



Rhode Island Commission on the Deaf and Hard of Hearing Sign Language Interpreter and Captioning Request Form

Please complete **one request form** for **each assignment**. The completed form can be scanned and emailed to maribeth.schneider.CTR@cdhh.ri.gov. *The red star denotes the required information (field). We can only process the form if the form is complete. Thank you.

Requester Information	Name:*		Today Date:
	Company/Business:*		Department:
	Address:*		
	City/Town:*	State:*	Zip/Postal Code:*
	Phone:		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Text <input type="checkbox"/>
	Email:*		

Assignment Information	Date of Assignment:*		One-time basis <input type="checkbox"/>		Ongoing basis <input type="checkbox"/> <i>(weekly, monthly, etc.)</i>	
	Start Time of Assignment:*		End Time of Assignment:*			
	Type of Service:* <input type="checkbox"/> Sign Language Interpreting <input type="checkbox"/> Captioning			Location of Interpreter or Captioner: <input type="checkbox"/> Onsite (In-person) <input type="checkbox"/> Remote		
	If in person,					
	Address of Assignment:*					
	City/Town:*		State:*		Zip/Postal:*	
	Building:		Floor:		Room:	
	If remote,					
	Videoconferencing platform: <input type="checkbox"/> Cisco <input type="checkbox"/> MS Teams <input type="checkbox"/> WebEx <input type="checkbox"/> Zoom <input type="checkbox"/> Other: _____					
	Videoconferencing login information (link):					
	Nature of Assignment:* Emergency <input type="checkbox"/> Court <input type="checkbox"/> Education: K-12 <input type="checkbox"/> Education: College/University <input type="checkbox"/> Employment (Interview/Training) <input type="checkbox"/> Government (Public) <input type="checkbox"/> Law Enforcement (Police) <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Medical-Surgery <input type="checkbox"/> Mental Health/Counseling <input type="checkbox"/> Nonprofit/Business serving the public <input type="checkbox"/> Workshop/Training <input type="checkbox"/> Other <input type="checkbox"/> <i>If other, please be specific:</i> _____					
Setting:* One-on-one meeting <input type="checkbox"/> Classroom <input type="checkbox"/> Small group <input type="checkbox"/> Large Group <input type="checkbox"/> Auditorium <input type="checkbox"/> Platform <input type="checkbox"/> Other <input type="checkbox"/> <i>If other, please be specific:</i> _____						
How many Interpreters and/or Captioning Providers are Needed: Interpreter(s) = _____ Captioning = _____			Captioning Projector and Screen Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Consumer Information	Consumer or Patient:	If known: <input type="checkbox"/> Deaf <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Hard of Hearing
	Consumer's role: Patient/Client <input type="checkbox"/> Presenter <input type="checkbox"/> Parent(s) <input type="checkbox"/> Employee <input type="checkbox"/> Facilitator <input type="checkbox"/> Participant <input type="checkbox"/> Service Provider <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/>	
	Consumer's Communication Preference, if known ASL <input type="checkbox"/> Captions) <input type="checkbox"/> Signed English <input type="checkbox"/> Large Print <input type="checkbox"/> (Deaf and Low Vision) Tactile <input type="checkbox"/> (Deaf-Blind)	
	Has Consumer Requested for a Specific Interpreter(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Name of Specific Interpreter(s):

On-Site Contact	Name:*	Same Contact as above <input type="checkbox"/>
	Department:*	Job Title:*
	Phone:* Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Text <input type="checkbox"/>	
	Email:*	

Billing Information	Name*	
	Company/Business*	
	Street Address*	
	City/Town*	State* Zip*
	Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Text <input type="checkbox"/>	
	Email	

Please note: The request will NOT be processed without completed information.

OFFICE USE ONLY	Received By:	Date of Confirmation:
	<input type="checkbox"/> Follow-up (72-96 hours notice) <input type="checkbox"/> Filled within less than 72 hours <input type="checkbox"/> Filled within more than 72 hours <input type="checkbox"/> Canceled: B <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> _____	Interpreter and CART Provider Name(s) Confirmed:
	DATABASE <input type="checkbox"/> DETAILS FOR INTERPRETER/CAPTIONER <input type="checkbox"/> REQUESTER <input type="checkbox"/>	

If you have any questions, please call 401-354-7630

Revised January 2024

Online request form link: <https://cdh.ri.gov/interpreter-captioning-services/interpreter-cart-request-form>