Braille and Document Translation Request Process

Background

Braille and document translation services are limited to critical informing documents and are not available for all materials. Network providers seeking assistance with Braille and document translation for vital documents must follow the procedures outlined below.

How To Submit a Braille and Document Translation Request

- Go to SAPC Website- CRLA Page.
- Download the *Braille or Document Translation Request Form* and email the completed form to EAS@ph.lacounty.gov. Include the source document to be translated as an attachment.
- SAPC will email confirmation of receipt to the requestor**.**
- To ensure timely processing, all emergency requests **must be submitted by 3:00PM Monday-Friday.**

SAPC Review and Processing Overview

Upon receipt, SAPC will:

- Review the request to ensure all fields are completed appropriately. If information is missing or incomplete, the form will be returned to requestor for revision.
- Submit the request for production once review is completed.
- Notify the requestor when the completed materials are ready for delivery. Digital files will be emailed to the requestor, and physical embossed copies will be mailed or delivered.

Provider Responsibilities

- The requestor must provide confirmation of receipt via email.

Braille and Document Translation Request Form

Section 1: General Information	
1. Today's Date:	
Section 2: Information about the Requestor	
2. Name of Agency:	3. Name of Requestor:
4. Phone Number:	5. Email:
6. Type of Request: ☐ Written ☐ Braille ☐ Other (e.g., Video, Media)	
Section 3: Request Information	
7. Turnaround Time: ☐ Standard ☐ Expedited ☐ Emergency *Standard time: Within 10 or more business days Expedited Request - Within 3 business days. Please provide a Justification. Emergency Request - Within 1 business day, which excludes weekends, evenings, and County observed holidays. Please provide a Justification. *Turnaround time may vary depending on service requested	
8. Justification (if applicable):	9. Number of Copies:
10. Language Needed (if applicable):	
11. Document Name:	
12. Does this request include any type of HIPAA information? ☐ Yes ☐ No	
13. Additional Request Details (List any special instructions if applicable):	
14. Number of Pages:	15. Number of Words:
SAPC Approval	
☐ Approved ☐ Denied	Reason for denial:
Date:	SAPC Signature: