DORS
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STATE OF CONNECTICUT
DEPARTMENT OF REHABILITATION SERVICES

INTERPRETER REQUEST FORM

Today's Date:

Select Purpose of Request:

Bill to Account:

If you are unsure of how your account is listed with us, please call (860) 231-1690 X5 to ask.

Requested By:

Requestor's Phone: Requestor's E-Mail:

Description of Interpreting Assignment:

A brief description of what the interpreter(s) will be interpreting for

On-Site Contact Person:

Name, Phone#, Text, or e-mail for emergency contact on the day of assignment

Preferred Interpreter(s):

Avoid Interpreter(s):

Location of Assignment:

Recipient(s) of Services:

Type of Interpreting Requested: Number of Interpreters Requested:

Date(s) of Interpreting Assignment:

(Add additional sheet if necessary)

Start Time of Assignment: End Time of Assignment:

Additional Comments:

Upon completion of this form, and then Fax it to us at: 860-231-8746

For additional information please see the following page for frequently asked questions about this form.
(*Tip: in your printer* preferences *select print page 1 only so you are not printing out the FAQ page each time.)*

STATE OF CONNECTICUT
DEPARTMENT OF REHABILITATION SERVICES

INTERPRETER REQUEST FORM FAQ

Today's date: The date you are filling out and sending this request form to us.

Select purpose of the request: The option best suited for your request from the drop down box (i.e., new request, cancellation of previous request, change to previous request).

Bill to account: If you are unsure of how your account is listed with us, please either call (860) 231-1690, ext. 5 or e-mail **dors.interpreting@ct.gov**. **Requests cannot be processed without an existing and accurate customer account name.**

Requested by: The full name of the person requesting the services.

Requestor's phone and e-mail: The best phone number and e-mail address to contact the requestor should there be questions about the request or if we need additional information.

Description of interpreting assignment: A brief description of what the interpreter(s) will be interpreting (e.g., PPT meeting, medical appointment, concert, business meeting, classroom Interpreting, home visit, etc.).

On-site contact person: The contact information for someone who can be reached on-site the day of the assignment. Our interpreter(s) or staff may need to contact this person if there is an issue. If the on-site contact will not be in his/her office at the time, please provide a cell phone number.

Preferred interpreter(s): Indicate preferred interpreter name(s) if applicable. We make no guarantee s/he will be available.
Avoid interpreter(s): If for any reason you do not wish a certain interpreter be sent, please put his/her name here.

Location of the assignment: The specific address where you wish the interpreter(s) to arrive the day of the assignment.

Recipient(s) of services: Provide the name(s) of all the deaf or hard of hearing client(s) interpreters are providing services to. This allows our staff to make the most appropriate linguistic matches. If you do not know the name of the deaf or hard of hearing client(s), you can type the word ACCESS in this field. We prefer to know name(s) whenever possible.

Type of interpreting requested: The most common choice is American Sign Language, but some clients may need other specialized services such as tactile sign language (for a deaf-blind client). If you are unsure, please select "American Sign Language". **Please note contractually we reserve the right to send and select the type and number of interpreter(s) for any requested assignment.**

Number of interpreters requested: The number of interpreters you wish to provide services. **We reserve the right to adjust this number depending on a variety of circumstances.**

Date(s) of interpreting assignment: List each date interpreting services are needed.

Start time and end time: Start time is when you want the interpreter to arrive at the location. End time is when the interpreter will be finished. **Do not leave either field blank.**

Additional comments: Anything our interpreter(s) need to be aware of, such as special parking instructions, requests for specific attire, (e.g., business suit required, closed-toe shoes, etc.), check in or location instructions for large buildings (i.e., clinic located on 3rd floor, Suite 317).

PRINT BUTTON: You may print the form blank, fill it in by hand and then fax it to us at 860-231-8746. If your version of Adobe Acrobat Reader allows, you may fill it out on the computer and then print and fax. Either option is acceptable.

Thank you!