

ValueOptions[®] of California, Inc.

Language Capability Attestation

Provider Name: _____

National Provider Identifier: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Identify any foreign language(s) or American sign language that you use fluently:

English Only

American Sign

Language

Arabic

Armenian

Bosnian

Cantonese

Czech

Dutch

Farsi (Persian)

French

German

Greek

Gujarati

Haitian Creole

Hebrew

Hindi

Hungarian

Italian

Japanese

Kannada

Other (specify) _____

Khmer

Korean

Mandarin

Norwegian

Polish

Portuguese

Russian

Serbo-Croatian

Somali

Spanish

Swedish

Tagalog

Tamil

Taiwanese

Thai

Urdu

Vietnamese

Yiddish

My fluency in this/these other language(s) is evidenced by the following (Check all that apply):

_____ **Native Speaker** (born and/or raised speaking the language(s) noted above)

_____ **Education** (became fluent through formal education as noted on my resume/CV)

_____ **Work Experience / Training** (i.e. received work experience or training in the language(s) noted above in a foreign country or in the U.S. as noted on my resume/CV)

_____ **Other** (please explain) _____

I hereby certify that I am capable of providing the services agreed to in the ValueOptions[®] of California Practitioner Agreement in any of the languages indicated directly above. I understand that I must notify ValueOptions[®] of California immediately and in writing of any changes in the information provided on this attestation.

Practitioner Name

Date