

Victim Services Interpreter Bank Applications for Victim Services Providers

The Victim Services Interpreter Bank (Bank) provides free spoken and sign language interpreters, as well as translation services, to participating victim services providers (Providers) in the District of Columbia (District). Providers must apply to be included. Applications are accepted on a rolling basis.

The Bank is staffed by the Language Access Program at Ayuda, a nonprofit serving immigrants in the Washington, DC area. The Bank is funded by a grant from the DC Office of Victim Services. The funding is limited to organizations located in the District that provide at least some non-legal services to victims of crime. If an organization provides both legal and non-legal services, then the organization should consult with the Bank about when to use the Victim Services Interpreter Bank and when to use the Community Legal Interpreter Bank.

Providers - Requirements

Providers of non-legal victim services in the District are invited to apply for inclusion in the Bank. To qualify, Providers must:

- 1) Provide at least some non-legal services to victims of crime *
- 2) Be located in the District (or demonstrate that a large number of the victims served by the Provider reside in the District)
- 4) Submit a completed application
- 5) Attend an orientation session
- 5) Designate two points of contact for the Bank and keep the Bank informed of any change in the identity or contact information of the points of contact
- 6) Sign an MOU with the Bank, and comply with its stated requirements

* Preference may be given to organizations that are members of the Victim's Assistance Network

Accepted Providers will be required to attend a 2-hour orientation session in the form of a "Language Access Provider Training" and sign the MOU before accessing Bank services. Providers should send their two points of contact to the training; these individuals will be responsible for ensuring organizational understanding of, and compliance with, the policies and procedures of the Bank. Further training on language access and the use of interpreters (provided at no cost by the Bank) may be offered at a later time for direct service staff. Please contact Bank staff to learn when the next Language Access Provider Training will occur.

Fees

Interpretation and translation services will be provided *at no cost to the Provider*. Services provided are dependent on available funding. The Language Access Program at Ayuda will communicate regularly with Providers regarding the allocation of services. The Bank is in its inaugural year and allocation of services throughout the year is based solely on projections, subject to change based on actual usage. Providers should request services whenever they are needed. Additional allocations for a particular service will be made, as needed, until all grant funding is exhausted. If grant funding is exhausted before September 30, 2015, Providers will continue to have access to interpreters and translators, but will have to pay for the cost of the service (with no added overhead). The Bank will make every effort to avoid such a lapse in free services by monitoring and limiting (if necessary) allocations throughout the year. Allocations may be reduced (for Providers who are not spending their allocations) and redirected to other Providers.

Feedback and Information

Providers are encouraged to recommend changes and improvements at any time to the Language Access Director, Deputy Director, or Coordinator. For more information about the Victim Services Interpreter Bank, please contact Language Access Program staff at: InterpreterBank@ayuda.com

Victim Services Interpreter Bank Provider Application

Please answer the following questions. Return to Ayuda by email (interpreterbank@ayuda.com) or fax (202-387-0324).

Organization Name			
Organization Address			
Contact Person (1 st)		1 st Contact's Title	
1 st Contact's Phone Number		1 st Contact's Fax Number	
1 st Contact's Email Address			
Contact Person (2 nd)		2 nd Contact's Title	
2 nd Contact's Phone Number		2 nd Contact's Fax Number	
2 nd Contact's Email Address			
Is your organization a nonprofit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization's Legal Status	<input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other:		
Is your organization located in the District of Columbia?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide at least some non-legal victim services for District residents?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the types of services that you provide to victims of crime:			
How many clients does your organization serve annually?			
What approximate percentage of clients served are Deaf or hard of hearing?			
What approximate percentage of your clients served are limited-English proficient or non-English Proficient (LEP/NEP)?			
What languages are spoken by your LEP/NEP clients (in order of frequency)?			

