

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: _____

Contact Person: _____

LCSD Assigner: _____

Starting Time: (Travel) _____ (Interpreting) _____

Finishing Time: (Interpreting) _____ (Travel) _____

TOTAL HOURS: _____

(calculated in .25 hr increments)

Time and a half? YES NO Why? _____

The following signatures verify that services were provided

Interpreter's Signature: _____

Certification Level: _____ Credentials #: _____

Client's Signature: _____

NEXT APPOINTMENT INFORMATION

DATE/TIME:	_____
LOCATION:	_____

Person
 Acknowledging
 Services:

Date/Time: _____

<24 hr Notice Hospital Assignments Only:	Person Requesting Services: Print: _____ Sign: _____
	Discharge Time ER: _____ PRINT: _____ SIGNATURE: _____
Admitted to FLOOR _____:	Print: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

Invoice Number: _____ Check Number: _____

Revised 01-10-11

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: _____

Contact Person: _____

LCSD Assigner: _____

Starting Time: (Travel) _____ (Interpreting) _____

Finishing Time: (Interpreting) _____ (Travel) _____

TOTAL HOURS: _____

(calculated in .25 hr increments)

Time and a half? YES NO Why? _____

The following signatures verify that services were provided

Interpreter's Signature: _____

Certification Level: _____ Credentials #: _____

Client's Signature: _____

NEXT APPOINTMENT INFORMATION

DATE/TIME:	_____
LOCATION:	_____

Person
 Acknowledging
 Services:

Date/Time: _____

<24 hr Notice Hospital Assignments Only:	Person Requesting Services: Print: _____ Sign: _____
	Discharge Time ER: _____ PRINT: _____ SIGNATURE: _____
Admitted to FLOOR _____:	Print: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

Invoice Number: _____ Check Number: _____

Revised 01-10-11