

CATHOLIC FAMILY CENTER INTERPRETER REQUEST FORM

*Please return completed and signed Interpreter Request Form to Yesenia Resto at
yresto@cfcrochester.org or via fax: (585) 232-6486*

Interpreting Information:

Language Requested: _____

Alternate Language Spoken: _____

Name of Client: _____

Type of Appointment (Please check appropriate): _____

Location / Address of Appointment: _____

Date(s) Interpreter is needed: _____

Time(s) Interpreter is needed: _____

Additional Information: _____

Outside Party/Vendor's Contact Information:

Name of Agency Requesting Service: _____

Contact person: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Billing Information:

Bill To (if different than above contact person): _____

Address (if different than above): _____

A charge of \$48.00 per hour with a required minimum of one hour will be billed for interpreting services. After the first hour we will bill in 15 minute increments at a rate of \$12.00 per fifteen minutes. A minimum of \$ 48.00 will be billed for same day cancellation.

Signature or Initials Required: _____

Date: _____