

FORM TO BE COMPLETED BY REQUESTING AGENCY



COMMUNITY INTERPRETER SERVICES  
REQUEST FOR ORAL INTERPRETATION SERVICES

Phone: (617) 464-8100 • Fax : (617) 464-8151 • Email: CIS\_Request@ccab.org

**Requesting Agency:** Please complete the below form with all of the requested information. Completed forms can be emailed or faxed to the addresses above. Please note: *CIS reserves the right to refuse requests for interpreter or translation services which are not in accordance with agency mission, policies, or code of ethics.*

REQUESTING AGENCY CONTACT INFORMATION

Requesting Agency: \_\_\_\_\_

Agency to be billed if different from Requesting Agency: \_\_\_\_\_

Agency Billing Address: \_\_\_\_\_  
(Street, Floor, Room City, State, Zip)

Billing Person Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Request Submission: \_\_\_\_\_ Bill Code (if applicable): \_\_\_\_\_  
(Tracking/Appeal/APO/Member ID)

Approved by: \_\_\_\_\_ Approved Hours: \_\_\_\_\_  
(Supervisor at Requesting Agency)

APPOINTMENT SPECIFICS

Language (dialect/country of origin if available): \_\_\_\_\_

Service Requester Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date & Time of Appointment: \_\_\_\_\_

Address of Appointment: \_\_\_\_\_  
(Street, APT/RM, City, State, Zip)

Any other appointment location details: \_\_\_\_\_

Case Type:     Human/Social Service     Government     Medical     Legal  
                   Employment Related     Education     Business

Interpreter Specification: \_\_\_\_\_ Gender?:  Male  Female  No Preference

Name of Limited English Proficient Person/Client: \_\_\_\_\_

Date of Birth (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

You can also request interpreter services online by visiting [www.interpreterplatform.com](http://www.interpreterplatform.com).  
Please contact us for more information or to create an account.