACL provides ASL interpretation regardless of whether it is specifically requested. For all other situations, ACL provides ASL interpretation upon request. ACL also seeks to ensure that when the audience of a communication is broad, the information is shared in an easily readable format for individuals with intellectual and developmental disabilities.

ACL does not make assumptions about a person's primary language based on race, color, national origin, disability status, or any other demographic information. For example, individuals who are deaf or hard of hearing may also have limited proficiency in written and spoken English, and they may not communicate using ASL.

Element 1: Assessment and Needs Capacity

To inform policy, processes, and budgeting necessary to implement language assistance services, the Administration for Community Living will assess the extent to which language assistance or in-language material is needed from ACL by stakeholders.

Action Steps:

- a. Each year, ACL will assess the extent to which language assistance or in-language material was needed from ACL by stakeholders in the prior year, including ACL's grantees, health care and human services partners and the people served by ACL's programs. This assessment will include 1.) identifying the non-English languages, including ASL or other sign languages, used by the populations with which ACL communicates, and 2.) the barriers – ...such as funding constraints or lack of access to qualified interpreters in the communities where ACL's programs are operated – that hinder provision of effective interpretation and written communication with individuals with LEP.
- b. Based on the assessment described in a.), each year, ACL will develop a budget request to meet anticipated language assistance needs for the coming year.
- c. ACL will participate in annual HHS-convened listening sessions with LEP stakeholders to learn about the challenges they experience in accessing information and to identify opportunities for improvement in the agency's language access efforts.
- d. ACL will participate in at least one federal language access working group, when such groups are convened, to identify methods for improving agency proficiency in providing language assistance services and to share challenges and successes ACL has experienced in implementing its language access plan.

Element 2: Interpretation Language Assistance Services

Interpretation language assistance services ensure meaningful access for individuals with limited English proficiency, and equal opportunity for people with disabilities to the services, activities, programs, or other benefits administered or funded by the Administration for Community Living.

In addition, federal civil rights laws require provision of appropriate auxiliary aids and services to people with disabilities, where necessary to afford them an equal opportunity to benefit from ACL's programs and activities. Auxiliary aids and services include, but are not limited to, qualified sign language interpreters on-site or through video remote interpreting services.

Language assistance may be provided through a variety of means, including qualified bilingual and multilingual staff, and qualified interpreters providing in-person, telephonic, remote voice, and video or any other type of interpreting.

ACL will ensure that all interpreters are qualified to provide the service and understand and apply interpreter ethics and client confidentiality needs. The definition of a qualified interpreter is in the appendix.

Action Steps:

- a. Within 180 days of issuance of this Language Access Plan, ACL will designate an office or official to serve as the agency-wide point of contact for interpretation language access services who will:
 - Assess and report on ACL's procedures for providing, monitoring, and evaluating interpreting services.

- To the extent that resources allow, develop methods and mechanisms for ensuring that people with LEP are aware of ACL’s interpretation services and how to request them.
 - As resources allow, develop methods for tracking and reporting the number of requests for interpretation services, the type of interpretation requested, the languages requested, and the response time in which interpretation was provided.
 - Serve on at least one federal working group to learn about (and share) effective practices for enhancing interpretation language assistance services. (May align with the action steps described in 1.c and 1.d.)
 - Make recommendations to ACL’s Administrator for improving ACL’s interpretation services.
- b. If resources become available, ACL will devise a plan for utilizing bilingual staff (including staff who use ASL) as interpreters. The plan will include appropriate training and compensation for these staff.
 - c. Subject to continued appropriations, ACL will continue to fund the [Disability Information & Access Line \(DIAL\)](#) and [Eldercare Locator](#), which help people with disabilities and older adults (respectively) connect to local services. Each operates a telephone hotline that is available to people in different languages and are supported by over-the-phone interpreting and video remote interpreting. As resources allow, the contract that provides these services could be expanded to include more languages.
 - d. ACL will continue to ensure that interpretation services are accessible to individuals with disabilities, including those who are deaf or hard of hearing or who have other communication-related disabilities. This may include providing ASL, captioning, CART, or additional accessible communication support.

Element 3: Written Translations

Like the interpretation services described in Element 2, accurate translations of written materials ensure meaningful access to information shared by ACL.

