

**MILL NECK INTERPRETER SERVICE**

501 South Broadway, Suite A, Hicksville, NY 11801-5092

Phone (Interpreter Coordinators) (516) 512-6222

Phone (Billing) (516) 512-6222

[www.millneck.org](http://www.millneck.org) VP: (516) 342-3722

Email Interpreter Coordinators: [interpret@millneck.org](mailto:interpret@millneck.org)

**Fax This Form To: (516) 512-6336**

*After Hours Service/Emergency Service when the office is closed 5pm-9am & Weekends: 1-800-235-2594*

**INTERPRETER SERVICE REQUEST FORM**

REQUEST DATE (Date form is submitted to MNIS) \_\_\_\_\_

JOB DATE FOR INTERPRETER \_\_\_\_\_ M Tu W Th F Sat Sun

BEGINNING TIME \_\_\_\_\_ ENDING TIME \_\_\_\_\_

CLIENT (name of company) \_\_\_\_\_

LOCATION (street address where interpreter needs to go)  
\_\_\_\_\_  
\_\_\_\_\_

(additional location information: Building, Floor, Suite, Department name, Room #, etc.)

REQUESTED BY \_\_\_\_\_ PHONE NO. \_\_\_\_\_

REQUESTER EMAIL ADDRESS \_\_\_\_\_  
(First and Last Name of the PERSON actually completing & submitting this form)

CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
(person at the company that interpreter will ask for upon arrival or call if assistance is needed)

CONSUMER \_\_\_\_\_  
(first and last name of deaf patient or deaf person\*)

SUBJECT MATTER \_\_\_\_\_  
(details of type of appointment, type of procedure, type of testing, type of surgery, meeting, etc.\*)

MODE OF COMMUNICATION: \_\_\_\_\_ American Sign Language (Deaf) \_\_\_\_\_ Tactile (Deaf-Blind)

ADDITIONAL COMMENTS/DETAILS OF ASSIGNMENT (including M/R # or patient name if not consumer)  
\_\_\_\_\_

PREFERRED INTERPRETER NAME \_\_\_\_\_  
(Only if a particular interpreter is requested)

INTERPRETER CONFIRMATION DATE & NAME  
\_\_\_\_\_

CONFIRMATION EMAIL ADDRESS: \_\_\_\_\_

\* *We are in compliance with HIPAA and RID confidentiality requirements*

\* *Mill Neck Interpreter Service is a Division of Mill Neck Adult Services*