

Ryan Vogt, Assistant Administrator
Field Services Administration

Authorized Signature

Number: CW-IM-12-001
Issue Date: 02/15/2012

Topic: Provider Information

Subject: Interpretation and Translation Services

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message:

Field office procedure for requesting client translation or interpretation services.

Procedure Title:	Translation and Interpretation Requests for Field Offices				
Procedure Number:		Version:	1.0	Effective Date:	07/15/2011

Translation Request Procedure

Step	Responsible Party	Action
1.	Branch Office	<ul style="list-style-type: none"> Complete CF 0010A Save document to be translated in Word (preferred) or PDF file Email CF 0010A and document to Translations.CAF@dhs.oregon.gov or Translations CAF <p><i>Note - A minimum of five business days is needed to complete requests.</i></p>
2.	Field Services	<ul style="list-style-type: none"> Receive, review and enter translation request on tracking log Send CF 0010A and document to vendor for translation
3.	Vendor	<ul style="list-style-type: none"> Complete requested translation Return translated document and CF 0010A to Field Services
4.	Field Services	<ul style="list-style-type: none"> Receive, save and log completed translation Email translated document to original branch office requestor
5.	Branch	<ul style="list-style-type: none"> Enter in OR-Kids/TRACS/ACCESS, date translated document received File copy of the translated document in the case record
6.	Vendor	<ul style="list-style-type: none"> Submit invoice for payment to: DHS-Field Services 500 Summer Street NE E-93 Salem, Oregon 97301-1066 <p><i>Note - reference Job # on invoice detail</i></p>
7.	Field Services	<ul style="list-style-type: none"> Receive, reconcile and record invoice number on tracking log Approve payment and submit to Office of Financial Services

Forms that apply

- CF 0010A – CAF Request for Translation Services

Interpretation Request Procedure

Step	Responsible Party	Action
1.	Branch Office	<p><u>IN-PERSON INTERPRETATIONS</u></p> <p>American Sign Language/Real Time Captioning Oregon Deaf and Hard of Hearing Services (ODHHS) – call (503) 947-5183 or submit request electronically at http://www.oregon.gov/dhs/odhhs/ecs/shtml</p> <p><i>Note - IF ODHHS is unable to fulfill your request, the branch may contact one of the vendors below.</i></p> <p>All other languages:</p> <p>Certified Languages International - (503) 525-9601 ext. 314;</p> <p><i>Note - provide customer code from last page of this transmittal</i></p> <p>Telelanguage – 1-800-826-3253</p> <p>IRCO - (503) 234-0068</p> <p><u>TELEPHONE INTERPRETATIONS</u></p> <p>LanguageLink - 1-877-764-7888</p> <p>Give the call center representative the following:</p> <ul style="list-style-type: none"> • Account number: 8606 • Your full name • Branch name and location (examples: Baker Child Welfare, Alberta Self-Sufficiency, North Salem Vocational Rehabilitation, etc.) • Language needed
2.	Vendor	<ul style="list-style-type: none"> • Complete request and arrange interpreter
3.	Interpreter	<ul style="list-style-type: none"> • Provide service • Obtain signature of case worker or designee to document service was provided
5.	Branch Office	<ul style="list-style-type: none"> • Enter in OR-Kids/TRACS/ACCESS, service provided and date of service
6.	Vendor	<ul style="list-style-type: none"> • Submit invoice to Field Services for payment <i>Invoice must include signature of provider, date of service and signature of case worker or designee confirming service was provided</i>
7.	Field Services	<ul style="list-style-type: none"> • Receive, review and authorize payment

**CERTIFIED LANGUAGES INTERNATIONAL
INTERPRETATIONS**

CUSTOMER CODE	CUSTOMER_NAME
SOCF	Main Admin Office / Salem
SOCF-W	Washington County
SOCF1	Clackamas
SOCF12	District 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 on this list, use a code for a listed branch in your District.

If you have any questions about this information, contact:

Contact(s):	Tracey O'Donnell, Field Services Business Integrity Manager		
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E-mail:	Tracey.odonnell@dhs.oregon.gov		