

Interpreter Worksheet – Wausau WI

Interpreters must submit completed worksheet *WITHIN 48 HOURS*
Please fax worksheets to 1-800-686-6315

INTERPRETER:

Interpreter ID #: _____

Interpreter Name: (print clearly) _____ Language: _____

Interpreter Signature: _____ Date: _____

SITE LOCATION:

Appointment Type: Face-to-Face Telephonic Home Visit

Appointment Date: _____ Appointment Time: _____ AM / PM

Site Name: _____ County Dep't/Branch: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____ - _____

CLIENT:

Last Name: _____ First Name: _____

Gender: Female Male DOB: _____ Case Number: _____

Phone: (_____) _____ - _____

MUST BE COMPLETED by Site Staff:

Date: _____ Start Time: _____ AM / PM End Time: _____ AM / PM

If more than 2 hours, how many? _____ hrs **REMINDER: Interpreters cannot work for more than 8 hours.**

Appointment Status (circle one): Completed Cancellation Same Day Cancellation Patient No Show

Overall quality of interpreter: Excellent Average Poor (please specify)

Comments: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Office Use Only:	
------------------	--