

Leona Gildersleeve

**Authorized Signature**

**Number:** CW\_AR\_08\_001

**Effective Date:** 7/21/08

**Subject:** Translation and Interpretation Requests for CAF Field Offices

### Translation Request Procedure

Step	Responsible Party	Action
1.	Branch Office	<p>A minimum of <b>five business days</b> is needed for requests to be completed. Longer or complicated documents may take longer.</p> <ul style="list-style-type: none"> <li>- Complete and save document to be translated in Word (preferred) or PDF file.</li> <li>- Complete CF 0010A (07/08 version only). <b>Link to form.</b> <a href="#">Click here</a></li> <li>- Send GroupWise e-mail with both of the above attached to <a href="mailto:Translations.CAF@state.or.us">Translations.CAF@state.or.us</a> or CAF,Translations</li> </ul>
2.	CAF Field Services	<ul style="list-style-type: none"> <li>- Receive, review and enter information on tracking log.</li> <li>- Send e-mail to vendor with CF 10A and document file attached.</li> </ul>
3.	Vendor	<ul style="list-style-type: none"> <li>- Complete requested translation (Word document preferred) or pdf.</li> <li>- Attach completed document along with CF 0010A (07/08) to e-mail addressed to <a href="mailto:Translations.CAF@state.or.us">Translations.CAF@state.or.us</a></li> </ul>
4.	CAF Field Services	<ul style="list-style-type: none"> <li>- Receive, review, save, and log completed translation.</li> <li>- Send as attachments to e-mail to Branch worker or designee.</li> </ul>
5.	Branch	<ul style="list-style-type: none"> <li>- Save document electronically in the <b>shared CW folder under case number.</b></li> <li>- Make entry in case notes of date translation documents received.</li> <li>- Assure that a hard copy of the translation document is included in the case file.</li> </ul>
6.	Vendor	<ul style="list-style-type: none"> <li>- Submit invoice to CAF Field Services for payment.</li> </ul> <p>Address: DHS-CAF Field Services 500 Summer Street NE E-93 Salem, Oregon 97301-1066</p>

		- Reference CAF Job # on Invoice details.
7.	CAF Field Services	- Receive invoice, reconcile and record invoice number on tracking log. - Approve payment and submit to Financial Services.

## Forms that apply

- CF 0010A (07/08) – CAF Request for Translation Services
- Any CW Forms or documents needing translation.
- **NOTE:** Many Child Welfare forms are already available in other languages on the DHS Forms Server.
- CF 294A = Contract Payment Voucher (vendor)
- CF 294 – Administrative Payment Voucher (vendor)

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## Interpretation Request Procedures

Step	Responsible Party	Action
1.	Branch Office	<p><b>FOR ALL IN-PERSON INTERPRETATIONS:</b></p> <ul style="list-style-type: none"> <li>- <b><u>American Sign Language/Real Time Captioning</u></b></li> <li>- Call (503)-373-7605 ( Oregon Deaf and Hard of Hearing Services ( ODHHS); <b>or</b> Submit request electronically at <a href="http://www.oregon.gov/dhs/odhhs/ecs/shtml">http://www.oregon.gov/dhs/odhhs/ecs/shtml</a></li> <li>- <b><u>all other Language in-person</u></b> interpretations:</li> <li>- Call Certified Languages International (CLI) at (503)-525-9601, ext. 314;</li> <li>- Provide Customer Code ( See Page 3 Below)</li> </ul> <p>** The more advance notice that you provide to the vendors, the more likely they are to complete your request.</p> <p><b>FOR ALL TELEPHONE INTERPRETATIONS:</b></p> <ul style="list-style-type: none"> <li>- Call Optimal Phone Interpretations at 1-877-746-4674</li> <li>( See Transmittals on CAF Staff Tools Web Page for further details at SS-AR-05-014)</li> </ul>
2.	Branch Office	<ul style="list-style-type: none"> <li>- <b>IF ODHSS or Certified Languages are unable to fulfill your request, branch may contact other vendors including:</b></li> <li>IRCO – (503)-234-0068</li> <li>Spanish Communications – (541)-482-7062</li> <li>Telelanguage – (503)- 535-2151</li> </ul>

3.	Vendor	Complete request and arrange interpreter.
4.	Interpreter	- Provide service. - Obtain signature of CAF worker or designee and date service form to document that service was provided.
5.	Branch Office	- Enter in case notes that interpreter provided service as requested on specified date.
6.	Vendor	- Submit invoice and CF 294 or 294A to CAF Field Services for payment. Invoice will include signature and date documentation by worker or designee that service was provided.
7.	CAF Field Services	- Receive, review, and authorize payment.

<b>CERTIFIED LANGUAGES INTERNATIONAL INTERPRETATIONS CUSTOMER CODES</b>	
<b>CUSTOMER CODE</b>	<b>CUSTOMER_N</b>
SOCF	Main Admin Office / Salem
SOCF-W	Washington County
SOCF1	Clackamas
SOCF12	SDA 12
SOCFBE	Benton County
SOCFCL	Clatsop County
SOCFD	Douglas County
SOCFDC	Deschutes County
SOCFE	East Branch
SOCFG	Gresham
SOCFHR	Hood River
SOCFL	Linn County
SOCFLI	Lincoln County
SOCFLN	Lane County
SOCFM	SOCF - Dist 2 Office
SOCFMT	SOCF-Midtown Branch
SOCFNNE	SOCF - Alberta Branch
SOCFP	SOCF - Polk County
SOCFS	SOCF - Marion County
SOCFSO	SOCF - District 8
SOCFT	SOCF - Tillamook County

If your branch or county is not listed on this list, use a code for a listed branch in your District. As need for additional codes arise, we will establish them with the Vendor.

## Contacts

- Leona Gildersleeve at 503-945-7000 or Angela Frank at 503-945-6650