

Policies and Rates



Policies/Rates for Sign Language Interpreting Services

All Hands Interpreting Services, LLC, (AHIS) provides communication services to remove communication barriers to both parties involved, also to individuals, businesses and organizations who are covered by Section 504 of the Rehabilitation Act, Americans with Disabilities Act and similar state and federal laws requiring the provision of auxiliary aids and services as necessary to ensure effective communication with deaf, hard of hearing, or deaf-blind persons.

Policies

Independent Contractor

AHIS utilizes subcontracted interpreters to perform sign language interpreting services. All interpreters are nationally certified by the National Association of the Deaf (NAD) or Registry of Interpreters for the Deaf (RID), and are registered with the state of Pennsylvania Office for the Deaf and Hard of Hearing as required by ACT 57. Additionally, AHIS subcontracts with interpreters who have passed the Educational Interpreter Performance Assessment (EIPA) in accordance with PA Department of Education Chapter 14 requirements; therefore, are certified to interpret in the K-12 setting. Subcontracted interpreters possess and maintain the following clearances: PA State Police Request for Criminal Records Check (Act 34), Department of Public Welfare Child Abuse History Clearance (Act 151), Federal Criminal History Record Information, and a TB test. Additional customer paperwork requirements may be completed upon request.

Confidentiality

All interpreters adhere to the RID Code of Professional Conduct and/or the EIPA Guidelines of Professional Conduct for Educational Interpreters. Disclosure of deaf and hearing participants names is mandatory. Refusal to disclose names and/or pertinent information regarding the service, are considered a reason for the interpreter to decline from accepting assignments.

Cancellation

48-hour notice (business days) is required for the cancellation of interpreter services. Services cancelled without sufficient notice will be charged for the full amount of contracted time in which an interpreter OR interpreters were secured, in addition to any travel fees and expenses.

No-Show

In the event the Deaf/Hard of Hearing OR hearing consumer(s) do not show up, the interpreter will wait no more than 30 minutes from the time of the scheduled service before departing. At which time, the client requesting the service will be billed for the full amount of time scheduled in addition to all travel fees.

Team Interpreting

AHIS reserves the right to determine if a service including, but not limited to, based on its length or complexity, unique needs of the persons being served, physical and emotional dynamics of the setting, and/or the avoidance of repetitive stress injuries for interpreters, requires two interpreters rotating at intervals of approximately 20-30 minutes (*determined by the team*). Generally, services exceeding two hours or any assignment with continuous non-stop presentations (lectures, presentations even if less than two hours), meetings, groups, and/or legal type meetings where two (2) separate parties are represented with two (2) different sides/points of view will require a team (two or more) of interpreters. Certain situations may also require the need for a certified deaf interpreter (CDI) to function as the team. Additional information on team interpreting and CDI's are available upon request and/or accessible via the RID website at: <http://rid.org/about-interpreting/standard-practice-papers/>

Request for Service

Due to the high demand for sign language interpreting services, AHIS strongly encourages that all requests be made with a minimum of 5 to 7 business days advance notice. AHIS cannot guarantee interpreters for any request made in less than the required notice; however, every effort will be made to secure an interpreter. When requesting an interpreter, please provide the following information at the time of each request:

1. Requestor's name
2. Requestor's phone number and/or email address
3. Date of service
4. Duration of service (start and end time)
5. Address where service will occur
6. Additional information, i.e. directions, room/floor/building numbers, parking, etc.
7. On-site point of contact name and phone number
8. Nature of service, i.e. meeting, training, medical appointment, etc.
9. Name(s) of deaf and hearing participants
10. Materials pertaining to a given service as needed, i.e. agenda and/or presentation materials

Non-Solicitation

Interpreters assigned to provide services are directly contracted with AHIS; therefore, they shall not be solicited privately by businesses, nor should the interpreter solicit business. This is considered a violation of their agreement and should be reported to AHIS immediately. Specific interpreters may be requested to return for future services. AHIS will honor such requests when at all possible.

