Washington State Department of Social & Health Services
Transforming lives

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

- ☐ **Developmental Disabilities Administration (DDA)**
- ☐ **Behavioral Health Administration (BHA)**
  - ☐ Division of Behavioral Health and Recovery (DBHR)
- ☐ **Eastern State Hospital (ESH)**
- ☐ **Western State Hospital (WSH)**
- ☐ **Child Study and Treatment Center**
- ☐ **Aging and Long-Term Support Administration (ALTSA)**
  - ☐ Home and Community Services Division (HCS)
  - ☐ Residential Care Services Division (RCS)
- ☐ **Economic Services Administration (ESA)**
  - ☐ Community Services Division (CSD)
  - ☐ Division of Child Support (DCS)
  - ☐ Division of Disability Determination Services (DDDS)
- ☐ **Children's Administration (CA)**
  - ☐ 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)
- ☐ **Rehabilitation Administration (RA)**
  - ☐ Division of Vocational Rehabilitation (DVR)
  - ☐ Special Commitment Center (SCC)
- ☐ **Office of the Deaf and Hard of Hearing (ODHH)**

Other DSHS Administration / Division:

DES interpreter contract category (mark one): ☐ **1** ☐ **2A** ☐ **2B** ☐ **3** ☐ **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 ☐ Yes ☐ No

9. IF NOT COMPLETED, WHY? ☐ Client No Show ☐ Interpreter No Show ☐ 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

If needed, write comments on back of this sheet.