Washington State Department of Social & Health Services

Spoken Language Interpreter Service Appointment Record

(Face to Face Social Service Appointments)

INTERPRETER AGENCY	
Foreign Lang. Specialists www.flsincorp.net	
INTERPRETER AGENCY'S TRACKING NUMBER **FLS**	DATE OF REQUEST

Completed by Requester

I. DSHS Administration / Division Requesting Interpreter

- ☐ **Aging and Disability Services Administration (ADSA)**
  - ☐ Division of Developmental Disabilities (DDD)
  - ☐ Division of Behavioral Health and Recovery (DBHR)
  - ☐ Home and Community Services Division (HCS)
  - ☐ Residential Care Services Division (RCS)
- **Economic Services Administration (ESA)**
  - ☐ Community Services Division (CSD)
  - ☐ Division of Child Support (DCS)
  - ☐ Division of Disability Determination Services (DDDS)
- ☐ **Children's Administration (CA)**
  - ☐ Court Interpreter appointment (do not fill in Section VI, 2 – 6 below if interpreter hired directly)
- ☐ **Division of Vocational Rehabilitation (DVR)**
- ☐ **Eastern State Hospital (ESH)**
- ☐ **Juvenile Rehabilitation Administration (JRA)**
- ☐ **Office of the Deaf and Hard of Hearing (ODHH)**
- ☐ **Special Commitment Center (SCC)**
- ☐ **Western State Hospital (WSH)**
- ☐ **Child Study and Treatment Center**

Other DSHS Administration / Division:

II. Requester Information

1. NAME	TITLE
2. PHONE (INCLUDING AREA CODE) ( )	CELL PHONE (INCLUDING AREA CODE) ( )
3. BILLING ADDRESS / CITY, STATE, ZIP	4. MAILING ADDRESS / CITY, STATE, ZIP

III. Client Information

1. NAME (OPTIONAL SUBJECT TO CONFIDENTIALITY)	2. DATE OF BIRTH	3. GENDER ☐ Male ☐ Female
4. LANGUAGE	5. CLIENT ID (SPECIFIC TO EACH ADMINISTRATION / DIVISION)	

IV. Appointment Information

1. APPOINTMENT ADDRESS	2. APPOINTMENT DATE	START TIME :	ANTICIPATED END TIME :

V. Special Instructions (CA Staff, when using Court or off contract Interpreters, please list agreed upon hourly rate here)

Please use Agency qualified interpreter per State Contract 03514 Category 2 Part B.

VI. Interpreter Information (Completed by Interpreter and Reviewed by Requester)

(Court Interpreters hired directly, do not fill in 2 – 6)

1. NAME (PLEASE PRINT)

2. MILEAGE INFORMATION (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. FINAL DESTINATION ADDRESS / CITY

7. DATE OF SERVICE	A. INTERPRETER ARRIVAL TIME	B. SERVICE START TIME	C. SERVICE COMPLETION TIME	D. TOTAL BILLING TIME

8. SERVICE COMPLETED ☐ Yes ☐ No

9. IF NOT COMPLETED, WHY?
☐ Client No Show ☐ Interpreter No Show ☐ DSHS Requester No Show
☐ Other:

VII. Signatures

1. INTERPRETER'S SIGNATURE / DATE	PRINT NAME AND TITLE
2. DSHS REPRESENTATIVE'S SIGNATURE / DATE	PRINT NAME AND TITLE

3. COMMENTS

VII. 2. Provider's (doctor / judge /counselor) name & signature confirming interpreter service time.