FORM TO BE COMPLETED BY REQUESTING AGENCY

COMMUNITY INTERPRETER SERVICES (CIS)

REQUEST FOR ORAL INTERPRETATION SERVICES

Fax # (617) 464-8151 Phone # (617) 464-8109 Email: CIS_Request@ ccab.org

Requesting Agency: please hand-write or type all requested information in sections: "Requesting Agency Contact Information" and "Appointment Specifics". ***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:_____
- Billing Address:_____
- Contact Person:_____
- Date of request:_____Telephone: _____
- Approved by:_____ Approved # of Hours:_____
  (*Supervisor at Requesting Agency*)

APPOINTMENT SPECIFICS

- Language:_____
- Date & Time of Appointment: _____
- Location of appointment: _____
- Case Type: Human/Social Service Government Medical
  Education (School) Legal Employment Related Business
- Relevant Details (*based on type, specify nature of information that requires interpretation or translation*):
  _____
- Interpreter Gender Specification Male Female No Preference
- Name of Limited English Proficient Person: _____
- Comments: _____

FOR CIS INTERNAL USE ONLY

Request Received Date: _____ CIS Staff Receiving Request: _____

Request Approved: YES NO Authorized Signature: _____

Date Assigned to Interpreter: _____ Assigned Interpreter Name: _____

Comments: _____