Spoken Language Pre-Scheduled Interpreter Service
Appointment Record Instructions for using a non-CBA vendor
(A copy of this form should be sent to the interpreter agency after the interpreter signs.)

This section of the DSHS 17-123 is completed by the Interpreter Agency.

Interpreter Agency	
Interpreter Agency's Tracking Number	Date of Request

Sections I. – V. are completed by the DSHS Requester.

Section I. Attestation

Section 2. DSHS Administration / Division Requesting Interpreter

Check the box identifying which DSHS administration or division requester is from. Check other if the DSHS administration / division is not listed and enter the administration / division name.

DSHS must first use the Universal Language Service or FourCorners Translation LLC, per the Collective Bargaining Agreement (CBA). If the CBA covered interpreter contractors cannot fill the request, then DSHS staff should use the <u>DES Contract #18222</u>.

1. If the appointment cannot be filled under the CBA covered interpreter contracts, DSHS staff may use any vendor under the DES contract number 18222.

2. DSHS staff may have needs for court-certified interpreters and will need to use DES contract number 17622.

DSHS Requesters: DSHS interpreter appointments should be filled under CBA Contracts. If you are unable to use these contracts, then you must contact your Language Access Advisor to get approval to use another category.

Section III. DSHS Requester Information

1. Name and title of the DSHS requester. Must be a DSHS employee.

2. DSHS requester's phone number and email.

3. DSHS requester's billing address is where the final invoice and a completed copy of DSHS 17-123 is to be sent. This address may differ from the appointment address.

Section IV. Client Information

1. Client's name (some administrations may place restrictions on this due to confidentiality requirements).

2. Client's date of birth (some administrations may place restrictions on this due to confidentiality requirements).

3. Check gender.

4. Enter language requested.

5. Client ID (identification number specific to each DSHS administration/division).

Section V. Appointment Information

1. Enter the appointment address (may be different than the billing address).

2. Enter individual appointment date, start time, and anticipated end time.

Section VI. Special Instructions

DSHS Requester will send a copy to the Interpreter Agency or Interpreter.

Include any special instructions for the encounter. For example, gender specification, certification, background check, etc.

Section VII. The Interpreter Information section is completed by the Interpreter and reviewed by the DSHS Requester.

Court Interpreters Hired Directly, i.e., not hired through the DES Interpreter Contract:

1. Print name of interpreter.

2. Enter mileage.

    a. From origin address to appointment address.

    b. Enter destination mileage .

3. Enter total reimbursable miles.

4. Enter address and city of origin.

5. Enter destination (appointment) address.

6. Enter date of service.

    a. Enter interpreter arrival time.

    b. Enter service start time.

    c. Enter service completion time.

    d. Enter total billing time.

8.   Check the appropriate box for service completion.

9.   If no service occurred, select reason. If your reason is not listed, note reason on back of form.

Section VIII. The Signatures section is completed by both the Interpreter and the DSHS Requester, to verify all information is correct and ready for invoicing.

1. Interpreter sign and date. Print interpreter name and title.

2. DSHS representative sign and date. Print DSHS representative name and title.

Once services are complete interpreter or interpreter agency will submit a completed copy of the 17-123 with an invoice to the DSHS Requestor for payment processing.

DSHS Requesters will send the form to their division staff to process the invoice for payment.

For additional information or questions, contact your administration's Language Access Advisor.