

OREGON DEPARTMENT OF HUMAN SERVICES (ODHS) -- Notice to Proceed
ODDS Special Use For Specific Approved Services

ALL highlighted sections MUST be completed by CME or ODDS staff in order for ODDS to pay

Contractor: _____ Contact: _____ Address: _____ Address: _____ Phone: _____ Facsimile: _____ Email: _____	ODDS / CME Section: _____ Agency: _____ Contact: _____ Address: _____ City and Zip: _____ Phone: _____ Email: _____ Client Name REQUIRED: _____ Client Prime REQUIRED: _____
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Interpreter Appointment: (Please have Interpreter arrive 15 minutes early to provide proof of ID.) Date: _____ Start Time: _____ Antic. End Time: _____ Address: _____ City and Zip: _____ Contact and Phone: _____ Special Directions: _____	Language Needed: _____ Service Category: <input type="checkbox"/> Government Conversational <input type="checkbox"/> Health Care Certified <input type="checkbox"/> Health Care Qualified Vast majority of times the government conversational will be the choice. If there will be a heavy medical focus, the medical and the interpreter company can help you sort which would be appropriate based on language requested.
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Communications Environment or Setting REQUIRED Brief Description of what the Interpreter's Services are being used for (i.e. Optometry appointment, professional behavior services, nursing services, etc) ODDS/CME appointed person(s) to sign on behalf of ODDS/CME: _____	Completed by Interpreter (REQUIRED): Interpreter's Name (Please Print): _____ Interpreter's Signature: _____ Interpreter's Certification Number (if applicable) _____ Interpreter's Certification Expiration Date: _____
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At appt ODDS/CME or person appointed by ODDS/CME <u>MUST</u> FILL THIS OUT		
Time In: _____	Time Out: _____	Provider # _____
<input type="checkbox"/> Client No Show <input type="checkbox"/> Short Notice Service <input type="checkbox"/> Cancellation		
Authorized Representative validating service on behalf of ODDS/ODDS/CME:		
Signature _____	Printed Name _____	Date _____



Approved vendors

Passport to Languages

Phone: 503-297-2707

Email: passport@comcast.net

IRCO International Language Bank

Phone: 503-234-0068

Email: intepretation@ircoilb.org

Linguava: Client Relations

Phone: 503-265-8515

Email: scheduling@linguava.com

Languages Available



LANGUAGES SUPPORTED:
Multiple



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