



**AFFILIATED BLIND OF LOUISIANA**

**Services for Deaf, Deaf-Blind and Hard of Hearing**

## **ABL Support Service Provider**

409 W. ST. Mary Blvd  
Lafayette, LA 70506

Tel: (337) 234-6492 or (337) 446-4648

Email: [DDBHHServices@affiliatedblind.org](mailto:DDBHHServices@affiliatedblind.org)

Fax: 337-704-2381

ABL appreciates your interest in our services. Listed below are our rates and policies.

Hourly Rate (Per SSP): \$30

### **Policies:**

- Fees are charged based on the site time in addition to travel time at the same hourly rate.
- Cancellation less than 24 hour and no show in advance will be charged two (2) hour minimum rate.
- It is vendor's responsibility to inform the ABL SSP office of any cancellation to SSP service. SSP are not responsible for cancellation notices.

# ABL SSP Services

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## Interpreting Services Agreement

\$30/hour standard rate

## Billing Information

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ PO (If Applicable): \_\_\_\_\_

**Invoices are sent out on a monthly basis, and are due upon receipt. Please contact our office for various methods of payment if not paying with check.**

## Declaration and Signature

***I confirm that all of the information given above is correct, and that the Business shown above agrees to pay Affiliated Blind of Louisiana for any and all Interpreting Services provided in accordance with said agreement.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_