**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 and EAPU@ph.lacounty.gov.