**Language Interpreter Request Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | |