

Sign Language Interpreter / Real-time Captioner Request



Oregon Deaf and Hard of Hearing Services Program (ODHHSP)
Voice/TTY: 503-373-7605 • Toll-free: 800-521-9615 • Fax: 503-373-7615



Type of ECS Needed: Sign Language ___ Tactile ___ Oral ___ Realtime Captioner ___

Request Date: _____	Request Time: _____
Requested by: _____	
From (Agency): _____	
Phone #: _____	Fax #: _____

CANCELLATION POLICY: Assignments 2hrs or less require 24 hrs notice; 2-6 hrs require 48 hrs notice; 6hrs or more require 72 hrs notice

Client Name: _____	(If needed: OMAP, court, etc.) Case #: _____
Appointment Date: _____	Appointment Time: _____ to _____
Appointment Date: _____	Appointment Time _____ to _____
Ongoing Dates: _____	
Appointment Details: _____ (meeting, counseling, medical, training, technical, computers, etc.)	

Location/Building: _____
Address: _____
City: _____
Site Contact: _____
Special Instruction: _____

The ECS Provider (interpreter, real-time captioner, etc.) Should send his or her invoice to:	
Billing contact: _____	_____
Address: _____	_____
Phone #: _____	_____

Please Fax to ODHHSP at (503) 373-7615