Lubbock Community Services for the Deaf Helping businesses become ADA compliant Interpreter Assignment Form

Requesting Entity:

Voice:(806)795-2345 VP:(806)686-0543 FAX:(806)795-2233

Client's Name:	
Date of Appointment: Time:	
Contact Person:	
Starting Time: (Travel) (Interpreting)	
Finishing Time: (Interpreting) (Travel)	
	TOTAL HOURS:
	(calculated in .25 hr increments)
	Why?
The following signatures verify that services were provided	
Interpreter's Signature:	
Certification Level:	Credentials #:
Client's Signature:	
NEXT APPOINTMENT INFORMATION	
DATE/TIME:	
DATE/TIME: LOCATION:	
LOCATION: Person Acknowledging	
LOCATION: Person Acknowledging Services:	Date/Time:
Person Acknowledging Services: <24 hr Notice Hospital	Date/Time: Person Requesting Services: Print:
LOCATION: Person Acknowledging Services: <24 hr Notice	Person Requesting Services: Print: Sign:
Person Acknowledging Services: <24 hr Notice Hospital	Person Requesting Services: Print: Sign: PRINT:
LOCATION: Person Acknowledging Services: <24 hr Notice Hospital Assignments Only:	Person Requesting Services: Print:
LOCATION: Person Acknowledging Services: <24 hr Notice Hospital Assignments Only:	Person Requesting Services: Print: Sign: PRINT:
Person Acknowledging Services: <24 hr Notice Hospital Assignments Only: Discharge Time ER:	Person Requesting Services: Print: Sign: PRINT: SIGNATURE: Print:
Person Acknowledging Services: <24 hr Notice Hospital Assignments Only: Discharge Time ER: Admitted to FLOOR FOR OFFICE USE ONLY	Person Requesting Services: Print: Sign: PRINT: SIGNATURE: Print:

Lubbock Community Services for the Deaf Helping businesses become ADA compliant **Interpreter Assignment Form**

Voice:(806)795-2345	VP:(806)686-0543 FAX:(806)795-2233
Requesting Entity:	
Client's Name:	
Date of Appointment:	Time:
Location of Assignment:	
LCSD Assigner:	
Starting Time: (Travel)	(Interpreting)
Finishing Time: (Interpreting	lg) (Travel)
	TOTAL HOURS:
: : : : : : : : : : : : : : : : : :	(calculated in .25 hr incremen
	Why?
The following sign	atures verify that services were provided
Interpreter's Signature:	
	Credentials #:
Client's Signature:	
NEXT APP	OINTMENT INFORMATION
DATE/TIME:	
LOCATION:	
Person Acknowledging	
Services:	Date/Time:
<24 hr Notice Hospital	Person Requesting Services: Print:
Assignments Only:	Sign:
Discharge Time ER:	PRINT:
	SIGNATURE:
Admitted to 51 00D	Print:
Admitted to FLOOR:	SIGNATURE:
FOR OFFICE USE ONLY	
Invoice Number:	Check Number:
Parised 01 10 11	