

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. State the hours below 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
- 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:

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

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

Translation/Interpreting

D. How do you address sensitivity to elders with your employees?¹

Name of Provider employee who completed this form:

Signature:

Date:

¹ ASAP Vendor Monitoring Manual

**ESMV REQUEST FOR RESPONSES
RATE SHEET**

COMPLETE FOR EACH SERVICE RESPONDENT IS REQUESTING TO PROVIDE.

Provider Name: _____

Service Type: _____

Calculation of Average Hourly Employee Compensation

Base Wage		Training Wages	
Travel Stipend		Transportation Expense	
Holiday Pay		Bereavement Pay	
Sick Pay		Annuity/Pension	
Personal Day Pay		Day Care	
Vacation Pay		Other (define)	
Health Insurance		Other (define)	

Total Hourly Average: \$ _____

Hourly Administrative Overhead: \$ _____

*Hourly Profit: \$ _____

Hourly Unit Rate: \$ _____

Provider Authorized signature

Title

Printed Name

Date

* Non-profit corporations do not complete this line.

Translation/Interpreting

<u>Client Records Review</u>					
Provider:					
Date:					
Monitor:					
Current Authorization in file					
ID Info - name; address; phone; DOB					
Emergency contact(s) and phone					
Name of current CM					
Date of referral					
Service start date					
Termination: date, if applicable					
Comments					

Translation/Interpreting

<u>Employee Records Review</u>					
Provider					
Date:					
Monitor:					
Start Date ¹					
Termination Date ¹					
Number of reference checks					
Job Description(s) ¹					
Ongoing training: dates					
Annual Performance Appraisal: Date ¹					
CORI Check ²					
Comments					

¹ M.G.L., Chapter 149, Section 52C

² M.G.L., Chapter 6, Section 172C