

Hopelink
 14812 Main Street
 Bellevue, WA 98007
 Phone: 425-378-7977
 Fax: 425-644-9447

Interpreter Agency	Foreign Language Specialists, Inc.
Authorization Number	
Encounter Record	
Spoken Language Interpreter Service	

APPOINTMENT INFORMATION			
1. Client Full Name or DASA Approval Number (Last Name, First Name, Middle Initial)			2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Date of Birth	4. Client Phone Number (Include Area Code)	5. Language Requested	6. Requester Name
7. Appointment Address (Number, Street, City, Zip Code)			8. Requester Phone

COMPLETE EITHER LINE 9 OR 10 BELOW. DO NOT COMPLETE BOTH.	
9. Individual Appointment Date	Service Type Requested <input type="checkbox"/> Social Service <input type="checkbox"/> Medical Scheduled Start Time: _____ Anticipated End Time: _____
10. Block Appointment Date	Service Type Requested <input type="checkbox"/> Social Service <input type="checkbox"/> Medical Scheduled Start Time: _____ Anticipated End Time: _____

THE SECTION BELOW TO BE COMPLETED BY THE INTERPRETER		
11. Print Full Name of Interpreter Providing Service (Last Name, First Name, Middle Initial)		
12. Origin (Address, City, State)	13. Destination Address	
14. Final Destination Address (If Applicable)		
15. Mileage to Appointment (If over 10 Miles 1 Way)	16. Mileage From Appointment (If over 10 Miles 1 Way)	17. Total Reimbursable Mileage
18. Date of Service	19. Total Billing Time	

20. Interpreter's Certification

I hereby certify under penalty of perjury that the information and charges listed herein for services rendered are accurate and have been provided as authorized and without discrimination on the grounds of race, creed, color, national origin, or sex.

Interpreter Signature	DSHS Cert #	Date
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Interpreters: We want to know about your experience as a DSHS interpreter. You can now provide feedback, concerns, ideas, input or comments to the DSHS Interpreter Services Program Managers at <http://hrsa.dshs.wa.gov/InterpreterServices/>. This is a secure website where your comments cannot be viewed by anyone other than DSHS staff. If you would like to receive a response, please include your name and contact information. It is helpful if you are very specific about your comments, questions or feedback".

THE SECTION BELOW TO BE COMPLETED BY THE REQUESTOR – DSHS OR MEDICAL PROVIDER		
21. Service Date	22. Interpreter Arrival Time / <u>Staff Initials</u>	23. Interpreter Picture ID Verified / <u>Staff Initials</u>
24. Service Start Time / <u>Staff Initials</u>		25. Service Completion Time / <u>Staff Initials</u>
26. Was the interpreter service completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comment section below.		27. For Medical Appointments, was the medical service? <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient

28. Requestor - DSHS Staff/Medical Provider Certification

DO NOT SIGN BELOW UNTIL ALL ITEMS ABOVE ARE COMPLETED AND REVIEWED FOR ACCURACY.

Be sure to double check the Interpreter's name (**Box 11**) and Interpreter's signature (**Box 20**) for accuracy. Use **Box 31** as needed.

I hereby certify that the service information provided herein is accurate and has been provided as specified. The service has also been provided without discrimination on the grounds of race, creed, color, national origin, or sex.

Signature	Date
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29. PRINT NAME HERE	30. TITLE/POSITION
31. COMMENTS	