ACL will, to the extent that resources allow, provide translations of vital documents and other critical public information (especially during public health emergencies), including by providing easily readable information for individuals with intellectual and developmental disabilities. As resources become available, ACL will prioritize provision of the following notices in the top 15 languages spoken in each state:

- Right to nondiscrimination
- Availability of free interpretation services
- Availability of auxiliary services for people with disabilities

(See also: Element 5)

For purposes of this Language Access Plan, the Appendix defines and provides examples of vital documents.

There may be LEP populations speaking a language for which there is no written form or in which literacy is generally very low. In such cases, whenever possible, alternative methods for providing meaningful language access to vital documents may be provided, such as sight translations or video explanations of documents.

Action Steps:

- a. Within 180 days of issuance of this Language Access Plan, ACL will designate an office or official to serve as the agency-wide point of contact for written translation services. (May or may not be the same POC described in 2.a.) This POC will:
 - Assess and report on ACL's procedures for providing, monitoring, and evaluating written language assistance services, to the extent that resources allow.
 - With input from all centers, create (and maintain on an internal website available to ACL employees) an inventory of ACL materials available in non-English languages, including American Sign Language.

Element 4: Policies, Procedures, Practices

ACL will, as resources become available, enhance infrastructure to implement and improve language assistance services within the agency, based on the assessment described in Element 1.

Action Steps:

- a. Within 180 days of issuance of this Language Access Plan, ACL will designate an office or official to serve as the agency-wide point of contact for ACL's language access policy (May or may not be the same as the POC designated in Element 2 and Element 3). This POC will:
 - Assess and report on ACL's language access policies and procedures, including tracking implementation of this Language Access Plan and ensuring each element of the HHS Language Access Plan is reflected in the ACL's plan.
 - Participate in at least one federal language access working group, when such groups are convened, that is focused, at least in part, on identifying and implementing effective practices for improving access for persons with LEP.
 - Propose effective practices to the agency head to ensure policies and procedures are effectively administered.
- b. ACL will ensure policies, procedures, and all language assistance activities are developed and implemented in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- c. ACL will share with the HHS Language Access Steering Committee policies, procedures, and implementation metrics that might be more effective or efficient if adopted on a Department or government-wide basis so the Language Access Steering Committee can include the information in the annual progress report.
- d. ACL will designate POCs to manage ACL's translation and interpretation contract(s) and share their contact information with staff who communicate with the public.

- e. To the extent that resources allow, ACL will provide training to ensure all employees with public contact can provide language assistance services as needed and in a timely manner.

Element 5: Notification of the Availability of Language Assistance at No Cost

ACL will take reasonable steps to ensure meaningful access to programs and activities by persons with LEP, including notifying stakeholders about the availability of language assistance.

As described in Element 3, ACL will prioritize information about rights to nondiscrimination and the availability of language assistance and auxiliary aids in the 15 most commonly spoken languages in the state according to the most recent relevant data from the U.S. Census Bureau.

ACL will continue to notify people with disabilities that they are entitled to communication with the agency that is as effective as communication with others, including through the free and timely provision of vital information through appropriate auxiliary aids and services.

Action Steps:

- a. As resources allow, ACL will share resources, such as the [Department's Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons \(HHS LEP Guidance\)](#) and Federal Plain Language Guidelines with stakeholders, including grantees and contractors.
- b. To the extent that resources allow, ACL will continue to provide training and technical assistance necessary to make entities funded by ACL aware that language assistance services must be provided at no cost to those in need of language assistance services.

Element 6: Staff Training

ACL will, as resources are available, provide training to ensure staff understand and can implement the policies and procedures of this plan and the HHS Language Access Plan.

Staff training may include the following components:

- a. ACL's legal obligations to provide language assistance services.
- b. Department and agency language-access resources and designated points of contact.
- c. Professional responsibility with respect to communicating with LEP individuals.
- d. Tips for working with an interpreter in person or on the telephone.
- e. Tips on providing meaningful assistance to LEP individuals. Procedures for requesting document translation.
- f. Tracking the use of language assistance services.
- g. How the public can request services or file a complaint.

