

The section in the upper right corner of the DSHS 17-123 is completed by the Interpreter Agency.

INTERPRETER AGENCY	
INTERPRETER AGENCY'S TRACKING NUMBER	DATE OF REQUEST

**Spoken Language Interpreter Service  
Appointment Record Instructions**

(A copy of this form should be sent to the interpreter agency after the interpreter signs.)

**Sections I - IV are completed by the Requester.**

**Section I. DSHS Administration / Division Requesting Interpreter**

Check the box identifying which DSHS administration or division requester is from. Check other if the DSHS administration / division is not listed and enter the administration / division name.

DSHS must first use the Health Care Authority's Interpreter Service CTS on-line scheduling contract (<http://hca.ctslanguagelink.com/>) per Collective Bargaining Agreement (CBA). If the on-line scheduling service contract cannot fill the request, then DSHS staff should use the DES Interpreter Services Contract #03514.

1. Category 3 of the DES contract is specifically for DSHS (by using this category, this ensures DSHS is following the CBA). Use vendors who have agreed to provide interpreters under category 3 – mark this category when requesting interpreters.
2. If the appointment cannot be filled under category 3, DSHS staff may use any vendor under category 2A or 2B of contract #03514. Category 2A means the interpreters are certified/authorized by DSHS. Use this category before using Category 2B, which typically means the interpreters are qualified by the interpreter agency only.
3. DSHS staff may have needs for Category 1, court-certified interpreters.
4. DSHS staff should make sure the vendors under category 3 ask for staff approval before using other categories. If no DES vendor has the language resource DSHS staff is looking for, DSHS staff must use this form for off-contract vendors.

**DES interpreter vendors:** DSHS interpreter appointments should be filled under Category 3. If you are unable to use Category 3, then you must contact DSHS staff to get approval / permission to use another category.

**Section II. Requester Information**

1. Name and title of the requester. Must be a DSHS employee.
2. Requester's phone number and email.
3. Requester's billing address where the final invoice and a completed copy of DSHS 17-123 is to be sent. This address may differ from the appointment address.

**Section III. Client Information**

1. Client's name (some administrations may place restrictions on this due to confidentiality requirements).
2. Client's date of birth (some administrations may place restrictions on this due to confidentiality requirements).
3. Check gender.
4. Enter language requested.
5. Client ID (identification number specific to each DSHS administration/division).

**Section IV. Appointment Information**

1. Enter the appointment address (may be different than the billing address).
2. Enter individual appointment date, start time, and anticipated end time.

**Section V. Special Instructions**

Include any special instructions for the encounter. For example, gender specification, certification, background check, etc. (CA STAFF: When using Court or off contract interpreters, please list agreed upon hourly rate here.)

**Section VI. The Interpreter Information section is completed by the Interpreter and reviewed by the Requester.**

**(Court Interpreters Hired Directly, i.e., not hired through the DES Interpreter Contract: Do not fill in 2 – 6 unless CA staff in advance have agreed to pay mileage.)**

1. Print name of interpreter.
2. Enter mileage.
  - a. From origin address to appointment address.
  - b. Enter mileage from appointment address.
3. Enter total reimbursable miles.
4. Enter address and city of origin.
5. Enter destination (appointment) address.
6. Enter final destination address.
7. Enter date of service.
  - a. Enter interpreter arrival time.
  - b. Enter service start time.
  - c. Enter service completion time.
  - d. Enter total billing time.
8. Check the appropriate box for service completion.
9. If no service occurred, mark why.  
If your reason is not listed, note reason on back of form.

**Section VII. The Signatures section is completed by both the Interpreter and the Requester.**

The signature section is completed by the Interpreter and the DSHS Representative after all information on the form has been thoroughly verified by both parties.

1. Interpreter sign and date. Print interpreter name and title.
2. DSHS representative sign and date. Print DSHS representative name and title.  
Enter comments if applicable.

Requesters must have completed and signed copy of DSHS 17-123 to submit for payment. Interpreter agency must submit copy of 17-123 with the invoice for payment.

For additional information or questions, contact your administration's LEP Program Manager.