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| Division of Disability and Rehabilitative Services | **Community Interpreter Submission Form**  **Deaf and Hard of Hearing Services**  ***Submit application to:*** [***DHHShelp@fssa.in.gov***](mailto:DHHShelp@fssa.in.gov) | | |
| **Applicant Information** | | | | |
| Name | | | | |
| Address *(Number and Street, City, State, and ZIP code)* | | | | |
| Primary Phone Number (Cell/VP): | | Text Number (Cell): | Email address: | | |

**Preferred Contact Method:** *Check One*  Email  Primary Phone  Text Only

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| **Interpreting Information** | | | |
| Type of Interpreting: | Years of Experience: | | State / National / Educational Certifications (please list all): |
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|  |  | |  |
| Previous IIC Number: | | Date of Last IIC Number: | |

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| **AFFIRMATION** | | | | |
| I understand that DHHS is compiling this information for services rendered to Vocational Rehabilitation assignments. This affirms that I have registered in, or plan to be registered in the VR-CPS Portal and am a Vocational Rehabilitation Vendor. I understand that I must abide by the stipulations outlined in the DHHS Handbook. I do not hold an Indiana Interpreting Certificate (IIC) at the time of signing and acknowledge that I will be at the state rate of pay for Non-IIC Interpreters as outlined in the Non-IIC Plus Program. | | | | |
| Signature | | | Date | |
| DHHS Signature | Date Issued | Date Expired | | Certification Number |

Required Information to include:

Optional Mail Application to:

Deaf and Hard of Hearing Services

402 W. Washington Street, W-453, MS 23

Indianapolis, IN 46204

* Resume
* Introductory Video
  + Name
  + Sign Language/Interpreting Background
  + Childhood memory/story (1-2 minutes)
* References

INSTRUCTIONS FOR THE INDIANA INTERPRETER COMMUNITY APPLICATION FORM

1. Fill out form completely
2. Sign and Date the form (electronic signature is acceptable)
3. Attach/Enclose a copy of any certifications, documents, letters, etc. for review
4. Submit form and documents to [DHHShelp@fssa.in.gov](mailto:DHHShelp@fssa.in.gov)
5. OR - Mail to: DHHS 402 W Washington Street, Indianapolis IN 46204 W453