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| **COUNTY OF RIVERSIDE**  **Human Resources Department** | **GENERAL SIGN LANGUAGE INTERPRETER REQUEST FORM**  (Vendor May Require Use of a Different Form) |

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| Today’s Date: | Date of Service: | | | Start Time: | | | Finish Time: | | |
| Department and Division: | | Requestor’s Name: | | | | Requestor’s Phone: | | | |
| Requestor’s Email: | | Requestor’s Supervisor: | | | | Signature: | | | |
| Department Contact Person at Assignment: | | | | Department Contact Phone at Assignment (work cell phone preferred): | | | | | |
| Street Address of Assignment: | | | | Building Name: | | | Floor: | | Suite/Room: |
| Cross Streets: | | | City: | | | | Zip: | | |
| Interpreting Accommodation is for:  Consumer   Employee | | | | Name of Consumer/Employee: | | | | | |
| **What Type of Interpreter Is Needed (choose one):** | | | | | | | | | |
| American Sign Language  Spanish Sign Language | | oral (speech reading)  sign language | | | | | | | |
| Pidgin Signed English (or Manually Coded English) | |  | | | | | | | |
| **Describe the Setting for the Assignment (check all that apply):** | | | | | | | | | |
| training | | job interview | | | | lecture | | | |
| individual (one-on-one) | | group situation | | | | platform/stage | | | |
| film/video darkened room | | outdoor | | | |  | | | |
| other (please specify): | | | | | | | | | |
| **Describe the Interpreting Situation (please be specific):** | | | | | | | | | |
| **Send Invoice to (County Department/Agency Name and Address):**  **County of Riverside**  County Department/Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | |
| **Department Use Only** | | | | | | | | | |
| Interpreter Name: | | | | | Agency: | | | Date Received: | |

Requests made with less than 72 hours advance notice may be subject to a higher than standard interpreter charge. Email or fax this completed form to one of the County-approved vendors for processing. **For additional instructions and vendor contact information, please see Page 2 of this form.**

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**Sign Language Interpreter Requests**

**Ordering Information**

**INTERPRETER REQUEST FORM**

* Found on Human Resources/Disability Access Office website under the Forms page.
* Department requesting interpreter completes all information in fields as indicated.

**SCHEDULING INTERPRETER**

* Email or Fax completed form to one of the sign language vendors listed below.
* If the request is within 72 hours of the appointment, it is highly recommended that the vendor be contacted by telephone prior to submitting the Sign Language Interpreter Request Form.
* Vendor shall provide email and/or fax confirmation that the form was received.

**INTERPRETER CONFIRMATION**

* As soon as an interpreter is available and assigned for the time and date requested, the vendor shall send a confirmation of the appointment to the requestor. (It is also recommended that you calendar a follow-up reminder to check with the vendor at least 24 hours in advance of the time and date requested.)
* If the vendor is unable to fill the assignment, their staff should advise you at least 24 hours prior to that assignment. You may also request an earlier update, if needed for your particular situation.

**CANCELLATION**

* Vendors must be notified in writing (either email or fax) if any request needs to be cancelled.
* Rise Interpreting requires notice of cancellation at least 48 hours prior to the scheduled appointment in order to avoid fees (other vendors require 24 hours’ notice).

**BILLING**

* Requesting agency/department is responsible for paying interpreter charges and will be billed directly by the vendor. To avoid billing delays, thoroughly complete the billing information at the bottom of the Sign Language Interpreter Request Form.

**VIDEO REMOTE INTERPRETING**

* Video remote interpreting is available through each of the approved vendors listed below. Please contact the vendor for additional information.

**COUNTY APPROVED VENDORS**

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| **HANNA INTERPRETING SERVICES LLC**  CONTRACT I.D #: PSA-0003899  Jamacha Blvd., Ste 8  Spring Valley, CA 91978  General Number: 855-777-8007  After Hours: 619-741-0000  Fax: 619-741-0017  Email: [info@hannais.com](mailto:info@hannais.com)  Website: <http://hannais.interpreterintelligence.com/> | **INTERPRETERS UNLIMITED, INC.**  CONTRACT I.D.#: PSA-000384310783  10650 Treena Street, Ste 308  San Diego, CA 92131  General Number: 800-726-9891  Fax: 800-726-9822  Email: info@interpreters.com  Website: www.interpreters.com |
| **NATURAL LANGUAGES, LLC**  CONTRACT I.D. # PSA-0003900  13536 Lakewood Blvd., Ste 103  Bellflower, CA 90706  General Number: 201-984-2505  Fax: 201-984-2507  Email: [coordinator@naturallanguages.net](mailto:coordinator@naturallanguages.net)  Website: <https://www.naturallanguages.net/> | **RISE INTERPRETING, INC.**  CONTRACT I.D.#: PSA-0003891  6887 Magnolia Ave.  Riverside, CA 92506  General Number: 951-565-4422, Option #1  After Hours: 951-565-4422, Option #9  Fax: 951-335-0064  Email: [info@riseinterpreting.com](mailto:info@riseinterpreting.com)  Website: <https://riseinterpreting.com/> |

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