

**Commonwealth of Massachusetts
Department of Public Health • Bureau of Substance Abuse Services**

Substance Abuse Interpreter Service Description Form
Please do NOT put client's name or social security number on this form

Today's Date: _____ Authorization Number¹: _____

Name of Interpreter: _____

I. Client's Language: _____

II. Agency/Program Receiving Interpreter Services: _____

Contact: _____

III. Client Record Number (e.g. MIS, ESM, BSAS, etc.) _____

IV. Date and Time of Service: *(must be pre-approved)*

Date	Start Time	End Time	Total Hours	Direct Care Worker Signature
Print Name of Direct Care Worker Working with Interpreter:				

Signatures: Please have the provider sign and print his/her name on this form at the time of service delivery. When working with multiple providers and one client determine who is overseeing this treatment and have the overseeing counselor sign and print his/her name below.

Times: Interpreters are paid a two-hour minimum. Please list the time when you started interpreting and the time when you ended. You do not need to list a full two hours if you did not interpret for two hours; you will still be paid the two-hour minimum.

Incomplete Forms: All forms without client numbers, signatures, times, and authorization numbers will be returned. Please make sure your form is complete before submitting for payment.

Cancellations & No-shows: Please list under the comments section the name of the person who cancelled and the date and time the cancellation was made. No-shows require signature.

COMMENTS:

¹ Authorization numbers are client-specific or group-specific. You may not use the same authorization number for different clients.