

ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT  
**Translation/Interpreting**

- A. Please provide a listing of languages which you can interpret. State fluency to read, write, and speak each language.
  
- B. Indicate below the hours and days that services can be provided: (please indicate if any specific translation and/or interpreting services are not available during these hours)
  
- C. State approximate timeframe between referral and provision of service:  
For verbal assignments;  
for written assignments:
  
- D. Please state your agency's capacity to perform the following: in home translation services; telephone translation services; translation of written documents; e-mail.
  
- E. Describe your procedure for ensuring that translators and interpreters provide quality work, including accurate and objective translation.
  
- F. What is your proposed service rate for Translation/Interpreting services?  
\$        per  
Describe any additional charges.

**SERVICE SPECIFIC ON-SITE REVIEW**  
**Translation/Interpreting**

Please note the documents and records which will be required for the client files and/or employee files to be reviewed at the time of on-site evaluation.

<p><b><u>Employee Records Review</u></b></p> <p>Provider: _____</p> <p>Date: _____</p> <p>Monitor: _____</p>					
Start Date					
Termination Date					
Number of reference checks					
Job Description(s) in file					
Annual performance appraisal					
CORI Check					
Comments					

**SERVICE SPECIFIC ON-SITE REVIEW**  
**Translation/Interpreting**

Please note the documents and records which will be required for the client files and/or employee files to be reviewed at the time of on-site evaluation.

<b><u>Client Records Review</u></b>					
Provider: _____					
Date: _____					
Monitor: _____					
Current Authorization in file					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Physician(s) name and phone					
Hospital name and phone					
Medical/ social diagnosis					
Name of current CM/RN					
Source of referral					
Date of referral					
Service start date					
BLDG # written on referral, if applicable					
Termination: date, if applicable					
Comments					