



## Attestation Form & Receipt of the Language Access Code for Telephonic Interpretation

**Name of Agency/Organization:**

**Phone:**

**Email:**

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

\_\_\_\_\_  
(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 services, contact the Help Desk at

[Help.Desk@opwdd.ny.gov](mailto:Help.Desk@opwdd.ny.gov) or (518) 381-2100

**Please complete and return to:**

**Nicole Weinstein, Language Access Coordinator**

**[Nicole.Weinstein@opwdd.ny.gov](mailto:Nicole.Weinstein@opwdd.ny.gov)**

**(Turn Over)**

