



# INTERPRETER REQUEST FORM

Communication Services Department (CSD) of Deaf Community Services (DCS)  
3930 Fourth Avenue, Suite 300, San Diego, CA 92103 [csdscheduler@dcsofsd.org](mailto:csdscheduler@dcsofsd.org)  
619-398-2488 (Voice) 619-398-2440 (TTY) 619-398-2490 (Fax)

**SERVICE DATE:** \*\* \*\* **START TIME** : **AM/PM** **END TIME** : **AM/PM**

Requestor \_\_\_\_\_ Title \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

► **Type of Appointment; Check all that apply**

Medical  Legal  Mental Health  Training  Meeting  Educational  Other \_\_\_\_\_

► **And Explain** \_\_\_\_\_

Service Location \_\_\_\_\_ Address \_\_\_\_\_

Dr.'s Name \_\_\_\_\_ Bldg/Room/Floor \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parking? Cost? \_\_\_\_\_ Directions/Cross Street \_\_\_\_\_

On Site Contact Person \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Client Name \_\_\_\_\_ Medical ID # \_\_\_\_\_ Additional Clients \_\_\_\_\_

How many of the individuals involved are: Deaf? \_\_\_\_\_ and Hearing? \_\_\_\_\_

Number of Interpreters required? \_\_\_\_\_ Level/ ♂ or ♀ /Specific Interpreter required? \_\_\_\_\_

**AUTHORIZATION & BILLING INFORMATION: REQUIRED BEFORE PROCESSING**

Payer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Attention \_\_\_\_\_

P. O. # \_\_\_\_\_  Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_  Invoice

Authorization Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**KAISER ONLY** Cost Center # \_\_\_\_\_ Department \_\_\_\_\_

**Requestor: please be sure that the form is filled out completely before returning it.**

**If you do not receive a confirmation within 48 hours of the requested appointment, please contact us.**

DCS Communication Services requires notice of cancellation at least 24 hours before the service time and date. Notification must be given during regular business hours (M-F 8:00AM - 5:00PM, excluding weekends and holidays). Any assignment cancelled less than 24 hours before the requested time and date will be billed in full. Interpreters are scheduled for the requested time only. Please be sure you have allowed adequate time for your appointment, as the interpreter may not be able to remain longer than scheduled. After the first 2-hours, time is billed in half-hour increments. All assignments include a minimum charge per interpreter. All-day assignments include paid lunch periods. Interpreters will provide a service record to be signed at the completion of the assignment to verify all services were provided.

**To Be Completed by DCS Staff Only**

Confirmed Interpreter(s) \_\_\_\_\_ / \_\_\_\_\_

Rate/Code	Minimum Charge	# of Interpreters	Total Hours	Same Day Charge	Total Cost