# Interpreting Services

*Please return completed form via fax: 206-632-0405 or email:* [*Interpreting@hsdc.org*](mailto:Interpreting@hsdc.org)

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*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.) | | |  | | |