Braille and Document Translation Request Form and 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 - CLAS Page.
- Download the *Braille and Document Translation Request Form and Process.*
- Email the completed *Braille and Document Translation Request Form* to EAS@ph.lacounty.gov. Attach the source document to be translated.
- 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 the 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	
Today's Date:	
Section 2: Information about the Requestor	
Name of Agency:	Name of Requestor:
Phone Number:	Email:
Type of Request: ☐ Written Translation ☐ Braille ☐ Other (e.g., Video, Media)	
Section 3: Request Information	
Turnaround Time*: ☐ Standard ☐ Expedited ☐ Emergency *Turnaround time may vary depending on service requested Standard Request - Within 10 or more business days Expedited Request - Within 3 business days. Please provide justification. Emergency Request - Within 1 business day, which excludes weekends, evenings, and County observed holidays. Please provide justification.	
Justification (if applicable):	Number of Copies:
Language Needed (if applicable):	
Document Name:	
Does this request include any type of HIPAA information? ☐ Yes ☐ No	
Additional Request Details (List any special instructions if applicable):	
Number of Pages:	Number of Words:
SAPC Approval	
☐ Approved ☐ Denied	Reason for denial:
Date:	SAPC Signature: