NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Language Access Provider Attestation Form

Attestation & Receipt of the Language Access Code for Telephone Interpretation

Name of Agency/Organization:

Contact Name and Title:

Contact Email:

Contact Phone:

I hereby recognize that OPWDD is providing access to telephone interpretation services as a resource and is not obligated to render such services to provider agencies. The service is being afforded as a benefit to people and/or their family members that may have limited English proficiency. This access code is solely for the use of staff at my agency/organization during regular work hours and should not be used by any agency/organization or staff for personal gain.

This attestation form must be signed by the agency director and/or Quality Improvement director.

(Print Name)	(Signature)	(Date)

Please complete and return to:

Language.Access.Requests@opwdd.ny.gov