|  |  |
| --- | --- |
| 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 [ ]  OtherState reason:   |
| **VIII. Signatures** |
| * 1. Interpreter’s Signature Date

 |
|  Print Name and Title |
| * 1. DSHS Representative’s Signature Date

 |
|  Print Name and Title |