



Spoken Language Interpreter Service Appointment Record

(Face to Face Social Service Appointments)

INTERPRETER AGENCY	
INTERPRETER AGENCY'S TRACKING NUMBER	DATE OF REQUEST

Completed by Requester	I. DSHS Administration / Division Requesting Interpreter		
	<input type="checkbox"/> Developmental Disabilities Administration (DDA) <input type="checkbox"/> Behavioral Health Administration (BHA) <input type="checkbox"/> Division of Behavioral Health and Recovery (DBHR) <input type="checkbox"/> Eastern State Hospital (ESH) <input type="checkbox"/> Western State Hospital (WSH) <input type="checkbox"/> Child Study and Treatment Center <input type="checkbox"/> Aging and Long-Term Support Administration (AL TSA) <input type="checkbox"/> Home and Community Services Division (HCS) <input type="checkbox"/> Residential Care Services Division (RCS) <input type="checkbox"/> Economic Services Administration (ESA) <input type="checkbox"/> Community Services Division (CSD) <input type="checkbox"/> Division of Child Support (DCS) <input type="checkbox"/> Division of Disability Determination Services (DDDS)	<input type="checkbox"/> Children's Administration (CA) <input type="checkbox"/> Court Interpreter appointment (if interpreter is hired directly mileage is not typically paid. Only fill in Section VI if mileage is being reimbursed. Document any rate that is different than the CA court interpreter payment guidelines rate in V. below) <input type="checkbox"/> Rehabilitation Administration (RA) <input type="checkbox"/> Division of Vocational Rehabilitation (DVR) <input type="checkbox"/> Special Commitment Center (SCC) <input type="checkbox"/> Office of the Deaf and Hard of Hearing (ODHH) Other DSHS Administration / Division:	
	DES interpreter contract category (mark one): <input type="checkbox"/> 1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3 <input type="checkbox"/> Not using DES contract DSHS staff: When using the DES interpreter contract for social service appointments, request appointments be filled under category 3. See Form directions for additional details on the DES interpreter contract categories.		
	II. Requester Information		
	1. NAME		TITLE
	2. PHONE (INCLUDING AREA CODE) ()	CELL PHONE (INCLUDING AREA CODE) ()	EMAIL ADDRESS
	3. ADDRESS TO MAIL INVOICE	CITY	STATE ZIP
	III. Client Information		
	1. NAME (OPTIONAL SUBJECT TO CONFIDENTIALITY)	2. DATE OF BIRTH	3. GENDER
	4. LANGUAGE	5. CLIENT ID (SPECIFIC TO EACH ADMINISTRATION / DIVISION)	
IV. Appointment Information			
1. APPOINTMENT ADDRESS		CITY STATE ZIP	
2. APPOINTMENT DATE	START TIME :	ANTICIPATED END TIME :	
V. Special Instructions (CA Staff, when using Court or off contract Interpreters, please list agreed upon hourly rate here.)			
VI. Interpreter Information (Completed by Interpreter and Reviewed by Requester)			
(Court Interpreters hired directly by CA, do not fill in 2 – 6 unless it is agreed in advance that mileage will be reimbursed.)			
1. NAME (PLEASE PRINT)			
2. MILEAGE INFORMATION (DES contract category 1-2. Fill in if more than 10 miles one way)	A. TO APPOINTMENT B. FROM APPOINTMENT	3. TOTAL REIMBURSABLE MILEAGE FOR THIS APPOINTMENT	
4. ORIGIN ADDRESS / CITY	5. DESTINATION ADDRESS / CITY	6. FINAL DESTINATION ADDRESS / CITY	
7. DATE OF SERVICE	A. INTERPRETER ARRIVAL TIME	B. SERVICE START TIME	
		C. SERVICE COMPLETION TIME	
		D. TOTAL BILLING TIME	
8. SERVICE COMPLETED 9. IF NOT COMPLETED, WHY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client No Show <input type="checkbox"/> Interpreter No Show <input type="checkbox"/> DSHS Requester No Show			
VII. Signatures			
1. INTERPRETER'S SIGNATURE	DATE	PRINT NAME AND TITLE	
2. DSHS REPRESENTATIVE'S SIGNATURE	DATE	PRINT NAME AND TITLE	