# **ODHH-DES Master Contract Sign Language Interpreter Request Form Instructions for Word**

**DISCLAIMER: The purchaser is responsible to hire and pay for Sign Language Interpreter(s). If this request is for a medical appointment and the client has apple health, please use the MEDICAID form and upload that into Provider One.**

1. **To Be Completed by the Purchaser**

This is the name of the person filling out the form.

Your phone in case there are follow up questions.

Today’s Date:

Name of person to contact regarding billing

Physical Address or email address to send invoices

Phone Number for billing related questions.

1. **Appointment Information**

Is this a Virtual Meeting? If yes, please have Virtual information ready.

If so, Virtual Platform type: Such as Zoom. The purchaser will be responsible to provide this.

Appointment Date:

Appointment Start Time:

Appointment End time:

Appointment setting such as: Home visit, Prison, inpatient treatment, Headquarters, Counseling, school etc.

On Site contact person such as receptionist:

On site phone number:

Optional Email:

Optional Text:

Physical Address with city and zip code:

Building Name (if any):

Floor and Room number:

Appointment Note (have interpreter meet in the lobby, meet on site, then follow to home etc.:

1. **Consumer information**

**\*All people involved in the meeting are considered “consumers” however for the purpose of this request, the identified consumer is either Deaf or DeafBlind. Identifying the Deaf or DeafBlind consumers communication style, helps the agency schedule appropriate matched interpreters. Please do not assume that the Deaf or DeafBlind individual is a client.**

Name of consumer(s) (list all Deaf and or DeafBlind participants).

Gender of the consumer to establish appropriate pronouns

Hearing Status is used to identify if the consumer is Deaf, DeafBlind, Hard of Hearing, Late Deafened, or DeafPlus. Each label has a specific meaning and will lead to language matching.

Preferred Interpreter requested? You should ask the consumer who they want. This helps with effective communication.

Gender Specific Request?

Comment: Add any information to help with matching.

1. **Preferred Interpreter/Agency Information**

Are you requesting a specific Interpreter on the consumer’s behalf?

Name of Interpreter(s):

If no, gender specific?

Requested Contractor? A drop down list if available of all contractors. If you cannot see the drop down list on the form, you can view the contractor list on the [ODHH website](https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contracts-and-resources-program-1):

1. **To be completed by the Contractor:**

Contractor Tracking Number:

Assigned Interpreter(s) Names:     ,

Was additional commute time added to the appointment?

Justification:

1. **To be completed by the Interpreter.** (One form per Interpreter).

Address of origin or closest intersection street:       and

City:

Zip Code:

Actual time:
Actual End time:

Total Units to bill:

Mileage to Appointment:

Is this one way or round trip?

Other Fees? List:

Total Amount Due:

TO BE COMPLETED AFTER THE APPOINTMENT

SERVICE VERIFICATION Was this service completed? Please check yes or no

If No, check the correct reason why this service was not completed:

NO SHOW BY: [ ] Consumer [ ] Service Provider [ ] Interpreter [ ] Other:

CANCELLATION BY:[ ]  Consumer [ ] Service Provider [ ] Other:

CANCELLATION INFORMATION (REQUIRED)

Date:       Time:       [ ] am[ ]  pm Name of person cancelling:

\*Only cancellation less than 48 hours are billable\*

Interpreter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

DO NOT SIGN unless sections above are completed. Be sure to check for accuracy and the Interpreter’s Signature above. Interpreter signatures are not required if cancelled. Use the comment section below as needed.

Signature of Service Provider/Employee/Coordinator: \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Printed Name:       Tile/Position:       Notes: