ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Translation-Interpreting

A. Describe your criteria for selecting people who will be translators and interpreters, including how you ensure that appropriate dialects are available:

B. Please provide a listing of languages which you can interpret including your ability to service the hearing impaired. State fluency to read, write and speak each language.

C. Provide the hours that services from your organization can be supplied: (if any specific translation and/or interpreting services are not available during these hours, please indicate.)
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

D. State approximate timeframe between referral and provision of service:
1. For translation assignment:
2. For interpreting assignment:

E. For translation assignments, does your organization have the capability to accept assignments and transmit completed work electronically? ☐ No ☐ Yes
If yes, describe the method by which work should be submitted to your organization:

F. What is the method work will be received from your organization?

G. Describe your procedure for ensuring that translators and interpreters provide quality work, including client satisfaction and accurate and objective translation:

H. How do you address sensitivity to elders with your employees?

I. What is your proposed rate?
$
Describe any additional charges.

Provider employee who completed this form
Name: Date: