

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: 503-373-1133

Type of ECS Needed: Sign Language___ Tactile___ Oral___ Realtime Captioner___

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

Request Date:_____ Request Time:_____

Requested by:_____

From (Agency):_____

Phone #:_____ Fax #:_____

(If needed: OMAP, court, etc.)

Client Name:_____ 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) 373-1133