

OREGON DEPARTMENT OF HUMAN SERVICES (DHS) -- 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 & Zip: _____ Phone: _____ Email: _____ Client Name REQUIRED: _____ Client Prime REQUIRED: _____
--	---

Interpreter Appointment: (Please have Interpreter arrive 15 minutes early to provide proof of ID.) Date: _____ Start Time: _____ Antic. End Time: _____ Address: _____ City & Zip: _____ Contact & 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.
---	--

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: _____
---	---

At appt ODDS/CME or person appointed by ODDS/CME <u>MUST</u> FILL THIS OUT		
Time In: _____	Time Out: _____	_____
<input type="checkbox"/> Client No Show	<input type="checkbox"/> Short Notice Service	<input type="checkbox"/> Cancellation
Authorized Representative validating service on behalf of DHS/ODDS/CME:		Provider #
_____ Signature	_____ Printed Name	_____ Date



Approved vendors

Oregon Certified Interpreter's Network

Phone Number: 503-213-3191

Email: Scheduler@oregoncertified.com

Evergreen

Phone: 360-844-5329

Email: evergreeninterpreting@comcast.net

Passport to Languages

Phone: 503-297-2707

Email: passport@comcast.net

IRCO International Language Bank

Phone: 503-234-0068

Email: interpretation@ircoilb.org

Telelanguage: Hayley Emmons

Phone: 503-459-5683

Email: hemmons@teletlanguage.com

Linguava: Client Relations

Phone: 503-954-1038

Email: scheduling@linguava.com

Young-Joo Alford

Phone: 971-221-9115

Email: youngjoo.alford@gmail.com

Anna Ocampo-Valdez

Phone: 360 936-4306

Email: ocampanna@hotmail.com

Ana Maria Meneses-Henry

Phone: 503-327-6345

Email: meneseshenry@yahoo.com

Joan E. Milligan

Phone: 541-913-9120

Email: joanmilligan.interpreter@gmail.com

Jerry A Menchu

Phone: 503 442-2351

Email: menchu36@gmail.com

Languages Available



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Multiple



LANGUAGES SUPPORTED:

Korean



LANGUAGES SUPPORTED:

Spanish



LANGUAGES SUPPORTED:

Spanish



LANGUAGES SUPPORTED:

Spanish, Portuguese



LANGUAGES SUPPORTED:

Spanish