



**ACCES-VR Emergency Interpreter Service Request Form**

<b>Date:</b>	
<b>VR Counselor:</b> (Staff filling out this form if different from above):	
<b>Email:</b>	
<b>ACCES-VR District Office Address:</b> <b>Telephone Number:</b>	
<b>Consumer Name:</b> <b>CAMS ID:</b>	
<b>Brief description of circumstances why this service is needed e.g. training, employment, or other special circumstances:</b>	
<b>Interpreter Referral Service Contractor:</b>	
<b>Contract Number:</b>	
<b>Preliminary Authorization Detail:</b>	Date(s) of Service: Location of Service: Number of interpreters: Start Time: End Time: Standard Rate: Emergency Rate: Total Hours: Total Cost:

*This form will document ACCES-VR intention to issue an authorization (VR 301 Form) for the above services that you will receive within the next five (5) business days.*

\_\_\_\_\_  
Vocational Rehabilitation Counselor

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Senior Vocational Rehabilitation Counselor

\_\_\_\_\_  
Date: