



# REQUEST FOR INTERPRETATION SERVICES

(for verbal or oral language *only*)

State of Oregon  
OREGON YOUTH AUTHORITY

Requested By: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Requestor's OYA Location: \_\_\_\_\_

Requesting Interpreter Services for:  Individual  Family Therapy/Counseling

Youth Name: \_\_\_\_\_ JJIS #: \_\_\_\_\_

Name of Youth's JPPO: \_\_\_\_\_

Interpret from English to:  Spanish  Russian  Other \_\_\_\_\_

Is this requested interpretation for medical services?  Yes  No

Beginning and End Dates for Interpreter Services: \_\_\_\_\_  
(mm/dd/yyyy to mm/dd/yyyy)

Frequency of Service: \_\_\_\_\_ Length of Session: \_\_\_\_\_  
(once a week, every other week, once a month, etc.) (1 hr, 1.5 hrs, 2 hrs, etc.)

Service Needed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Program or YCF where youth is located: \_\_\_\_\_

Program or YCF address where interpretation services will be provided:  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Complete** all sections of this form.
- **Submit** request to the Office of Inclusion and Intercultural Relations: [OYAoirInterpretationServices@oya.oregon.gov](mailto:OYAoirInterpretationServices@oya.oregon.gov)

OFFICE USE ONLY	
Date Rec. From Requestor: _____	Date Sent To Interpreter Svc: _____
Date Rec. From Interpreter Svc: _____	Date Sent To Reviewer: _____
Date Interpreter Reviewed: _____	Interpreter Reviewed By: _____
Reviewer Comments: _____	
Interpreter Sent to Requestor By: <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone	Date: _____