

**Interpreter Request**

Client Name: \_\_\_\_\_

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

Location:

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Preferred Interpreter: \_\_\_\_\_

Assigned Interpreter: \_\_\_\_\_

Date & Time of Request: \_\_\_\_\_

Request Taken By: \_\_\_\_\_

Cancelled: \_\_\_\_\_ Agency \_\_\_\_\_ Client \_\_\_\_\_ YHSC/ No Interpreter \_\_\_\_\_ QI Survey

Responsible Agency/Office for Billing:

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Agency/ Office Contact Person:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby acknowledges that an Interpreting fee of \_\_\_\_\_ per hour has been disclosed to your Agency/ Office. Your Agency/ Office agrees therefore, to pay the Youngstown Hearing and Speech Center: Community Center for the Deaf for the requested Interpreting services.

Agency/ Office Representative: \_\_\_\_\_ Date: \_\_\_\_\_