

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: _____