

**INTERPRETER SERVICES SCHEDULING
AND CONFIRMATION RECORD**

REQUESTOR CONTROL NUMBER (IF ANY)	FLS CONTROL NUMBER
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COMPLETED BY REQUESTOR

PERSON REQUESTING APPOINTMENT (FIRST NAME, LAST NAME)		TITLE/POSITION		DATE REQUEST MADE (mm/dd/yy)	
REQUESTOR TELEPHONE NUMBER			FAX NUMBER OR EMAIL ADDRESS FOR CONFIRMATION		
PROVIDER'S NAME			COMPANY'S NAME		
APPOINTMENT ADDRESS (NUMBER, STREET, CITY, AND ZIP CODE)			BILLING ADDRESS (NAME, NUMBER, STREET, CITY, AND ZIP CODE)		
CLIENT'S FULL NAME (FIRST NAME, LAST NAME)		CLIENT'S TELEPHONE NUMBERS		CLIENT'S LANGUAGES (list all of them)	
INTERPRETER SEX REQUESTED <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Any		IF STATE CERTIFIED INTERPRETER IS NOT AVAILABLE, WILL YOU ACCEPT AGENCY QUALIFIED INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF INTERPRETER IS NOT AVAILABLE TO TRAVEL, WILL YOU ACCEPT INTERPRETER OVER THE PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DAY OF THE WEEK	APPOINTMENT DATE	SERVICE TYPE REQUESTED <input type="checkbox"/> Social <input type="checkbox"/> Medical <input type="checkbox"/> Court <input type="checkbox"/> Other (Clarify):	APPOINTMENT SCHEDULED START TIME	REQUESTED ARRIVAL TIME FOR INTERPRETER	ANTICIPATED END TIME
COMMENTS FROM REQUESTER (REQUESTED INTERPRETER NAME, POSSIBLE ALTERNATIVE DATES/TIMES FOR THIS JOB, PARKING INSTRUCTIONS ETC.)					

COMPLETED BY FLS SCHEDULERS

NAME OF SCHEDULED INTERPRETER		
COMMENTS FROM FLS SCHEDULERS		
DATE CONFIRMATION SENT TO REQUESTOR:	TIME: AM / PM	FLS SCHEDULER NAME:

COMPLETED BY INTERPRETER (MUST BE SUPPORTED BY INTERNET PRINTOUT)

Origin:	To Appointment:		Total Mileage	Total Travel Time
	Mileage	Travel Time		
Destination:	From Appointment:		Total Mileage	Total Travel Time
	Mileage	Travel Time		

INTERPRETER SERVICES VERIFICATION (COMPLETED AT TIME OF APPOINTMENT)

Was this service completed?
 Yes Check if telephone Interpretation No; check the correct response to indicate why service was NOT completed
 Client No Show Provider No Show Requestor double-booking
 Appointment Cancellation (specify who and when cancelled in "comments" section below)
 Other (specify reason and include written justification in "comments" section below):

DATE OF SERVICE	INTERPRETER SERVICE START TIME	INTERPRETER SERVICE COMPLETION TIME	TOTAL BILLING TIME
INTERPRETER'S SIGNATURE		INTERPRETER FULL LEGAL NAME (PRINT)	
SIGNATURE OF PROVIDER/REQUESTER CONFIRMING SERVICE DELIVERY		PRINT NAME HERE	TITLE/POSITION

COMMENTS