VENTURA COUNTY HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

Language Capability Attestation (Disclosure) Form

In Accordance with, California Health and Safety Code Section 1300.67.04 of the Language Assistance Program Regulations, Ventura County Health Care Plan (VCHCP) needs to identify within its provider network those contracted providers who are themselves bilingual or who employ other bilingual providers and/or office staff, based on language capability attestation forms signed by the bilingual providers and/or office staff, attesting to their fluency in languages other than English. Such individuals shall have proficiency in health care terminology and concepts relevant to health care delivery systems in the language other than English as well as English, in addition to education and training in interpreter ethics, conduct and confidentiality.

Provider/Clinic Name: (Required)

The below **highlighted fields are all required**. A separate form should be submitted for each location.		
Provider or Clinic Name:		
Office Address:		
City:	**State:**	**Zip:**
Phone: ( )	Fax: ( )	
Email:		

Are you and/or any of your office staff able to provide services in a language other than English? **Yes** ☐ **No** ☐

If "Yes", please indicate what language(s): _____

Please specify what capabilities you have for providing assistance in other languages (i.e. second language, office staff, etc.…). Attach additional forms if needed to include all applicable staff names AND applicable office location.

_____ _____
Employee Name Title/Position

_____ _____
Employee Name Title/Position

I hereby attest that the answers given by me to the foregoing questions and statements made are true and correct and complete in all requests, and understand that if any changes occur in the availability or the above I must notify VCHCP within 30 days of the change.

_____ _____
Provider Signature Date

Please E-mail, mail, or Fax the completed form to:

Ventura County Health Care Plan
2220 E. Gonzales Road, Suite 210-B, Oxnard, CA 93036
VCHCP.ProviderServices@ventura.org
Phone: (805) 981-5050 or (800) 600-8247
Fax: (805) 981-5051