



New York State Office for People With Developmental Disabilities

Attestation Form

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Receipt of the Language Access Code for Telephonic Interpretation

Name of Agency/Organization:

Name of Quality Assurance Director:

I hereby recognize that OPWDD is providing telephonic interpretation simply as a resource and is not obligated to render such service. This service is being afforded as a benefit to those individuals and/or family members that may be limited-English proficient. The 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.

(Print Name)

(Signature)

(Date)

For additional Language Access resources please follow the link provided below:

<http://www.opwdd.ny.gov/resources/language-access>

If there is any difficulty reaching the online resources, contact the Help Desk at Help.Desk@opwdd.ny.gov or (518) 381-2100

Please complete and return to:

**Office for People With Developmental Disabilities (OPWDD)
Regional Office**