

Translation/Interpreting

* = required field

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

- B. State the hours below that services from your organization can be supplied: (Indicate below if any specific translation and/or interpreting services are not available during these hours, please indicate.)*

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

C. State approximate timeframe between referral and provision of service:

For translation assignment: *

For interpreting assignment: *

D. For translation assignments, does your organization have the capability to accept assignments and transmit completed work electronically? *

Yes

No

If yes, describe the method by which work should be submitted to your organization:*

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

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

G. How do you address sensitivity to older adults with your employees?*

Name of Provider employee who completed this form: *

Signature: _____ Date: _____