



TRANSCENDING YOUR LANGUAGE BARRIERS

Assignment/Verification Sheet

Interpreter's Name: _____

Language: _____

MH#: _____

Assignment Information

Assignment Date:		Assignment Time:		Assignment Length/Duration:	
Organization/Client Name:					
Assignment Location/Address:			Department/Specialty/Discipline:		
Person Receiving Services/LEP:			Case, DOB, MRN, Case, Grade, etc.		

Additional Assignment Information:

Please check (if applicable):

- No show
- Rescheduled
- LEP declined services
- Canceled
- Replaced *(see replacement section)*
- Other

Replacement Information (Only when applicable):

LEP Name: _____	MRN/DOB, etc.: _____	Department: _____
		Start Time: _____ End Time: _____
Client's Rep. Signature: _____		
LEP Name: _____	MRN/DOB, etc.: _____	Department: _____
		Start Time: _____ End Time: _____
Client's Rep. Signature: _____		

To be filled out by the client **ONLY**:

***By signing below, I agree with the information provided on this document:

Start Time: _____ Initials: _____

End Time: _____ Initials: _____

Client Verification Signature: _____

Interpreter's Notes:

Interpreter Signature

For MHMS use **ONLY**

Total Time:	Rate \$	Total \$
Travel Time:	Rate \$	Total \$
Total Miles:	Rate \$	Total \$
Equip. P/Up Date:		Total \$
Equip. D/Off Date:		Total \$
Total Due		\$

Important:

-Once client has entered the start/end time, information cannot be changed

-Interpreter **MUST** sign sheet in front of the client before leaving their premises

-Form **MUST** be submitted to MHMS **within 24 hours**