



People For People – Interpreter Services
DSHS Administration Routine 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 ROUTINE
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 of Time (Not MAA) <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:																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Routine Appt. Start Date</th> <th style="width:15%;">Routine Appt. End Date</th> <th style="width:15%;">Scheduled Start Time</th> <th style="width:15%;">Anticipated End Time</th> </tr> </thead> <tbody> <tr> <td colspan="4">Check Day(s) of Week:</td> </tr> <tr> <td align="center">Sun <input type="checkbox"/></td> <td align="center">Mon <input type="checkbox"/></td> <td align="center">Tue <input type="checkbox"/></td> <td align="center">Wed <input type="checkbox"/></td> </tr> <tr> <td align="center">Thu <input type="checkbox"/></td> <td align="center">Fri <input type="checkbox"/></td> <td align="center">Sat <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Routine Appt. Start Date	Routine Appt. End Date	Scheduled Start Time	Anticipated End Time	Check Day(s) of Week:				Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	
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Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>																
Please list any facility closure dates: _____																		
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) <input type="checkbox"/> Home and Community Services Division (HCSO) <input type="checkbox"/> Division of Development Disabilities (DDD)* <input type="checkbox"/> Residential Care Services (RCS)	Children's Administration (CA) <input type="checkbox"/> Division of Children and Family Services (DCFS) <input type="checkbox"/> Division of Licensed Resources (DLR) <input type="checkbox"/> Resource Family Training Institute(RFTI)
	Economic Services Administration (ESA) <input type="checkbox"/> Community Services Division (CSD) <input type="checkbox"/> Division of Child Support (DCS) <input type="checkbox"/> Division of Employment and Assistance Programs (DEAP) <input type="checkbox"/> Division of Child Care and Early Learning (DCCEL) <input type="checkbox"/> Division of Management & Operations Support (DMOS) <input type="checkbox"/> Juvenile Rehabilitation Administration (JRA)	Health And Rehabilitation Services Administration (HRSA) <input type="checkbox"/> Division of Alcohol and Substance Abuse (DASA)* <input type="checkbox"/> Division of Vocational Rehabilitation (DVR)* <input type="checkbox"/> Mental Health Division (MHD)
	<input type="checkbox"/> Medicaid Purchasing Administration <input type="checkbox"/> Division Of Disability Determination Services (DDDS) <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 Information
	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 5	Interpreter Service Scheduled: Yes <input type="checkbox"/> No <input type="checkbox"/> Authorization#: _____	ISB Use Only
	Explanation: _____	
	Date Faxed Back: _____ Interpreter Name: _____	