



People For People – Interpreter Services

DSHS Administration Request Form

PHONE: (800) 233-1624 FAX: (509) 853-2151

(Fax must be received 3 business days in advance before 4:00PM)

USE THIS FORM FOR 1 TIME REQUESTS ONLY

Section 1	Request Date: _____	Client Information
	Client Full Name or DASA Approval #: _____ <small>(Last name, First name, MI)</small>	
	Client ID #: _____ DOB: _____	
	Client Phone Number: _____ Client Gender: Check appropriate box Male <input type="checkbox"/> Female <input type="checkbox"/>	

Section 2	Appointment Address: _____	Appointment Information
	City: _____ Zip Code: _____	
	Facility Name: _____	
	Provider/Worker's Name: _____ Phone #: _____	
	Appointment Type: Individual <input type="checkbox"/> Block Time <input type="checkbox"/> <i>Block of Time scheduling is intended to meet the needs of several clients that speak the same language</i>	
	Language Requesting: _____	
	Appointment Date: _____ Scheduled Start Time: _____ Anticipated End Time: _____	
Interpreter Type Requested: Social Services <input type="checkbox"/> Medical <input type="checkbox"/>		
Special Interpreter Instructions: _____		

Section 3	DSHS Administration Requesting Interpreter: Check One	
	Aging and Disability Services Administration (ADSA)	Children's Administration (CA)
	<input type="checkbox"/> Home and Community Services Division (HCSD)	<input type="checkbox"/> Division of Children and Family Services (DCFS)
	<input type="checkbox"/> Division of Development Disabilities (DDD)*	<input type="checkbox"/> Division of Licensed Resources (DLR)
	<input type="checkbox"/> Residential Care Services (RCS)	<input type="checkbox"/> Resource Family Training Institute (RFTI)
	Economic Services Administration (ESA)	Health And Rehabilitation Services Administration (HRSA)
	<input type="checkbox"/> Community Services Division (CSD)	<input type="checkbox"/> Division of Alcohol and Substance Abuse (DASA)*
	<input type="checkbox"/> Division of Child Support (DCS)	<input type="checkbox"/> Division of Vocational Rehabilitation (DVR)*
	<input type="checkbox"/> Division of Employment and Assistance Programs (DEAP)	<input type="checkbox"/> Mental Health Division (MHD)
	<input type="checkbox"/> Division of Child Care and Early Learning (DCCEL)	Medicaid Purchasing Administration
<input type="checkbox"/> Division of Management & Operations Support (DMOS)	<input type="checkbox"/> Division Of Disability Determination Services (DDDS)	
<input type="checkbox"/> Juvenile Rehabilitation Administration (JRA)	<input type="checkbox"/> Division of Client Services/Interpreter Services Section	
*Program Index:	Allocation Code:	

Section 4	Requester's Name: _____ Organizational Index Code: _____ <small>(Last Name, First Name, MI)</small>
	Requestor's Title: _____ Phone # _____
	Requestor's Fax Number: _____ Other Phone (e.g. cell): _____ <i>Fax machine must be available 24 hours for confirmations</i>

Section 4	Interpreter Service Scheduled: Yes <input type="checkbox"/> No <input type="checkbox"/> Authorization#: _____
	Explanation: _____
	Date Faxed Back: _____ Interpreter Name: _____