**Procedure Title:** Scheduling a Sign Language Interpreter/Real-Time Captioner

**Procedure Number:** DHS-010-005-002  **Version:** 1.0  **Effective Date:** 02/01/2006

DHS Director or Deputy Director 02/01/2006

Approved By: __________ Date Approved: __________

### Procedure

<table>
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<tr>
<th>Step</th>
<th>Responsible Party</th>
<th>Action</th>
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</table>
| 1.   | DHS Employee      | Requests Sign Language Interpreter or Real-Time Captioner by completing a Sign Language Interpreter/Real-Time Captioner Request Form by either of the following methods:  


   Print/Fax Interpreter/Real-Time Captioner Request form: [www.oregon.gov/DHS/odhhs/request.pdf](http://www.oregon.gov/DHS/odhhs/request.pdf). This Request form should be printed, completed and faxed to the number indicated on the form. |
| 2.   | Deaf and Hard of Hearing Services Program (ODHHSP), Interpreter Coordinator | Schedules an interpreter or captioner based on the communication needs of the individual that is hard of hearing or deaf.  

   ODHHSP Interpreter Coordinator or designee will fax or email a confirmation notice containing the name of the interpreter/captioner and a job number for reference purposes. |
| 3.   | DHS Employee      | Reviews the faxed confirmation to verify that all the job and billing information is correct prior to the interpretation/captioning service. |
| 4.   | Interpreter/Captioner | Prepares an invoice as directed by the Interpreter Coordinator. |
| 5.   | DHS Employee      | Approves invoice expenses and follows the procedures established for processing by the involved DHS Program. |
6. DHS Accounting

Receives invoices and upon approval processes invoices for payment.

**Policy that applies:**

DHS-010-005, Non-Discrimination on the Basis of Disability for Programs, Services and Activities

**Form(s) that apply:**

ODHHS Sign Language Interpreter/Real-Time Captioner Request

[On-Line (web-based) Request form](#)

[Print/Fax Request form](#)

**Contact(s):**

Name: ODHHS Interpreter Coordinator; Phone: 503-945-5935; Email: request.odhhsp@state.or.us

**Procedure History:**

- **Version 1.0:**
  - 02/01/2006 Initial Release

**Keywords:**

(List keywords here that might be used by someone to search for this policy on the internet)