Bilingual Individuals

XYZ Corporation (center location here)

(As of (month and year submitting information)

Staff Members:

other than English. Ithe 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: Address: City/State/Zip: Voicemail:	We <u>currently</u> have:		
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