Action Steps:

- a. ACL will designate an office or official to lead ACL's LAP-related training, who will:

- Create an inventory of existing resources and training available to staff.
 - Identify roles that should receive training in the provision language access services.
 - Monitor the efficacy of language assistance training provided to relevant staff.
- b. As resources allow, ACL will develop a Standard Operating Procedure detailing language access processes and policies to be housed in ACL's SOP library.

ELEMENT 7: Assessment & Accountability: Access, Quality, Resources, Reporting

To increase availability and quality of language assistance services, it is important to assess the efficacy and availability of services provided to individuals with LEP and people with disabilities, including waiting time; quality of written translations and interpretation utilization of appropriate communication channels; barriers to providing services; and overall customer satisfaction with the language assistance services provided.

Action Steps:

- a. ACL will designate an office or official who will, to the extent that resources allow, monitor and assess relevant practices and procedures, focusing on progress made by the ACL to improve and ensure the quality and accuracy of language assistance services provided to individuals with LEP and people with disabilities. (This may or may not be the same designee described in other elements of this plan.)
- b. ACL will address, in accordance with policies and procedures developed under Element 4, complaints received regarding language assistance services and products, or other services provided by the agency, in a timely manner, and retain a record of any resolution of such complaints. Whenever feasible, resolutions and agreements should be made public.
- c. Implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected and reported to the Language Access Steering Committee.
- d. When resources are available, ACL will implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected in a manner that increases comparability, accuracy, consistency across programs and activities and takes into consideration guidance provided by the Language Access Steering Committee.
- e. When resources are available, ACL will implement an agency process to annually report to the Language Access Steering Committee on agency progress implementing each element of this plan, effective practices, and barriers to improving the language access program, in accordance with the Language Access Steering Committee reporting timelines.

ELEMENT 8: Consultations with Health Care and Human Services Partners

ACL will engage in robust dialogue with partners, grantees, and stakeholders, in accordance with this and other federal policies, to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of customer need and agency capacity, and evaluate progress on an ongoing basis.

Community-based organizations can provide important input into the language access planning process and can often assist in identifying populations for whom outreach is needed and who would benefit from HHS's programs and activities. They may also be useful in recommending

which outreach materials ACL should translate. As documents are translated, community-based organizations may be able to help consider whether the documents are written at an appropriate level for the audience. Community-based organizations may also provide valuable feedback to the agency to help ACL determine whether its language assistance services are meaningful in overcoming language barriers for persons with LEP.

ACL can obtain important information and insight from health care and human services partners. This information may be critical for conducting needs assessments, capacity, and accessibility under Elements 1 and 7. Health care and human services partners can provide agencies with qualitative and first-hand data on the needs of their current and potential individuals with LEP. The term “health care and human services partners” should always include beneficiaries, but it should also be viewed more broadly to include not only recipients of federal financial assistance, but also contractors, advocacy groups, religious institutions, non-governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.

ACL may also use studies, reports, or other relevant materials produced by health care and human services partners as forms of input. Consultations can take many forms, from gathering information through townhall style webcasts, (video) conference calls, letters, and in-person meetings with health care and human services partners, to posting information to agency websites for public comment.

Action Steps:

- a. Plan and coordinate conversations with partners to improve understanding of the needs of the people served by ACL’s programs.
- b. Share HHS and agency Language Access Plans and resources with partners.
- c. Incorporate health care stakeholder input in ACL’s Language Access Plan, as appropriate and consistent with this plan.
- d. Where feasible, ACL should share relevant information pertaining to language access with partners.

ELEMENT 9: Digital Information

ACL complies with Section 508 of the Rehabilitation Act of 1973 (Section 508), which requires federal agencies to ensure that their information and communication technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities. ACL also complies with the 21st Century Integrated Digital Experience Act (IDEA), which requires any public federal agency website created after December 2018 to follow the principles of the U.S. Web Design System ([USWDS](#)). ACL works with OCIO and its own Section 508 program managers to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities. In addition to the requirements of Section 508, Section 504 requires that ACL take appropriate steps to ensure effective

communication with people with disabilities, including through the provision of appropriate auxiliary aids, application of plain language principles, and services such as ASL interpreters.

