

**Bilingual Individuals**  
**XYZ Corporation** (*center location here*)  
 (As of *month and year submitting information*)

**Staff Members:**

We currently have:

- no staff members available who are qualified to speak and/or interpret a language other than English.
- the following staff member(s) who are qualified to speak and/or interpret a language other than English:

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

**Contractors:**

The Director of Clinical Services, (*First Name, Last Name – phone number*), is responsible for maintaining a list of local bilingual interpreters/translators.

The Director of Clinical Services has chosen the following interpreter/translator to ensure that qualified persons with Limited English Proficiency (LEP) can adequately communicate with Hospice staff members.

Company/Organization:	
Contact Person:	
Address:	
Address:	
City/State/Zip:	
Voicemail:	
Fax:	
Email:	