

SOUTHEAST ASIAN ASSISTANCE CENTER
Interpreting Assignment Sheet



Requested by _____ on _____
 Contact Information _____
 Dispatched by: _____

Language Requested	DATE OF SERVICE	APPOINTMENT TIME	PROVIDER'S NAME AND TITLE	Appointment Type <small>(Intake, Visit, No Show, Conference Call)</small>

Notes: _____

Client's CATS ID/ AVATAR/ Med Record #		Client's Last Name		Client's First Name		Client's D.O.B.	
Client's Race (if more than one please report)		Primary Language		Gender M or F		Client's Contact	

NOTES: _____

Requesting Agency	Apt. Location	Estimated Session Time in minutes	Cancelled? Y or N

The Interpreter Identified below provided services as indicated herein:

Interpreter's Name	Interpreter's Signature	Start Time	Finish Time	Provider's Name and Title	Provider's Signature	Date:

Interpreter: After appointment, please complete fields below for reporting purposes

Wait time for Provider	Wait time for Client	Wait time for NO SHOW CLIENT	Total Appt. time	Round Trip - Travel Time in minutes <small>Record only if R/T is more than 10 miles</small>	Total Miles Driven to and from Appointment

-----INTERPRETERS PLEASE DO NOT WRITE BELOW THIS LINE-INTERNAL USE ONLY-----

Submission Date: ___/___/___

Recorded Date: ___/___/___

Recorded by: _____