



### DBH REQUEST FOR TRANSLATION & INTERPRETATION SERVICES

E-mail this request to the assigned contractor using encryption.

**Note:** This form must be completed thoroughly for accurate request for services and billing purposes.

#### SECTION I: STAFF INFORMATION

Name: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Emp ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Request:  On-site Interpreter  Telephonic (Over the Phone)  
 Video Remote Interpreting (VRI) – Two-way video capability (client present with employee)  
 Video Remote Interpreting (VRI) – Three-way video capability (client not present with employee)

Language: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_

**Service for:** (First Name, Last Initial Only) \_\_\_\_\_ **or** Medical Record Number \_\_\_\_\_

**Note:** First Name and Last Initial **or** Medical Record Number **is not** a PII Policy breach.

Service Location:  DBH Clinic  Program: \_\_\_\_\_

**Address, City, and Zip Code of Service Location** (must be completed for onsite services):  
\_\_\_\_\_

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

#### SECTION III: CANCELLATION/RESCHEDULE

**Please cancel this service request. Date Cancellation Submitted to Interpreter Agency:**  
To cancel or reschedule, DBH Staff must e-mail this RTIS 49 to the provider at least 24 hours 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: \_\_\_\_\_

VRI Information (ID, password, etc.): \_\_\_\_\_

VRI Platform: \_\_\_\_\_

Quote hourly rate for languages not listed in the contract (**for Auditing Only**): \_\_\_\_\_

Ensure the customer's first name and last initial has been entered in **Section II: Service Request**; if not, ask the customer for his/her first name and last initial and enter them in the corresponding fields for payment.