|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **Spoken Language Interpreter Service Appointment Record**  (Pre-Scheduled Social Service Appointments) | | | | | | | | | |
| Interpreter Agency | | | | | | | | | | |
| Interpreter Agency’s Tracking Number | | | | | | | Date of Request | | | |
| 1. **I attest that CBA contractors were unable to fill this request:**  **Yes**  **No** | | | | | | | | | | |
| 1. **DSHS Administration / Division Requesting Interpreter** | | | | | | | | | | |
| **Completed by Requestor** | | | | | | | | | | |
| **Aging and Long-Term Support (ALTSA)**  Home and Community Services (HCS)  Residential Care Services (RCS)  Adult Protective Services (APS)  Other (i.e., Headquarters):  **Behavioral Health (BHA)**  State Mental Health Institutions (ESH, WSH, CSTC)  Special Commitment Center (SCC)  Forensic Mental Health Services (OFMHS)  Other (i.e., Headquarters, RTFs):  **Developmental Disabilities (DDA)**  **Vocational Rehabilitation (DVR)** | | | | | | **Economic Services (ESA)**  Community Services (CSD)  Child Support (DCS)  Disability Determination Services (DDDS)  Other (i.e., Headquarters):  **Facilities, Finance, and Analytics (FFA)**  Background Check Central Unit (BCCU)  Fraud and Accountability (OFA)  Leave / Payroll (DSHS Employee)  **Office of the Secretary (OOS)**  Enterprise Risk Management (ERMO)  Human Resources (DSHS Employee)  Leave / Payroll (DSHS Employee)  Other: | | | | |
| 1. **Requester Information** | | | | | | | | | | |
| 1. Name | | | | | | Title | | | | |
| 1. Phone (including area code)   **(     )** | | | | | | Cell Phone (including area code)  **(     )** | | | | |
| Email Address | | | | | | | | | | |
| 1. Address to Mail Invoice City State Zip | | | | | | | | | | |
| 1. **Client Information** | | | | | | | | | | |
| 1. Name (Optional Subject to Confidentiality) | | | | | | | | | | |
| 1. Date of Birth | | | | | | | | 1. Gender | | |
| 1. Language | | | | | | | | | | |
| 1. Client ID (Specific to each Administration / Division) | | | | | | | | | | |
| 1. **Appointment Information** | | | | | | | | | | |
| * 1. Appointment Address City State Zip | | | | | | | | | | |
| * 1. Appointment Date | | | Start Time **:** | | | | | | Anticipated End Time  **:** | |
| 1. **Special Instructions** | | | | | | | | | | |
| **When using Court or off-contract Interpreters, list agreed upon hourly rate below.** | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Interpreter Information (Completed by Interpreter and Reviewed by Requester)** | | | | | | | | | | |
| **Court or off-contract Interpreters hired directly, do not fill in 2 – 6 unless it is agreed in advance that mileage will be reimbursed.** | | | | | | | | | | |
| 1. Name (please print) | | | | | | | | | | |
| 1. Mileage Information (DES contract category 1 – 2. Fill in if more than 10 miles one way) | | | | | | | | | | |
| 1. To appointment | | 1. From appointment | | | 1. Total reimbursable mileage for this appointment | | | | | |
| 1. Origin Address / City | | | | | | | | | | |
| 1. Destination Address / City | | | | | | | | | | |
| 1. Date of Service: | | | | | | | | | | |
| 1. Interpreter Arrive Time | | | | 1. Service Start Time | 1. Service Completion Time | | | | | 1. Total Billing Time |
| 1. Service Completed   Yes  No | | | | | | | | | | |
| 1. If not completed, why?   Client No Show  Interpreter No Show  DSHS Requester No Show  Other  State reason: | | | | | | | | | | |
| **VIII. Signatures** | | | | | | | | | | |
| * 1. Interpreter’s Signature Date | | | | | | | | | | |
| Print Name and Title | | | | | | | | | | |
| * 1. DSHS Representative’s Signature Date | | | | | | | | | | |
| Print Name and Title | | | | | | | | | | |