For example, at virtual meetings this means that ACL may need to provide an ASL interpreter, and that the virtual meeting platform used should be able to accommodate a screen for a sign language interpreter that can be seen by the person with a disability who requires the interpreter.

Action Steps:

- a. For virtual meetings,
 - ensure that the platform being used provides for closed captioning and that the captioning function is enabled by the host. As a best practice, consider using real time translation services such as Communication Access Realtime Translation (CART) to ensure better accuracy of captions, particularly when material is highly technical.
 - ensure that participants are able to highlight another participant's screen and keep focus on that screen so that ASL users can focus on an ASL interpreter, even if the interpreter is not speaking.
 - provide attendees the option to request auxiliary aids and services or reasonable modifications in the meeting invitation so that individuals with disabilities may take part in the meeting. In practice, this will generally amount to requests for captioning and/or ASL interpreters so that attendees with disabilities may participate. The invitation may require that any requests for auxiliary aids and services or reasonable modifications be made by a certain date prior to the meeting to allow the meeting organizer sufficient time. Share available in-language information online in a manner that promotes meaningful access for individuals with LEP.
- b. Develop a training for all staff to help ensure that virtual meetings are fully accessible.
- c. Notify visitors with LEP to ACL webpages that language assistance is available at no cost in alignment with the action steps outlined in Element 5.
- d. Serve on at least one federal working group that focuses in part on making government websites more accessible to persons with LEP.
- e. Use and promote the resources on www.lep.gov by providing links to the LEP.gov website on agency and program websites.
- f. Leverage digital communication tools to increase awareness and utilization of agency programs, activities, language assistance services, and products available in non-English languages.
- g. Leverage HHS digital policies and U.S. Web Design Standards for guidance on multilingual display guidance and options,
- h. If resources become available:
 - prominently display links on the agency's English language websites to pages and documents that are also available for viewing or downloading in languages other than English and to available telephonic interpreter services in the visitor's language.

- develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts.
- evaluate advancements in technology such as artificial intelligence, including machine learning, to expedite translation.
- provide timely information, such as deadlines or significant policy shifts, through videos in sign language.

ELEMENT 10: Grant Assurance and Compliance by Recipients of HHS Funding

Recipients of federal funds must comply with federal civil rights laws and provide written notice of their legal obligation and compliance with regulations as they relate to language access. Program reviews can present opportunities for reviewers to determine if recipients are complying with program and civil rights regulations. To help ensure recipients of HHS funding meet their program and civil rights obligations, civil rights guidance and increased compliance monitoring should be included in grant announcements, requirements, and policies. Complaints should be addressed in a timely and reasonable manner.

Action Steps:

- a. ACL will ensure grant recipients: 1.) are aware of their language access obligations; 2.) have plans for serving persons with LEP and persons with disabilities that ensure their programs and activities are capable of complying with the assurances they give in exchange for HHS funds; 3.) understand the process for including budget lines in their proposals for providing language assistance services; 4.) receive, resolve, and document complaints in a timely manner; and 5.) follow guidance and technical assistance provided by the agency.
- b. Subject to availability of funding, ACL will conduct compliance reviews/audits to ensure that funding recipients are meeting language access requirements.
- c. Subject to availability of funding, ACL will create a dedicated process for addressing complaints and require grantees to make complaint resolution information available to the people they serve.
- d. In consultation with the grants office, develop and incorporate LEP requirements or best practices in funding opportunity announcements, e.g., requiring applicants to submit language access procedures or policies with their applications, providing notices of the availability of language assistance services at no cost, providing vital program documents in the top XX languages spoken by the communities they serve, including budgets in their applications to provide language assistance services, demonstrating the ability to serve communities with LEP and people with disabilities, etc.
- e. Train agency staff who communicate with HHS-funded entities to promote awareness of the HHS LEP Guidance. Ensure agency program staff can make current and prospective recipients of agency funds aware of their obligations under federal civil rights statutes and regulations including ensuring persons with LEP can utilize language assistance services.

