GOLDEN GATE REGIONAL CENTER

VENDOR APPLICANT LANGUAGE QUESTIONNAIRE

Form GG 2007 (Ver. 10/2016)

The purpose of this form is to obtain information about your language abilities. Please mark any languages (other than English) that you/ your employee(s) speak and understand at a level <u>sufficient to provide the vendored service in that language</u>.

Check here if you/ your employee(s) can only provide services in English.		
Applicant Name		
I am/ employee(s) that will serve GGRC participants are able to provide the vendored service in the following language(s) (check appropriate boxe(s)):		
Amharic	Arabic	Aramaic/ Chaldean
Armenian	ASL (American Sign Language)	Cambodian
Cantonese Chinese	Danish	Dutch
Farsi (Persian)	French	German
Guamanian	Hebrew	Hindi
Hmong	Hungarian	☐ Italian
Japanese	Korean	Laotian
Mandarin Chinese	Mien	Nigerian
Norwegian	Other Scandinavian	Other Asian
Other Germanic	Other Indo-Iranian	Other Latin
Other Pacific Island	Other Sign Language	Other Uralic-Slavic
Portuguese	Russian	Samoan
Somali	Spanish	Swahili
Swedish	Tagalog	Thai
Urdu (Pakistan India)	Vietnamese	
Other Language (List)		
Signature		
Printed Name		Date