



# Spoken Language Interpreter Service Appointment Record

(Pre-Scheduled Social Service Appointments)

Interpreter Agency			
Interpreter Agency's Tracking Number	Date of Request		
<b>I. I attest that CBA contractors were unable to fill this request: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<b>II. DSHS Administration / Division Requesting Interpreter</b>			
<b>Completed by Requestor</b>			
<b>Aging and Long-Term Support (AL TSA)</b> <input type="checkbox"/> Home and Community Services (HCS) <input type="checkbox"/> Residential Care Services (RCS) <input type="checkbox"/> Adult Protective Services (APS) <input type="checkbox"/> Other (i.e., Headquarters):  <b>Behavioral Health (BHA)</b> <input type="checkbox"/> State Mental Health Institutions (ESH, WSH, CSTC) <input type="checkbox"/> Special Commitment Center (SCC) <input type="checkbox"/> Forensic Mental Health Services (OFMHS) <input type="checkbox"/> Other (i.e., Headquarters, RTFs):  <input type="checkbox"/> <b>Developmental Disabilities (DDA)</b> <input type="checkbox"/> <b>Vocational Rehabilitation (DVR)</b>	<b>Economic Services (ESA)</b> <input type="checkbox"/> Community Services (CSD) <input type="checkbox"/> Child Support (DCS) <input type="checkbox"/> Disability Determination Services (DDDS) <input type="checkbox"/> Other (i.e., Headquarters):  <b>Facilities, Finance, and Analytics (FFA)</b> <input type="checkbox"/> Background Check Central Unit (BCCU) <input type="checkbox"/> Fraud and Accountability (OFA) <input type="checkbox"/> Leave / Payroll (DSHS Employee)  <b>Office of the Secretary (OOS)</b> <input type="checkbox"/> Enterprise Risk Management (ERMO) <input type="checkbox"/> Human Resources (DSHS Employee) <input type="checkbox"/> Leave / Payroll (DSHS Employee)  <input type="checkbox"/> Other:		
<b>III. Requester Information</b>			
1. Name	Title		
2. Phone (including area code) (     )	Cell Phone (including area code) (     )		
Email Address			
3. Address to Mail Invoice	City	State	Zip
<b>IV. Client Information</b>			
1. Name (Optional Subject to Confidentiality)			
2. Date of Birth		3. Gender	
4. Language			
5. Client ID (Specific to each Administration / Division)			

<b>V. Appointment Information</b>			
1. Appointment Address	City	State	Zip
2. Appointment Date	Start Time	Anticipated End Time	
	:	:	
<b>VI. Special Instructions</b>			
<b>When using Court or off-contract Interpreters, list agreed upon hourly rate below.</b>			
<b>VII. Interpreter Information (Completed by Interpreter and Reviewed by Requester)</b>			
<b>Court or off-contract Interpreters hired directly, do not fill in 2 – 6 unless it is agreed in advance that mileage will be reimbursed.</b>			
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. Date of Service:			
A. Interpreter Arrive Time	B. Service Start Time	C. Service Completion Time	D. Total Billing Time
7. Service Completed			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. If not completed, why?			
<input type="checkbox"/> Client No Show <input type="checkbox"/> Interpreter No Show <input type="checkbox"/> DSHS Requester No Show <input type="checkbox"/> Other			
State reason:			
<b>VIII. Signatures</b>			
1. Interpreter's Signature		Date	
Print Name and Title			
2. DSHS Representative's Signature		Date	
Print Name and Title			