- f. Incorporate questions about language accessibility and meaningful communication in the agency’s onsite program reviews, questionnaires, or surveys designed to determine compliance with grant obligations.
- g. Ensure civil rights compliance language and guidance is included in outreach materials to the extent feasible, including ensuring compliance by the recipient’s program staff, sub-recipients, and contractors.
- h. Develop recipient-oriented materials explaining recipient responsibilities for compliance with federal civil rights statutes and regulations with links to relevant guidance and civil rights complaint forms in multiple languages and multimedia formats.
- i. Provide and promote links to resources and technical assistance documents on the agency’s program website(s).

Appendix:

A. Include copies of relevant language access policies and procedures

B. Definitions

Note: Any related definitions that may be issued under Section 1557 will complement or supersede the broad working definitions set forth below.

Agency	Agency refers to HHS Operating Divisions (such as ACL, CDC, FDA or NIH) and Staff Divisions (such as the Office for Civil Rights or the Office of the Assistant Secretary for Public Affairs). Operating Divisions focus on specific programs and activities as authorized by Congress. Staff Divisions are part of the Office of the Secretary and serve in a coordinating role for the Department.
Applicant	Any person who inquires about or submits an application for public assistance benefits under any program or service.
Beneficiary	Anyone who has applied for and is receiving Medicare, Medicaid, or other health benefit.
Bilingual/Multilingual Staff	A staff member who has advanced proficiency (e.g., proficiency at or above the Federal Interagency Language Roundtable (https://www.govtilr.org/) level 3 in listening, reading, and speaking or above the American Council on the Teaching of Foreign Languages “Superior” level in listening, reading, and speaking)) in English and at least one other language and has knowledge of and experience with specialized terminology necessary for meaningful communication. A staff member who only has a rudimentary

	<p>familiarity with a language other than English shall not be considered Bilingual/Multilingual Staff.</p> <p>Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators.</p> <p>A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.</p>
Certificate	An academic recognition demonstrating the successful completion of a program of study, usually based on amount of instructional time and a minimum grade.
Certification	Institutional recognition demonstrating successful passing of an examination that tests knowledge, skills, and abilities related to an occupation.
Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and interested parties.
Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
Direct “in-language” communication	Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).
Disaggregated Data	Data that separates out subgroups to provide the most descriptive and detailed information possible; for example,

	rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.
Effective Communication	For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication for people without disabilities.
Interested Party	Beneficiaries, including recipients of federal financial assistance, vendors, advocacy groups, non-governmental organizations, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.
Interpretation	The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then faithfully orally rendering it into another spoken language (target language) while retaining the same meaning. For individuals with certain disabilities that affect communication, this can include understanding, analyzing, and processing a spoken or signed communication in the source language and faithfully conveying that information into a spoken or signed target language while retaining the same meaning.
Intersectional Data	Data that combines or otherwise includes information about more than one demographic or other characteristic; for example, intersectional data would include data regarding national origin and LEP status, and/or data regarding Native American women (thus analyzing data about the intersection of race and gender). It may also include data about literacy rates, poverty rates, familial status or other characteristics relevant to social determinants of health.
Language Access	Is achieved when individuals with LEP have meaningful access to and can communicate effectively with HHS employees and contractors and participate in HHS programs and activities.
Language Assistance	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and

	gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS.
Limited English Proficiency (LEP)	An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is D/HOH may also have limited proficiency in spoken or written English and may not be proficient in ASL or any other recognized sign language.
Machine Translation	Automated translation that is text-based and provides instant translations between various languages, sometimes with an option for audio input or output.
Meaningful Access	Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals.
Participant	Any person who has applied for and is receiving public assistance benefits or services under any HHS program or service.
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively. The language that LEP individuals identify as the preferred language that they use to communicate effectively.

Qualified Interpreter or Translator	A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.
Sight Translation	The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.
Sign Language	Method of communication for people who are deaf or hard of hearing in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.
Sub-recipient	An entity that, on behalf of and in the same manner as a recipient of federal financial assistance, provides services to and has contact with applicants to and participants in a program administered by a recipient of federal financial assistance, but does not include an individual applicant or participant who is a beneficiary of the program.

Taglines	Brief messages that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices, but covered entities may also add more languages.
Translation	The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.
Vital Document	Paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law. Vital documents include, but are not limited to: critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits that require a response from an individual with LEP; written tests that evaluate competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the availability of language assistance services for individuals with LEP at no cost to them.