Master Contract Sign Language Interpreter Request Form

Requester Information

COMPLETED BY REQUESTER

1. PERSON REQUESTING INTERPRETER FOR AN APPOINTMENT
2. DATE OF REQUEST
3. TELEPHONE NUMBER (INCLUDE AREA CODE)
4. AGENCY
   ☐ DSHS ☐ Other (specify):
5. DSHS ADMINISTRATION/DIVISION **OR** SERVICE/MEDICAL PROVIDER
6. BILLING ADDRESS
7. INTERPRETER REFERRAL AGENCY (IF APPLICABLE)

Appointment Information

1. APPOINTMENT DATE
2. SCHEDULED START TIME ☐ AM ☐ PM
3. SCHEDULED END TIME ☐ AM ☐ PM
4. APPOINTMENT ADDRESS (WHERE APPOINTMENT WILL BE HELD)
5. BUILDING FLOOR ROOM
6. APPOINTMENT CONTACT (IF OTHER THAN REQUESTER)
   CONTACT TELEPHONE NUMBER
7. CLIENT/EMPLOYEE NAME (OR DASA APPROVAL NUMBER)
   GENDER ☐ Male ☐ Female
8. CLIENT IDENTIFICATION NUMBER
   OR
   PIC CODE (ON DSHS MEDICAL IDENTIFICATION CARD)
9. CLIENT COMMUNICATION PREFERENCE
   ☐ American Sign Language ☐ Pidgin Signed English ☐ Signed Exact English ☐ Oral
   ☐ Minimal Language Skills (QDI/CDI) ☐ Other (specify):
   DEAF BLIND ☐ Tactile OR ☐ Close Up
10. TYPE OF APPOINTMENT SETTING

11. Specific interpreter requested: ☐ Yes ☐ No If yes, name of interpreter requested:

Confirmation Information

COMPLETED BY INTERPRETER REFERRAL AGENCY/CONTRACTOR

1. INTERPRETER NAME
   CERTIFICATION LEVEL
   ADDITIONAL INTERPRETER(S) (IF APPLICABLE)
2. APPOINTMENT ☐ Filled ☐ Unfilled
3. CONFIRMATION NOTIFIED TO REQUESTER WITHIN 48 HOURS? ☐ Yes ☐ No
4. TRACKING NUMBER

Billing Information

COMPLETED BY INTERPRETER

1. ADDRESS OF ORGIN (HOME PLACE OF BUSINESS, PREVIOUS APPOINTMENT)
2. ADDRESS OF DESTINATION
3. CHECK IF DESTINATION IS
   ☐ Home ☐ Place of business For payment, address cannot be to a subsequent appointment.

4. SERVICE	5. MILEAGE
Start time:	Mileage to appointment:
End time:	Mileage from appointment (if applicable):
Total billing time:	Total mileage:

6. Other fees incurred (parking, ferry, etc.):

Verification Information

COMPLETED AT TIME OF APPONTMENT BY INTERPRETER AND STATE/PROVIDER EMPLOYEE

SERVICE:

1. Was this service completed? ☐ Yes, complete VERIFICATION section below
   ☐ No, check the correct reason why this service was not completed:

NO SHOW BY:
- ☐ Client
- ☐ DSHS/State Employee
- ☐ Service/Medical Provider
- ☐ Interpreter
- ☐ Other (specify):

CANCELLATION BY:
- ☐ Client
- ☐ DSHS/State Employee
- ☐ Service/Medical Provider
- ☐ Interpreter
- ☐ Other (specify):

CANCELLATION INFORMATION (REQUIRED FOR CANCELLATIONS):

Date: _____

Time: _____ ☐ AM ☐ PM

Name of person cancelling: _____

* Only cancellations with less that 48 hours notice are billable

VERIFICATION:

2. INTERPRETER'S SIGNATURE
   DATE

DO NOT SIGN unless sections above are completed. Be sure to check for accuracy and for the interpreter's signature above. Interpreter signature not required if cancelled. Use the comments section as needed.

