

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 onsite services or \$20.00 per hour for telephone interpretative services unless prior authorized by the DDSN District Office.
- 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.
- Monthly requests for all Interpreter Services provided during the month are encouraged. Invoices from the Interpreter Services provider must be attached.

Provider Name: _____

Person Completing Form: _____

Phone Number: _____

Date: _____

Name of DDSN Eligible Person or Applicant	Date of Birth	Type of Interpreter Service (e.g., Spanish, American Sign Language, Braille, etc.)	Date of Service	Rate Per Hour	Length of Time	Amount Paid (\$)
				Total Amount Requested		

For DDSN Use Only:

District I

District II

Approved Amount: \$ _____

Date: _____

District Office Staff Signature