

Service Verification Form

Date of Service: ____/____/____ Appointment Scheduled Time _____
MM DD YY

Time of Interpretation (in person): _____ Appt. End Time: _____

Facility Name/Home Visit: _____

Appt. Address: _____
Street Address Suite (Apt#) City Zip Code

Non-English Speaker: _____ Language: _____
First Name Middle Name Last Name

Interpreter's Full Legal Name: _____ Roster# _____

Interpreter's Signature: _____

Information of the Client

Full Name: _____ Date of Birth: ____/____/____
MM DD YY

Male:___ Female:___ Insurance: _____ Number: _____

Provider Approval

Provider/Staff Name: _____ Signature: _____ Date: ____/____/____

Interpreter Performance Evaluation(Optional)

(To be filled out by a staff person)

Interpreter was on time Yes:___ No:___ Interpreter is fluent in English Yes:___ No:___

Interpreter sounds fluent in other language Yes:___ No:___ Interpreter was impartial: Yes:___ No:___

Interpreter was able to secure successful communication between the parties Yes:___ No:___

Overall interpreter's performance was professional Yes:___ No:___

Reminder for Interpreter

**You need to Arrive at the location of service 10-15 Minutes prior to your scheduled time.
You must diligently follow the rules established by the facility at which you are interpreting
For All facilities: TURN OFF YOUR CELL PHONE!!!**