

NON-PROFIT SIGN LANGUAGE INTERPRETER FUND

Reimbursement Application

The Center for Hearing & Deaf Services has established the Non-Profit Sign Language Interpreter Fund (the “Fund”) to reimburse non-profits who pay for sign language interpreters to communicate with clients or potential clients who are Deaf, Hard of Hearing, or DeafBlind. It is intended primarily to benefit clients of small non-profits who are members of the Fund.

The Fund will reimburse an agency for up to \$100 for sign language interpreter fees per interpreter appointment, up to a maximum of two (2) appointments per year until the fund is exhausted.

To access the Fund, a non-profit shall pay the interpreter’s bill and mail or fax a copy of the bill to the Center for Hearing & Deaf Services (HDS) with a signed copy of the certification form to:

The Center for Hearing & Deaf Services, Inc.
Attention: Financial Services
1945 Fifth Avenue
Pittsburgh, PA 15219
FAX: 412-281-6564

For questions about the Fund or to join, visit www.hdscenter.org or contact the Director of Financial Services at 412-281-1375 v/tty.

The Sign Language Interpreter and Transliterators State Registration Act, 63 P.S. § 1725.1 *et seq.* (“Act 57”) requires that sign language interpreters be registered with the commonwealth in certain circumstances. For more information about Act 57 or sign language interpreters in general, contact the Pennsylvania Office for the Deaf and Hard of Hearing (ODHH) at 1-800-233-3008 or RA-LI-OVR-ODHH@state.pa.us or visit ODHH’s Web site at www.dli.state.pa.us/landi/cwp/view.asp?a=128&q=224493&dsftns=4782.

CERTIFICATION

I, _____, hereby certify that

1. On _____, 20____, I used sign language interpreter

(name of Interpreter)
to communicate with a client or potential client who is Deaf, Hard of Hearing, or DeafBlind.
2. I paid \$_____ to the interpreter or his/her employer for their services.
3. A true and correct copy of the bill for the interpreter's services is attached hereto.
4. To the best of my knowledge, information and belief, the interpreter was registered in accordance with the Sign Language Interpreter and Transliterator State Registration Act, 63 P.S. § 1725.1 *et seq.* ("Act 57-2003").
5. I request reimbursement of \$_____ (*insert amount up to \$100*) for the appointment. Please make check payable: _____

SIGNATURE

PRINT NAME

AGENCY

ADDRESS

DATE