

FORM TO BE COMPLETED BY REQUESTING AGENCY



COMMUNITY INTERPRETER SERVICES
REQUEST FOR ORAL INTERPRETATION SERVICES

Phone: (617) 464-8100 • Fax : (617) 464-8151 • Email: CIS_Request@ccab.org

Requesting Agency: Please complete the below form with all of the requested information. Completed forms can be emailed or faxed to the addresses above. Please note: *CIS reserves the right to refuse requests for interpreter or translation services which are not in accordance with agency mission, policies, or code of ethics.*

REQUESTING AGENCY CONTACT INFORMATION

Requesting Agency: _____

Agency to be billed if different from Requesting Agency: _____

Agency Billing Address: _____

(Street, Floor, Room City, State, Zip)

Billing Person Contact: _____ Telephone: _____

Date of Request Submission: _____ Bill Code (if applicable): _____

(Tracking/Appeal/APO/Member ID)

Approved by: _____ Approved Hours: _____

(Supervisor at Requesting Agency)

APPOINTMENT SPECIFICS

Language (dialect/country of origin if available): _____

Service Requester Contact: _____ Telephone: _____

Date & Time of Appointment: _____

Address of Appointment: _____

(Street, APT/RM, City, State, Zip)

Any other appointment location details: _____

Case Type: Human/Social Service Government Medical Legal
 Employment Related Education Business

Interpreter Specification: _____ Gender?: Male Female No Preference

Name of Limited English Proficient Person/Client: _____

Date of Birth (if applicable): _____

Comments: _____

You can also request interpreter services online by visiting www.interpreterplatform.com.
Please contact us for more information or to create an account.