

NEW YORK STATE DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION
REFERRAL FORM FOR INMATES WITH LIMITED ENGLISH PROFICIENCY

FACILITY: _____

TO: _____
(Education Supervisor, SORC, or DSP)

FROM: _____
(Person making referral and title)

DATE: _____

PROGRAM ASSIGNMENT: _____

INMATE'S NAME: _____ **DIN:** _____

Please indicate your reason(s) for believing that this inmate is unable to participate in

_____ due to his or her LEP status.
(Name of program assignment)

(The inmate has difficulty understanding basic information or orders, difficulty communicating or expressing thoughts or actions, is unable to read information written in English related to program participation.)