



CHICAGO HEARING SOCIETY INTERPRETER REQUEST FORM



BILLING INFORMATION:

Account #: _____

Company/Organization Name: _____

Billing Address: _____

Attention: _____

Phone Number: _____ Fax: _____

Identifying Numbers (i.e. - MR#'s, Case/File #'s, PO#'s, Auth. #'s, SS#'s, DOB, or any special billing instructions that will aid you): _____

REQUEST INFORMATION:

Date You Require an Interpreter: _____

Start Time: _____ AM/PM Finish Time: _____ AM/PM

Location Name: _____ Room/Bldg #: _____

Location Address: _____ Cross St: _____

Location City/State: _____ Location Phone: _____

Onsite Contact Person's Name: _____ Phone: _____

Requester's Name: _____ Phone: _____

Deaf Person's Name(s): _____

(✓ which apply: Late Deafened Deaf Hard of Hearing Deaf/Blind)

Deaf Person: Client/patient Family Employee Presenter

Please describe **in detail** the nature of this appointment/meeting/event: _____

***Check any that apply to your request:** Technical Jargon Job Termination

Is Blood Involved? Terminal Illness Potential Violent/Offensive Behavior

Highly personal/emotionally charged content Pregnancy Termination

Will you be using any overheads or films/videos? Yes No

Are they Captioned? Yes No

Are any printouts/handouts to be used that will be forwarded to the Interpreter in advance? Yes No

Interpreter Gender Preference: Male Female

Requested Interpreter(s): _____