**LANGUAGE INTERPRETATION**

**Verification of Service Form (to be completed at the end of each service)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date(s) of Service:** |  | | | |
| **Service Time:** | **Start Time:** | **End Time:** | | |
| **Agency Staff Name:** |  | | | |
| **Agency Staff Signature:** |  | | | |
|  | | | **Sign-In Time** | **Sign-Out Time** |
| **Interpreter Name(s):**  **(Please Print)** | **1.** | |  |  |
| **2.** | |  |  |
| **3.** | |  |  |
| **4.** | |  |  |
| **5.** | |  |  |
| **6.** | |  |  |
|  |  | | | |
| **Interpreter Signature(s):** | **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |
| **6.** | | | |

Submit this form via e-mail within three (3) business days following approved service dates to [mahenderson@ph.lacounty.gov](mailto:mahenderson@ph.lacounty.gov) and [EAPU@ph.lacounty.gov](mailto:EAPU@ph.lacounty.gov).