

Interpreter Services: Request for Reimbursement

- Interpreters must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in oral and listening proficiency in English and the sought foreign language.
- The hourly rate for Interpreter Services reimbursement cannot exceed \$40.00 per hour for on-site services or \$20.00 per hour for telephone/off-site interpretative services
- Reimbursement requests should not include time spent by the Interpreter in travel or costs for transportation.
- Reimbursement will not be provided when Interpreter Services are rendered to afford access to the services of other entities.
- Requests for Reimbursement must be submitted monthly. Failure to submit monthly may result in delays in payment. Requests received a calendar year or more after date of service cannot be approved. Invoices and logs from the Interpreter Services provider must be attached and must include EI/CM provider name, OIDD eligible participant name and date of birth, dates and amounts/times of services.
- Please only include one month and a maximum of 10 different OIDD eligible participants per request form
- Forms must be completed and signed by an employee of the EI/CM agency. Forms completed or modified by the Interpretation/Translation Provider cannot be accepted.

CM/EI Provider Name:	Person Completing Form:	Date Form Completed:
Email:	Phone Number:	Signature:

Name of OIDD Eligible Participant	Date of Birth	Participant receives CM or EI services	Type of Service (Spanish, ASL, etc.)	Method of service (phone call, text, meeting, etc.)	Date of service (mm/dd/yyyy, OR mm/yyyy)	On-Site or Off-Site and rate per hour		Length of Time (in minutes)	Amount Paid (\$)
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
		☐ CM ☐ EI				☐ On (\$40.00)	☐ Off (\$20.00)		
<i>Total Amount Requested:</i>									

<i>BELOW FOR OIDD USE ONLY</i>			
<i>Signature:</i>		<i>Date:</i>	
<i>Approved Amount:</i>			