



A Guide to Accessing Multilingual Services

To reduce costs of language assistance services to the district, please use the resources below in the order they are presented on this document.

Interpretation	Translation
For oral communication	For written communication

Interpretation:

If you need someone to provide interpretation for parent/guardian call or meeting, please try one of the follow district affiliated Multilingual Family Liaisons **FIRST**.

Multilingual Family Liaisons: (district employees)

Language	Liaison's Name	Phone Number	Email
Arabic	Amina Chiboub	617-529-1094	achiboub@mansd.org
French			
Nepali	Tika Subedi	240-441-6577	tsubedi@mansd.org
Spanish	Mariel Carmelo	603-512-7874	mcarmelo@mansd.org
Spanish	Jilma Ball	603-661-4373	jball@mansd.org
Spanish	Jennylsa Wilson	603-216-7443	jwilson@mansd.org

Per-Diem Contracted Service Providers: interpreters/liaisons used on a per diem basis.

Language	Liaison's Name	Phone Number	Email
Portuguese	Andrea Howarth	(603) 770-4295	
Swahili	Chantal Wizeye	(603) 661-8375	

If you were not successful coordinating with one of the above liaisons, please use the following non-affiliated third party services.

Instructions for requesting interpreting services with advanced notice:

Organization	Services	Access Information
<p>To request an interpreter, please use the online account FIRST. <i>Using the online request reduces the cost of this service for the district.</i></p>		
Pinpoint Translation Services	Interpretation	<p>Online: use link and account log-on (online account info available with building principal) http://pinpointlanguage.com/</p>
		<p>Email: Famoh Toure ftoure@pinpointlanguage.com Include: your name and phone number; language requested; and date, time and location you need interpreter;</p>
		<p>Fax: Pinpoint interpreter request form (see below) to 603-622-0242</p>

Organization	Services	Access Information
Language Bank	Interpretation	Online: use link and account log-on (online account info available with building principal) https://languagebank.lssne.org/interreq/ OR https://request.thelanguagebank.org/
		Fax: Language Bank interpreter request form (see below) to 603-410-6186
		Call: Language Bank directly 603-657-7412
Multilingual Links	Interpretation	Call: Augustin Ntabaganyimana 1-800-679-9217 OR 603-369-9883
		Email: Augustin@MultiLingualLinks.com

If you need **immediate access** to an interpreter, please use the service below:

Organization	Services	Contact #
Language Line	Immediate Interpretation	1-866-874-3972
Note: For billing purposes, enter Client I.D. #862206 and school code (see attached list). Then identify the language you need and wait for interpreter to connect.		

Translation (for written documentation): respectively

Organization	Services	Contact Name	Contact:
Pinpoint Translation Services	Translation of documents into wide range of languages	Famoh Toure	Email documents to: Famoh Toure ftoure@pinpointlanguage.com
Language Bank		Radia Sefiane	Email documents to: Radia Sefiane RSefiane@ascentria.org
*Typically need 24-48 hours advanced notice for short written translation requests. For longer documents, please allow additional lead time when possible. Please include targeted languages and deadline information with your initial request. After your request is submitted, the agency will contact you with an estimate before the work begins. Please confirm to approve cost estimate.			



1850 Elm Street, Suite #6
Manchester, NH 03104

Phone (603) 218-1735
Fax (603) 622-0242

INTERPRETER REQUEST FORM

Please complete all information below to request an interpreter.

Please fax the request to **603-622-0242**

Contact Information

Today's Date: _____

Name: _____

Company/Department: _____

Phone: _____

Interpreter should reports to: (Address)

Language Needed: _____

Date(s) Needed: _____

Time Needed: _____

Estimated duration of visit: _____

Patient's Name & phone number: _____

Additional Information: _____

**PLEASE CALL IF YOU NEED TO CANCEL
603-218-1735**



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Language List

1. Albanian	18. Lendu
2. Arabic	19. Lingala
3. Bangla	20. Malay
4. Bosnian	21. Maymay
5. Burmese	22. Nepali
6. Croatian	23. Pashto
7. Dari	24. Punjabi
8. Dinka	25. Rohingya
9. Farsi	26. Russian
10. French	27. Serbian
11. Fulani	28. Sierra Leone Creole
12. Hindi	29. Somali
13. Kinyamulenge	30. Spanish
14. Kinyarwanda	31. Swahili
15. Kirundi	32. Turkish
16. Kurdish	33. Ukrainian
17. Korean	34. Urdu
	35. Wolof

INTERPRETER REQUEST FORM

Instructions

Please fax completed form to LanguageBank: 603-410-6186
 1. Complete form a minimum of 48 hours prior to appointment
 2. If less than 48 hours, fax form to 603-410-6186 and call for confirmation 603-410-6183

Contact Information

To be completed by person requesting service

Date Request Made:	Time Request Made:	Person Requesting Service (full name please)
Telephone:	Fax Number:	Email Address:
Billing Name/Address:		
Comment:		

Appointment Information

To be completed by person requesting service

Client Name:	Language:		
DOB:			
Date of Appointment (If recurring appt. please list all dates)	Male	Female	
Time of Appointment From:	To:	Adult	Child
Location of Appointment:	Purpose of appointment:		
Provider:	Department:	Telephone:	
Does Interpreter need to call client to remind of appointment (this is courtesy call only) Yes No			
<small>(If service recipient does not have phone please list alternate contact.)</small>			
If yes, the Interpreter should call client at telephone number:			

By faxing or e-mailing this form the requesting agency is agreeing to the following LanguageBank terms:

- The requesting agency is responsible to pay LanguageBank a two-hour minimum if appointment is two hours or less.
- When the appointment is over two hours the requesting agency agrees to pay LanguageBank in 30-minute increments for all time over two hours.
- The requesting agency agrees to pay LanguageBank if a patient cancels or reschedules an appointment with less than 24-hour notice prior to the scheduled service.
- The requesting agency is responsible for payment if a patient does not show up for scheduled appointment.
- The requesting agency agrees that LanguageBank may charge the requesting agency for travel time and mileage if a local interpreter is unable to be scheduled.

_____ Signature	_____ Title
_____ Print Name	_____ Date
_____ Requesting Agency	

By signing the requesting agency agrees to the above terms.

