



People For People
302 W. Lincoln Ave
Yakima, WA 98902
509-248-6793
1-800-233-1624
Fax: 509-853-2151

Interpreter Agency	Accurate Language Systems
Authorization Number	
Appointment Record	
Spoken Language Interpreter Service	

APPOINTMENT INFORMATION TO BE COMPLETED PRIOR TO THE APPOINTMENT

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. Request Date	
7. Location of Appointment Place (e.g. Clinic Name, Home Visit, etc.)			8. Requester Phone	
Street Address			9. Requester Name	
City				
Zip				

COMPLETE EITHER LINE 10 OR 11 BELOW. DO NOT COMPLETE BOTH.

10. Individual Appointment Date	Service Type Requested: <input type="checkbox"/> Social Service <input type="checkbox"/> Medical
	Scheduled Start Time: _____ Anticipated End Time: _____
11. Block of Time 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

12. Print Full Name of Interpreter Providing Service (Last Name, First Name, Middle Initial)		
13. Origin (Address, City, Zip)		14. Destination (If Different Than Box 7, Location of Appointment)
15. Final Destination Address (If different than Box 13, Origin)		18. Total Reimbursable Mileage (rounded up to the nearest full mile)
16. Mileage to Appointment (If over 10 Miles 1 Way)	17. Mileage From Appointment (If over 10 Miles 1 Way)	
19. Date of Service	20. Total Billing Time	

21. 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** _____

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 *MUST* BE COMPLETED BY THE REQUESTOR – DSHS OR MEDICAL PROVIDER

22. Service Date	23. Interpreter Arrival Time / <u>Staff Initials</u>	24. Interpreter Picture ID Verified / <u>Staff Initials</u>
25. Service Start Time / <u>Staff Initials</u>		26. Service Completion Time / <u>Staff Initials</u>
27. Was the interpreter service completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No; was appt. Cancel <input type="checkbox"/> No Show <input type="checkbox"/> Who was responsible for the Cancellation or No Show? <input type="checkbox"/> Client <input type="checkbox"/> Interpreter <input type="checkbox"/> Requester <input type="checkbox"/> Other (If other, explain in the comments section below.)		28. For Medical Appointments, was the medical service? <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient

29. 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 12) and Interpreter's signature (Box 21) for accuracy. Use Box 32 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** _____

30. PRINT NAME HERE	31. TITLE/POSITION
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32. COMMENTS

SPOKEN LANGUAGE INTERPRETER SERVICE APPOINTMENT RECORD INSTRUCTIONS

The interpreter services broker assigns the **Interpreter Agency** and issues the **Authorization Number** recorded in the Items listed at the top of the page.

ITEMS 1 THROUGH 11 INFORMATION IS PROVIDED BY THE BROKER

- Item 1 Enter the client's name, except for DASA clients. Confidentiality requires use of the DASA approval number.
- Item 2 Indicate the gender of the client.
- Item 3 Enter the client's date of birth.
- Item 4 Enter the client's telephone number including area code.
- Item 5 Enter the client's language. Be sure the interpreter assigned speaks the same language.
- Item 6 Enter the request date provided by the Broker.
- Item 7 Enter the name and address of the place where the appointment will occur. If the appointment will take place at the client's home, write "Home Visit".
- Item 8 Enter the Requestor's telephone number including area code and extension.
- Item 9 Enter the name and title of the person who requested an interpreter. The requestor must be a DSHS staff person or DSHS contract service provider (medical provider) authorized to initiate an interpreter service appointment. Be sure there is sufficient detail in this Item to enable the interpreter to locate the Requestor.
- Item 10 Enter the date of the appointment (for appointments that are not based on a block of time). Check the appropriate box for the type of appointment. Indicate the type of service for which interpretation was requested. Enter the time the appointment is scheduled to start, i.e. the time the interpreter is requested to arrive, and the time the appointment is expected to end.
- Item 11 Same as Item 10 above; except this Item applies only to blocks of time.

ITEMS 12 THROUGH 21 ARE COMPLETED BY THE INTERPRETER

- Item 12 Print the interpreter's complete name.
- Item 13 Enter the address from which the interpreter left to come to this appointment (origin). This could be the interpreter's home address, office address **or** the last encounter. ***This item must be completed accurately whether mileage will be claimed or not.***
- Item 14 Enter the destination address. If it is the same as the appointment address in box 7, write "Same".
- Item 15 Enter the address where the interpreter will travel to after this appointment. If it is the same as the origin address (box 13), write "Same". This could be the interpreter's home address, office address **or** the next encounter. ***If mileage is being claimed in box 17, this item must be completed accurately.***
- Item 16 Based on Items 13 and 14 above, enter the number of miles *to* the appointment when it exceeds 10 miles one way.
- Item 17 Based on Items 14 and 15 above, enter the number of miles *from* the appointment when it exceeds 10 miles one way.
- Item 18 Enter the total mileage from Items 16 and 17 when it exceeds 10 miles one way. The total mileage should be rounded up to the nearest full mile. *(Do not complete this Item for non-reimbursable mileage.)*
- Item 19 Enter the date of service.
- Item 20 Enter the total billing time. The time between the services start time (Item 25) and the service completion time (Item 26) is the total billing time. *Round up to the nearest ¼ hour.*
- Item 21 The interpreter signs and dates this Item. Enter the interpreter's DSHS Certification/Authorization number for verification purposes.

ITEMS 22 THROUGH 32 MUST BE COMPLETED BY THE REQUESTOR

- Item 22 Enter the date of service.
- Item 23 Enter the time the interpreter actually arrives at the appointment and record the initials of the person verifying the time.
- Item 24 Check Interpreter Picture ID and record the initials of the person verifying the ID.
- Item 25 Enter the actual service start time and record the initials of the person verifying the time.
- Item 26 Enter the actual time the service is completed, i.e. the requestor no longer needs an interpreter for the client, and record the initials of the person verifying the ID.
- Item 27 Check the "Yes" or "No" box, whichever applies, regarding completion of the interpreter service. If "No", check the appropriate box for an appointment "Cancel" or "No Show". If the appointment is not completed, check the box stating who is responsible for the appointment cancellation or no show. If "Other" explain in Item 32, Comments. ***This item must be completed accurately.***
- Item 28 For Medical Providers, check the "Inpatient" or "Outpatient" box, whichever applies.
- Item 29 The person who signs here represents the requestor and verifies and validates the interpreter service has been provided as described on this form. Sign and date.
- Item 30 Print the name of requestor signing above.
- Item 31 Enter title/position of the requestor signing above.
- Item 32 Add any comments, especially for any item requiring further explanation or any item already completed that is not self-explanatory. This item may also be used to note any disagreement between the interpreter and the requestor or to show satisfaction with the services rendered. If additional space is needed, attach additional sheets.