



Human Services Council
 201 NE 73rd St, Ste 101
 Vancouver, WA 98665
 P: (360) 258-2100
 F: (360) 750-3772

Date of Request _____

Interpreter Services Brokerage
INTERPRETER SERVICE MULTIPLE REQUEST FORM
 Use This Form to Request Up to Four Appointments at the Same Dept/Location

- DSHS Division/Agency: _____
- Org Index: _____ Pgm Index: _____ Alloc Code: _____
- Medical Provider/Dept: _____

Requestor Contact

- Name: _____ Title: _____ Phone: _____ Fax: _____

Appointment Address: _____

Street Address					City, State, Zip Code					
Client Name or DASA #	Phone	Client ID/ PIC#	M/F	DOB	Language Requested	Appt Date	Scheduled Start Time	Anticipated End Time	Social or Medical Appt	DSHS Worker/Medical Reason for Appt
ISB Use Only	Authorization Number				Vendor Assigned			Interpreter Assigned		
ISB Use Only	Authorization Number				Vendor Assigned			Interpreter Assigned		
ISB Use Only	Authorization Number				Vendor Assigned			Interpreter Assigned		
ISB Use Only	Authorization Number				Vendor Assigned			Interpreter Assigned		

FAX TO: Interpreter Services Brokerage, Human Services Council, (360) 750-3772

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