



Attestation & Receipt of the
Language Access Code for Telephonic Interpretation

Name of Agency/Organization:

Contact Name and Title:

Contact Email:

Contact Phone:

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. **This attestation form should be signed by agency director and/or Quality Improvement director.**

(Print Name)

(Signature)

(Date)

Please complete and return to:

Language.Access.Requests@opwdd.ny.gov