

# Interpretation Services Form

**Note to Family Care Coordinators:** If you are requesting in-person interpretation services for youth and families on your caseload, please complete this form and submit to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com). Please email requests **seven days** in advance of scheduled meetings. For more immediate interpretation needs, please call Magellan of Wyoming directly at 1-855-883-8740 or 307-459-6162.

Date of Service Request: \_\_\_\_\_

Interpretation session Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Type of Service Requested (ASL, other language) \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Family Care Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location of Interpretation Service Delivery:

- Services to be delivered at physical address, as noted on the Plan of Care.
- Services to be delivered at a different location, other than the family's physical address. List address: \_\_\_\_\_

## Notes

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