Non-ADA Interpreting Assistance FORM
SD Department of Human Services/Division of Rehabilitation Services

Division of Rehabilitation Services (DRS) will consider assistance with costs associated with providing an interpreter for those entities not required to provide an interpreter or auxiliary aid or device under title III of the ADA. The key to communicating effectively is to consider the nature, length, complexity, and context of the communication and the person's normal method(s) of communication. This policy will not cover any employment situations. If approved, DRS will make payment directly to the interpreter at rates outlined in DRS current fee schedule.
Services must be preauthorized.

Agency/Individual Information

Interpreter Services Requested For: _____

Agency/Individual Contact Person: _____

Address: _____

Phone: _____ Email: _____

Type of Business (*Please explain*):

Religious Entity:
Private club:
Other (*Please specify*):

Provide justification outlining the need for assistance: _____

_____

_____

Interpreting Assignment

Assignment Location: _____

Assignment Date: _____ Start Time: _____ End Time: _____

Description of Assignment: _____

Submit requests or questions: Department of Human Services
c/o Shayna Ebben
1310 Main Ave S Ste 107
Brookings, SD 57006

V/TTY: (605) 688-4224
Email: Shayna.Ebben@state.sd.us
Fax: (605) 688-5497

If approved, DRS will provide a written approval to the entity requesting assistance and authorize services directly to the interpreter. **All requests must be preauthorized.** Payment will be made directly to the interpreter upon receipt of an invoice. Interpreters may charge a maximum of two hours for missed assignments. There is no late cancellation or minimum charges if the appointment is cancelled over 24 hours prior to the scheduled appointment. DRS reserves the right to refuse future requests for any individual missing scheduled events where an interpreter was approved to provide services.

DHS Use Only: Date Rec'd: _____ Request Approved: YES___ NO___ Authorization #: _____

Confirmed Interpreter: _____ Interpreter Certification: _____

Mileage: YES_____ NO _____ Miles Authorized: _____ Travel Time: _____