

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. 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.

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: _____

Local 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
