

Document Translation Services: Request for Reimbursement

- Document Translators must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in reading and writing proficiency in English and the sought foreign language.
- Document Translation services will be reimbursed at a rate per word, based on the source document word count. For source documents under 500 words, the rate is \$0.25 per word. For source documents exceeding 500 words, the rate is \$0.18 per word.
- Reimbursement will not be provided when Document Translation 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 Document Translation 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		Document Type (Family Service Plan, etc.)	Date of service (mm/dd/yyyy, OR mm/yyyy)	Word Count	Over or under 500 words, and rate per word		Amount Paid (\$)
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
		☐ CM	☐ EI				☐ Over (\$0.18)	☐ Under (\$0.25)	
<i>Total Amount Requested:</i>									

BELOW FOR OIDD USE ONLY

<i>Signature:</i>		<i>Date:</i>		<i>Approved Amount:</i>	
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