# Interpreting Services

*Please return completed form via fax: 206-632-0405 or email:* *Interpreting@hsdc.org*

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| --- |
| *\* Indicates required field* |
| **\*Requestor’s Name:** |       | **\*Today’s Date:** |       |
| **\*Company:** |       | \***Phone:** |       |
| Email: |       | Fax: |       |
| Preferred Confirmation Method: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*Service Date:** |       | **\*Start Time:** |       | **\*End Time:** |       |
|  | Do you require the interpreter to arrive early to check in before the appointment? If so, please tell us what time. *Please note: Billing will start at the time the interpreter is required to be on site.*  | Check In Time: |       |
| **\*Address of Appointment** |       | **\*Suite/Room/****Floor/Building:** |       |
| **\*City:** |       | **\*State:** |       | **\*Zip Code:** |       |
| Arrival Instructions (If Applicable) |       |
| On Site Contact: |       | Phone/Email: |       |
| **\*Please tell us about your request**We want to provide you with the best interpreter for the job; the more information you provide, the better! Please include as much detailed information about the appointment as possible. Please call the office if you have any questions. |
|       |
| **\*Name of Deaf/Deaf-Blind/Hard of Hearing Client(s):**Please include any special communication needs if known. |       |
| Specific Gender Requested? |       | Preferred Interpreter(s) |       |

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| **\*Bill To** |       | Attn: |       | Phone: |       |
| **\*Address:** |       |
| Additional Invoicing Information (PO#, Provider 1, etc.) |       |