

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD — EARLY INTERVENTION

## STATE CONTRACTED TRANSLATOR/INTERPRETER REQUEST FORM

## INSTRUCTIONS When an enrolled First Steps provider is not available, the System Point of Entry (SPOE) staff sends a request for a state-contracted translator/interpreter to the Office of Childhood (OOC), Early Intervention section. The Service Coordinator or designated SPOE representative submits this form via email to Missouri First Steps at <a href="mailto:early:earl

OOC staff will contact a state-contracted agency to inquire on providing the requested services. Once a state-contracted agency has accepted a translation/interpretation request from OOC, all further communication regarding services, including child's name, address, and scheduling, are provided by the Service Coordinator or designated SPOE representative. For forms, check the translated documents website first to ensure a translated form does not already exist prior to requesting If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about militaryrelated services in Missouri or visit https://dese.mo.gov/veterans-services. If you would like to receive information and assistance regarding veterans benefits and services from the Missouri Veterans Commission, please fill out this form or visit https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DESE TODAY'S DATE SPOE REGION SERVICE COORDINATOR NAME/PHONE NUMBER CHILD COUNTY OF RESIDENCE CHILD ID CHILD INITIALS WRITTEN TRANSLATION (FORMS) DATE NEEDED (ALLOW AT LEAST 10 BUSINESS DAYS) ANGUAGE NEEDED ☐ Initial 45-day timeline Activity Part 1 Forms and Letters: Parental Rights Statement (PRS), System of Payments (SOP), Release of Information (ROI), Notice of Action (NOA), Notice of Action/Consent (NOAC), Medicaid, No Contact Two Days After Referral, Unable to Contact Locate Prior to Eligibility Part 2 Forms and Letters: Private Insurance, Family Cost Participation (FCP), Initial Individualized Family Service Plan (IFSP) meeting, Generic IFSP meeting, FCP Information Letter, Initial Transition IFSP meeting ☐ Transition Forms: NOAC Summer Third Birthday, Opt Out Letter: Transition IFSP meeting Other: Check at least one letter: ☐ Ineligible ☐ SPOE Refuse Initial Evaluation ☐ Parent Request to Discontinue Service ☐ Parent Withdraw from First Steps ☐ Unable to Contact After Eligibility VERBAL TRANSLATOR (ALLOW AT LEAST 2-3 BUSINESS DAYS TO SCHEDULE) MEETING DATE OPTIONS (PROVIDE AT LEAST THREE FUTURE DATES) ANGUAGE NEEDED MEETING TYPE ☐ Intake Visit ☐ Evaluation/Assessment ☐ IFSP Meeting ☐ Service Visit PREFERRED TRANSLATOR (IF APPLICABLE) INTERPRETER FOR THE DEAF (ALLOW AT LEAST 2-3 BUSINESS DAYS TO SCHEDULE) MEETING DATE OPTIONS (PROVIDE AT LEAST THREE FUTURE DATES) MEETING TYPE ☐ Intake Visit ☐ Evaluation/Assessment ☐ IFSP Meeting ☐ Service Visit PREFERRED INTERPRETER (IF APPLICABLE)