Non-Billable Instances

Payment shall be waived for services cancelled due to natural disasters, acts of terrorism, severely inclement weather, or closures/shutdown due to pandemics. Services cancelled due to pandemics are considered on a case-by-case basis when it is not due to a county/statewide shutdown.

Rate Summary

Rates are subject to change after one year from the effective date of this agreement.

Definitions

<u>Minimum Fee:</u>	Each service will be charged a minimum of two hours. Services scheduled beyond two hours, are rounded up in quarter-hour increments, and billed for the full amount of time scheduled.
<u>Travel Rate:</u>	Reimbursement is required for the interpreter's round-trip commute and shall be billed at the IRS standard mileage rate, in addition to parking, tolls, etc.
<u>Emergency Rate:</u>	Applicable to all services requested less than two full business days, are subject to the rates outlined below.
<u>Additional Expenses:</u>	Reimbursement is required for services requiring overnight lodging, meals, etc.
<u>Normal Business Hours:</u>	Monday – Friday between the hours of 8:00 AM and 5:00 PM
<u>Non-Business Hours:</u>	Monday – Friday between the hours of 5:00 PM and 8:00 AM
<u>Weekend Hours:</u>	Saturday 12:00 AM – Sunday 11:59 PM
<u>Federal/</u>	New Years Day, Martin Luther King Jr., President's Day, Easter,
<u>Recognized Holidays:</u>	Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day

Service Description	Hourly Rate
Standard interpreting during normal business hours	\$65.00
Interpreting during weekend hours and/or non-business hours	\$75.00
Emergency interpreting during normal business hours (first 24 hours of service)	\$80.00
Emergency interpreting during weekends and/or non-business hours (first 24 hours of service)	\$95.00
Legal/recorded interpreting	\$85.00
Interpreting federal/recognized holidays	\$100.00

* *R-12 Customers:* AHS will consider the normal school day hours to be the same as normal business hours. Non-business hour rates as stated above will apply for all other requests such as but not limited to, trainings, meetings, extra-curricular activities, etc.

Invoice Procedures

- Client will be invoiced electronically upon completion of services.
- Payment is due upon receipt.
- Payments for services invoiced that are not received within 15-days from date of invoice will be subject to a 5% penalty per calendar month.
- Forms of payment accepted:
 - Check, made payable to *All Hands Interpreting Services, LLC*
 - Submit payment to:
All Hands Interpreting Services, LLC
PO Box 726
Lititz, PA 17543
 - Direct deposit
 - Credit card (Visa, MasterCard, Discover, American Express)
** A fee of 3.5% of the total invoice is added for all credit card transactions**



Billing Authorization Form

Name of Business: _____

Billing POC (name/title): _____

Phone Number: _____ Ext. _____

Billing Address: _____

Street

City

State

Zip

Email Address: _____

(required)

The authorizing signature below confirms all of the above information is correct and approves payment for all charges incurred related to the interpreting assignment in accordance with All Hands Interpreting Services, LLC, policies and rates outlined in the Policies and Rates document. Your request for an interpreter will be pending until we have received your authorization. Signature and submission of this completed application is your authorization to bill and agreement to the policies and rates as outlined.

Print Name: _____ Title: _____

Signature: _____ Date: _____

How did you hear about us? Please check all that apply.

☐ Referred by: _____

☐ Internet Search

☐ Website



Credit Card Authorization Form

Completion of this form gives authorization to All Hands Interpreting Services, LLC to debit your account for sign language interpreting services. Credit card transactions are processed as a preferred payment by the card holder and/or when payment is past due. * Fees apply.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name: _____
(first) (last)

Cardholder Phone Number: () _____

Card Number: _____

Expiration Date: ____/____
(month/year)

Security Code: _____

Zip Code: _____
(associated with credit card)

Cardholder Signature _____ Date _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.