

Bilingual Interpreter/Translator Podcast

Bilingual Translator/Interpreter Podcast	Title Page
Individuals who are bilingual enroll to bill as an interpreter/translator. Two categories are available: Oral Interpreter and Written Translator.	Title
Beginning July 1, 2010 all new bilingual interpreter/translators must prove they have attended System Overview for Bilingual Interpreters/Translators in the Illinois Early Intervention System.	System Overview for Bilingual Intepreters/Translators webpage
Registration for these trainings is available through the Illinois Early Intervention Training Program's website at www.illinoiseittraining.org	EI Training Homepage
Bilingual interpreters/translators must also demonstrate oral and/or written language proficiency using approved testing measures. Applicants who are certified through the American Translators Association Program have met testing requirements for translation.	Title page and ATA page
Oral interpretation and written translation testing is scheduled through the Illinois Early Intervention Training Program at 866-509-3867.	Bi-lingual Interpreter/Translator Proficiency Testing web page
Each examination costs \$65 payable by credit card. Individuals are not considered scheduled until registration fees are received. If an applicant fails a proficiency test, the test may be retaken, but testing is limited to twice in a 6-month period.	Title page
For more information about Interpreter Testing/Training, please visit www.illinoiseittraining.org .	EI Training Homepage
To access the Interpreter/Deaf Mentor Enrollment application, go to the Provider Connections website, www.wiu.edu/providerconnections Place the cursor on the orange enrollment tab. Click the Interpreters/Deaf Mentors link.	Provider Connections Homepage
If you are enrolling as an individual provider, click the Individual Interpreter/Deaf Mentor Enrollment Application link. If you will be working with an agency, click the Agency Interpreter/Deaf Mentor Enrollment	Links for Interpreter/Deaf Mentor Enrollment applications

Application.	
Payee Agreement	Title Page
<p>On page 1, Payee Name refers to the individual provider's name or the agency name.</p> <p>On page 6, Payee name again refers to the individual provider's name or the agency name. The Payee Representative Name is the individual provider or the person acting as the Agency Representative. Title refers to the title of the Agency Representative signing the agreement. Individual providers should write Individual on this line. The Tax ID Number is usually your Social Security Number or an FEIN Number, that is a Federal Employer Identification Number. The individual provider or agency representative must sign and date this page. If your agency has a current Payee Agreement on file, this form is not necessary.</p>	Video of Payee Agreement
Addendum to the Illinois Department of Human Services Early Intervention Service Provider Agreement	Title page
<p>Only Interpreters, Translators, and Deaf Mentors need to complete this form. If you are an Individual Provider, print your name on the first line and your phone number on the second line. Sign your name on the third line and write the date signed on the last line. If you are working for an agency, the information should reflect the agency's information.</p>	Video of Addendum
The EI Service Matrix Individual Provider	Title page
<p>On the EI Service Matrix, enter your name; last name first, on the individual provider name line, then the last four digits of your social security number on the second line. Interpreters do not need an NPI number and do not need to complete this line.</p> <p>If you are an individual provider, write "private" on the Organization/Payee Name line. If you are both an individual provider and an agency provider, two Service Matrices need to be completed.</p> <p>Use the County Codes found in the application rather than the County Names. List the days and hours you are available to work.</p>	Video of Service Matrix and County Codes

<p>Mark Bilingual Interpreter or Translator, the language you interpret and/or translate, and where you provide services.</p> <p>Sign and date the form.</p>	
<p>The EI Service Matrix Agency Provider</p>	<p>Title page</p>
<p>If you are completing the form for an agency, enter your name; last name first, on the individual provider name line, then the last four digits of your social security number on the second line. On the Organization/Payee Name, write the agency name. Write the phone and fax numbers of the agency in the appropriate lines. Use the Illinois County Codes to complete Illinois Counties Served. List the hours you are available to work for the agency for Working Hours.</p> <p>Mark Bilingual Interpreter, the language you interpret and/or translate, and where you provide services.</p> <p>List the agency’s phone number and address under “How to contact you for referrals.”</p> <p>Sign and date the form.</p>	<p>View of Service Matrix</p>
<p>Completing the W-9 Form as an Individual Provider</p>	<p>Title page</p>
<p>If you are an individual provider, enter your name on the Name blank. Skip the business line. Check the Individual/Sole Proprietor box and enter your address. Enter your home address, city, state and zip code. Then enter your Social Security Number in Part I.</p> <p>Sign and date the form.</p>	<p>Video of W9</p>
<p>Completing the W-9 Form as an Agency Provider</p>	<p>Title page</p>
<p>If you are an agency provider, the agency name goes in the Name blank. If the agency is using a d.b.a., that name should be listed using the d.b.a. prefix on the Business Name blank.</p> <p>Check the appropriate tax status box. List the agency’s street address, city, state, and zip code. Enter the agency FEIN number for the tax identification number in Part I, not your social security number.</p>	<p>Video of W9</p>

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<p>Either the agency provider or an agency representative may sign and date the form.</p>	
<p>Gather all pages of the application. All signatures must be original (no photocopies). Please be sure to include certificates from System Overview for Bilingual Interpreters/Translators and Proficiency Exams. Make a copy of the application for your own records. Mail to Provider Connections in care of the Center for Best Practices in Early Childhood Education, 1 University Circle, Western Illinois University, Macomb, IL 61455.</p>	<p>View of Training Certificate, video of gathering application and envelope with address.</p>