**Language Interpreter Request Form**

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| **Section 1: General Information**  |
| 1. Today’s Date:  | 2. Time:  | 3. MA#: |
| **Section 2: Information about the Requestor**  |
|  |
| 4. **Name of Agency**:  | 5. **Name of Person Completing Form**: |
| 6. **Phone Number:** | 7. **Email:** |
| 8. **Treatment Level for Request:** [ ]  Outpatient [ ]  Residential |
| **Section 3: Language Appointment Information**  |
| **Day** | **Date(s)** | **Start Time** | **End Time** |  **Type** of **Service** | **Subtype of Service\*\* (*If applicable*)** |
| Monday |  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
| Tuesday |  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
| Wednesday |  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
| Thursday |  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
| Friday |  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
|  |  |  | [ ]  Event [ ]  Individual [ ]  Group |  |
| If a break is required between sessions, please list the duration (e.g.15 min):  |
| Group Counseling, Patient Education, Individual Counseling, Assessment, Case Management, Family Therapy, Collateral Services, Crisis Intervention, Treatment Plan, and Discharge Services **ONLY**. **LIMIT OF THREE (3) GROUP SESSIONS PER DAY.** |
| 10. **Patient Name:** | 11. **Language Needed**: |
| **12. Covered Benefit** (select one)**:** [ ]  Medi-Cal enrolled \_\_\_\_\_\_\_\_ [ ]  Medi-Cal eligible [ ]  MHLA-enrolled #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  MHLA-eligible [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. **Location (Address where interpreter is needed, include room, floor, suite, etc.):** |
| 14. **Parking** (cross street, special instructions, lot or street):  |
| 15. **Onsite Contact** (**if different from above**): | 16. **Phone**: |
| 16. **Interpreter Preference** (**write name if applicable**): |
| **SAPC Approval**  |
| [ ]  Approved [ ]  Denied | Reason for denial: |
| Date:  | SAPC Signature: |