If you have bilingual staff members who serve clients/patients in languages other than English, please list the languages:	
Does your organization have a Language Access Policy?	<input type="checkbox"/> Yes (attach) <input type="checkbox"/> No
Do you currently track client language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently track use of an interpreter by client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate needing interpreters on an on call basis (for situations that arise without notice) or only for scheduled appointments?	<input type="checkbox"/> On call <input type="checkbox"/> Scheduled <input type="checkbox"/> Both
Do you provide non-legal victims services outside of traditional office hours (Monday-Friday; 9AM-5PM)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when do you provide non-legal victims services? Weeknights? Weekends? 24 hours per day? Which time periods are most common?	
Please list the primary addresses where your employees work:	
Please list the names, phone numbers, and email addresses of all staff members who will be using our online system to request interpreters:	
Name:	Email:
Phone Number:	
Name:	Email:
Phone Number:	
Name:	Email:
Phone Number:	

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Name:	Email:
Phone Number:	
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Please give examples of the types of documents that you are likely to need translated (if possible, include approximate lengths and the likely languages):	
Authorized Representative Name:	
Signature:	
Date:	
Note: The Provider will be required to complete an orientation session in the form of a “Language Access Provider Training” with the Ayuda Language Access Program staff, and to submit a signed Memorandum of Understanding (MOU), before accessing the services of the Victim Services Interpreter Bank.	

MEMORANDUM OF UNDERSTANDING
Victim Services Interpreter Bank

This Memorandum of Understanding (MOU) between Ayuda and _____ (Provider) describes the privileges, benefits, duties, and responsibilities of each party regarding participation in the Victim Services Interpreter Bank (Bank).

A. Ayuda, as the administrator of the Bank, shall:

1. Develop and maintain a bank of interpreters for spoken languages and Sign Language. The interpreters will possess training or experience in interpretation skills, will complete a special training on working with victims of crime, and will have demonstrated proficiency in their working languages. Regarding interpretation, Ayuda shall:
 - a. Make interpretation services available to the Provider, free of charge.
 - b. Require all interpreters to sign a confidentiality agreement.
 - c. Provide a list of the interpreters, their qualifications, and their pay rates to Provider, upon request.
 - d. Provide an online scheduling system through which Provider may request an interpreter, on an on call basis or for a scheduled appointment, 24 hours per day.
2. Make translation services available to Provider, free of charge, through a third-party vendor and disclose the fees charged by the third-party vendor to Provider, upon request.
3. Make telephonic interpretation services available to Provider, free of charge, through a third-party vendor and disclose the fees charged by the third-party vendor to Provider, upon request.
4. Monitor the allocation of interpretation and translation services for Provider and communicate regularly with Provider regarding surpluses or deficiencies in available funding. With regard to allocation, Ayuda shall:
 - a. Provide at least one month's notice to Provider if funding is expected to be depleted such that additional services will not be available. Should free-of-charge services become unavailable at any point during a fiscal year, Provider may still purchase services at cost (with no added overhead).
 - b. Reserve the right to portion services available to Provider in any given month based on Provider's usage, and estimated usage, of the services of the Bank during the current fiscal year.
5. Give Provider two weeks' notice of any material modifications to the Bank's policies, processes, and procedures.

B. Provider shall:

1. Use interpretation and translation services for qualifying victim services only. Qualifying victim services are defined as assistance given to victims of crime.
2. Submit requests for interpretation and translation services using the online systems, telephonic access codes, or paper forms provided by Ayuda, as instructed.
3. Make all reasonable efforts to give Ayuda 48 hours notice of any cancellations of scheduled interpretation sessions.
4. Submit an Interpreter Evaluation Form, in the manner requested by Ayuda, within one week of each interpretation session with one of the Bank's specially trained interpreters.
5. Respond to reasonable requests by Ayuda for information needed for program evaluation purposes.
6. Pay for services utilized after the Provider's allocation has been exhausted and after Provider has been given reasonable notice by Ayuda that no further allocations will be made, in the unlikely instance that funding is depleted prematurely in a given grant year.
7. Maintain two points of contact for the Bank, and inform Ayuda of any changes in the identity or contact information of the points of contact within two weeks of the change.
8. Attend mandatory Language Access Provider Trainings and Bank Evaluation Sessions, coordinated by Ayuda or the DC Office of Victim Services (which funds the Bank) and occurring no more frequently than once every quarter.

9. Expect that assistance by in-person, specially-trained Bank interpreters may not always be available and be prepared to use telephonic interpretation as a back-up.
10. Work with Bank staff or with the Bank's telephonic interpretation vendor to learn how to use Video Remote Interpreting, a back-up system for interpretation in American Sign Language (ASL) when one of the Bank's specially-trained ASL interpreters is not available.

This MOU shall remain in effect until either party expresses, in writing and with two weeks' notice, a desire to terminate the relationship and agreement herein described.

David Steib
Language Access Director
Ayuda

[Authorized representative]
[Title]
[Organization]

Date

Date