

PASSE

**Interpreter Service Request Form**

Please fax or email **three business days** in advance for all spoken languages and **five business days** in advance for American Sign Language (ASL).  
Please type or write legibly in blue or black ink.

**Please complete the entire form or your request may not be processed.**

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| --- | --- |
| **State**: | **Arkansas** |
| Today’s Date: |  | | Contact Phone #: | |  | |
| Name of Person Requesting Service: | | |  | | | |
| Email or Fax # for Scheduling Confirmation: | | |  | | | |
| **Member Information** | | | | | | |
| Member Name: |  | | DOB: | |  | |
| Parent/Legal Guardian: |  | | | | | |
| CareSource PASSE ID #: |  | | | | Phone #: |  |
| Language Requested |  | | Alternative Language, if any: | |  | |
| **Additional Family Members** *(Add family members only when the same interpreter can be used)* | | | | | | |
| Member Name: |  | | DOB: |  | CareSource PASSE ID #: |  |
| Member Name: |  | | DOB: |  | CareSource PASSE ID #: |  |
| **Appointment Information** | | | | | | |
| Date of Service: |  | | | | | |
| Appointment Reason: |  | | | | | |
| Time of Appointment: |  | | Approx. Length of Appointment: | |  | |
| Facility Name/Phone#: |  | | Office/Provider Name: | |  | |
| Over the Phone – OPI -Yes | Select Over the Phone CareSource Passe will provide a phone number with an access code once this form is received so member can receive services. | | | | | |
| Video Remote- VRI – Yes | Video Remote If you would like us to join your meeting, please add link below. If member is in person and will be using video at the office, we will send website information with login so you can connect instantly on your device. | | | | | |
| Video Remote Link – Zoom, Google, Teams etc. |  | | | | | |
| **Email or Fax Completed Forms for Processing**  Email: [InterpreterServices@CareSource.com](mailto:InterpreterServices@CareSource.com) Fax: 1-937-396-3720 | | | | | | |  |