

# ValueOptions<sup>®</sup> 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<sup>®</sup> of California Practitioner Agreement in any of the languages indicated directly above. I understand that I must notify ValueOptions<sup>®</sup> of California immediately and in writing of any changes in the information provided on this attestation.

\_\_\_\_\_  
Practitioner Name

\_\_\_\_\_  
Date