

SAN MARCOS UNIFIED SCHOOL DISTRICT
PROCESS TO REQUEST INTERPRETER FROM DEAF COMMUNITY SERVICES

Minimum of Three (3) Weeks Prior to Service Date:

1. Site staff contacts the Scheduler at Deaf Community Services by emailing scheduler@dcsofsd.org or calling **619-398-2488** to request the interpreter for a future date and obtains a written estimate of the cost. DCS will provide a Rate and Service Agreement form, along with a Sign Language Interpreter Request Form. The Sign Language Interpreter Request Form should be completed by staff, EXCEPT for the bottom section which requests an address to where invoices should be sent.
2. Site staff submits an electronic requisition for cost of services through PeopleSoft. Use Category Code #80000000 and object 5800xxx. Be sure to include in the description the following information:
 - Need for Interpreter (Parent/Teacher Conference; Flag Salute, etc.), Date and Time of needed services.
 - Attach the completed Sign Language Interpreter Request Form, the Estimate and the Rate and Service Agreement Form to the requisition.
3. Upon receipt of approved requisition, Purchasing will confirm DCS insurance is current and will process the requisition into a purchase order.
4. The Annual District Master Services Contract # will be referenced on the PO (Purchasing staff will enter this information).
5. Purchasing will send the PO, Sign Language Interpreter Request Form, signed Rates and Service Agreement to DCS and the school staff will be cc'd, so that you have confirmation that interpreter request has been processed.

***NOTE: DCS has a Two-hour Minimum Charge per Interpreter; and if services are cancelled with less than two (2) business day advance notice, school will be billed for the services, as requested.**

(DCS Use Only)
Job #: _____

SIGN LANGUAGE INTERPRETER REQUEST FORM

Service Date(s): _____ Day(s) of the Week: _____
 Start Time: _____ am/pm End Time: _____ am/pm
 Check-In Time: _____ am/pm (FOR MEDICAL APPOINTMENTS ONLY)
 Name of Deaf Person(s): _____

APPOINTMENT ADDRESS

SAMPLE

Building/Office Name: _____
 Street Address: _____
 Suite Number: _____
 City, State, Zip: _____

INFORMATION ABOUT THE APPOINTMENT

Nature of Appointment (please be specific): _____

Preferred Interpreter(s) if any: _____ Interpreter Preference: Male Female Non-Binary
 Language Specializations (if any): DeafBlind/Tactile Spanish/Trilingual Other Signed Language: _____

FOR MEDICAL APPOINTMENTS ONLY

Patient Name (if different from Deaf client): _____
 Medical Record #: _____ Insurance ID #: _____
 DOB: _____ Other: _____
 Type of Appointments (choose one): Office Visit Out-Patient Procedure Hospitalization Imaging
 Other (please specify): _____

Requester Information Same As Site Contact

Company: _____
 Name: _____ Employee ID #: _____
 Phone: _____ E-mail (Required): _____
 Site Contact Name: _____ Site Contact E-mail: _____
 Site Contact Phone: _____

Billing Information (if different from above):
Company Name: _____
PO # (if applicable): _____



1545 Hotel Circle South., Suite 300
San Diego, CA 92108

Estimate

Date	Estimate #
4/26/2018	513

Name / Address
San Marcos USD ATTN: Accounting Department 255 Pico Avenue, Ste 250 San Marcos, CA 92069

SAMPLE

Description	Rate	Quantity	Total
<p>Sign Language Interpreting Services To Be Provided For Flag Salute Award. Quote is Based On Provision Of One Interpreter. See Rates And Service Agreement For Additional Costs. Times Are Subject To Change On Actual Day Of Service.</p> <p>06/08/2018 (Friday): Services From 8:45 AM - 9:45 AM. Weekday Day Rate (2-Hour Minimum Charge Per Interpreter)</p> <p>Cancellations: Notices received less than two (2) business days in advance of the appointment will be billed for services as scheduled. Payment is required even if the person(s) for whom the services are being provided fails to appear for the appointment.</p> <p>Conditions: Any request for services requiring seventy five (75) minutes or more of continuous interpreting will require two interpreters. In addition, more than one interpreter may be necessary for a given assignment depending on its nature. Utilizing more than one interpreter reduces the risk of injury and enables more effective communication. The requester will be informed if more than one interpreter is required.</p> <p>In the event the length or circumstances differ from the original request, the interpreter reserves the right to end the assignment. Additional charges will be assessed if the interpreter is asked to stay.</p> <p>Billing and Payment: Any portion of an hour will be billed in half-hour increments. Charges for special services or circumstances are in addition to the base rates. Invoices are due NET 30.</p> <p>Returned checks will incur a fee of \$15.00. In the event of a second returned check, further payments must be made by guaranteed source (credit card or ACH).</p>	75.00	2	150.00
<p>Phone: (619) 398-2488 Fax: (619) 398-2490 Email: scheduler@dcsofsd.org</p> <p>deafcommunityservices.org DCS Tax ID #33-0006089</p>			<p>Total \$150.00</p>