

**Sign Language Interpreters**  
**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 interpret American Sign Language.  
 the following staff member(s) who are qualified to interpret American Sign Language:

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Hours of Availability:	

**Contractors:**

The Director of Clinical Services, (*First Name, Last Name – phone number*), is responsible for obtaining an outside interpreter when required.

The Director of Clinical Services has chosen the following interpreter referral agency to ensure that qualified persons with disabilities, including those with impaired hearing, can adequately communicate with Hospice staff members:

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