

# Multicultural Community Service Interpretation Service Request

## Requesting Agency Details:

Requesting Agency Name

Requesting Agency Acronym

Point of Contact

Mailing Address

Contact Email  Contact Phone No.:

Agency CFO

Agency CFO Email  Agency CFO Phone No.:

## Service Details:

Language(s)

Location  Room No.:

Job Date  Start Time  End Time

Onsite Point of Contact

Onsite Point of Contact Phone Number:

### Type of Interpretation:

- Consecutive
- Simultaneous without equipment
- Simultaneous with equipment (complete below)
  - Number of receivers needed ----->
  - Number of transmitters needed (one per language) ----->
  - Please provide a technician to support use of equipment

### Type of Service:

- Mediation
- Intake
- Hearing
- Workshop
- Hearing
- Student Evaluation Session
- Other

Event Name, if applicable

Projected Number of People that will attend program:

Projected Number of LEP/NEP People who will attend program:

## Administrative Details:

### Use of Glossary (Select at least one):

- I have attached a glossary to be used for this service
- I have not attached a glossary to be used, please use an interpreter who has provided service to this agency in the past; I waive this requirement if an interpreter is not available that has provided service to this agency in the past.

**Please submit this form by email to [rcarrillo@mcsdc.org](mailto:rcarrillo@mcsdc.org) or by fax to (202) 299-9207**

**If you have questions, please call (202) 238-9355**