3. SIGNATURE OF STATE OR PROVIDER EMPLOYEE CONFIRMING SERVICE DELIVERY
   DATE
   PRINT NAME HERE
   TITLE/POSITION

4. COMMENTS

Instructions
Request for Sign Language Interpreter

Please Note: Some DSHS administrations may place restrictions on completion of sections of this form due to confidentiality requirements.

Requester Information: **Completed by Requester**

1. Enter the name of the person requesting an interpreter.
2. Enter the date the request for an interpreter is made.
3. Enter the telephone number of the person requesting an interpreter.
4. Select whether the appointment is being scheduled for DSHS or another agency. If it is for another agency, please specify.
5. Specify the DSHS Administration/Division or contracted provider requesting an interpreter.
6. Enter the billing address.
7. Enter the Interpreter Referral Agency (if an agency is used) contacted to schedule an interpreter.

Appointment Information: **Completed by Requester**

1. Enter the begin date and the end date of the appointment.
2. Enter the time the appointment is scheduled to start (the time the interpreter is expected to begin interpreting).
3. Enter the time the appointment is expected to end.
4. Enter the address of the place of business/facility where the appointment will be held (for example: DSHS office, doctor's office, nursing home, client's home).
5. Enter the building name, floor and/or room number of the appointment.
6. Enter the name and telephone number of the contact person for the appointment if the contact person is different than the requester.
7. Enter the client/employee's name and gender. Confidentiality requires use of the DASA approval number.
8. Enter the Patient Identification Code (PIC) for medical appointments. Enter the client's last four numbers of their Social Security Number in the Client ID number section for Division of Disability Determination Services appointments. Enter the Client Identification number for all other clients. Be sure the number matches the one on the DSHS-issued card.
9. Select the client's/employee's communication preference. Be sure the interpreter requested is appropriate for the communication preference.
10. Describe the setting of the appointment (for example: Administrative Hearing, Adult Education, Business, Child/Adult Protective Services, Drug and Alcohol, Employment, K-12 Education, Law Enforcement Legal/Court, Medical, Mental Health, Performing Arts, Platform, Post-Secondary Education, Rehabilitation/Vocational, Socio-Economic Benefits).
11. Select whether a specific interpreter is requested by the client/employee. Enter the name of the requested interpreter.

Confirmation Information: **Completed by Interpreter Referral Agency/Contractor**

1. The Contractor assigns an interpreter and enters the name and certification level. If there is a team interpreter(s), enter the name of the interpreter(s). (This document is only for payment for one interpreter. Any team interpreter(s) must have a separate document completed.)
2. Select whether the appointment was filled or unfilled with an assigned interpreter.
3. Select whether the requester was notified of confirmation of the appointment within 48 hours of the request.
4. Enter the interpreter referral agency/contractor tracking number.

Billing Information: **Completed by Interpreter**

1. Enter the address of origin (home, place of business, or previous appointment).
2. Enter the address of destination (home or place of business).
3. Select if the address of destination is the interpreter's home or place of business. DSHS does not pay for travel to subsequent appointments.
4. Enter the actual start time, end time and total billing time of the appointment. For appointments lasting longer than the one-hour minimum, round up to the nearest one half hour.
5. Enter the mileage OR travel time to and from the appointment, including total mileage, and total travel time.
6. Enter other fees incurred by the interpreter for the appointment (parking, ferry, etc.).

Verification Information: **Completed at Time of Appointment by Interpreter and DSHS/Provider Staff**

1. Select whether the service was completed or not. If not, check the correct reason why the service was not completed. If cancelled, cancellation section must be completed with the date and time of the cancellation, and the name of the DSHS employee/medical or service provider who cancelled the appointment. Only appointments cancelled with less than 48-hours notice can be billed.
2. The interpreter signs and dates this section. (If cancelled, the interpreter's signature is not required.)
3. The person who signs and dates here represents the requester and validates the interpreter service has been provided. The person should also print his/her name and indicate his/her title or position.
4. Add any relevant comments, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreement between the contractor or interpreter and the client, contact person, or requester to show satisfaction with the services received. If additional space is needed, attach additional sheets.