



REQUEST FOR TRANSLATION & INTERPRETATION SERVICES (RTIS) FORM

SECTION I: REQUESTER INFORMATION.

Name: _____ Dept: _____ Date: _____

E-mail: _____ Phone Number: _____

SECTION II: SERVICE REQUEST Complete this section in its entirety.

Request for: Interpreter Other: _____

Language: _____

Date of Service: _____ Time of Service: _____

Service Requested for: (First Name, Last Initial Only) _____

CLINIC/PROGRAM NAME: _____

Complete Address of Service Location:

Address: _____ City: _____ Zip Code: _____

Comments: _____

SECTION III: CANCELLATION/RESCHEDULE SECTION

Please cancel this service request.

In the event of a cancellation or reschedule, the worker must e-mail this RTIS 49 to the provider at least one full business day prior to the scheduled appointment in order to minimize charges to the county.

If the appointment is rescheduled the worker must complete a new RTIS 49.

SECTION IV: CONTRACTOR RESPONSE CONFIRMATION Complete and return to SB County staff within 24 hours of the request.

Date Referral Received: _____ Agency Name: _____

Interpreter Selected and Scheduled for Appointment: Yes No

If marked no, please provide a reason in comments.

Interpreter Name: _____ Phone Number: _____

Comments: _____

Note: This form must be accurately completed in order to provide the best service possible to our clients/ customers, and for billing purposes.