Step 1: Call 800.207.1424
Step 2: Enter Password # 88208 (pause for greeting)
Step 3: Select 1 or say 'Spanish' if you need a Spanish interpreter.
Or
Select 2 or say 'Operator' if you need an interpreter for any language other than Spanish.
Step 4: Provider/Client # - Give the participant's DCN

(if DCN is not known then state 'No DCN' AND your initials)

Date __________  Time Start __________  Time End __________  Language __________
County __________

Participant's Name __________________________

Name of Interpreter __________________________

Interpreter # __________________________

☐ HCY  Submit this completed form with a purchase request to Central office by fax at 573-751-6237 or by email to shcencentraloffice@health.mo.gov
☐ MFAW Submit this completed form with a purchase request to Central office by fax at 573-751-6237 or by email to shcencentraloffice@health.mo.gov
☐ CYSHCN  Submit this completed form to the CYSHCN Program Manager by fax or email
☐ ABI  Submit this completed form to the ABI Program Manager by fax or email
☐ FAMILY PARTNERSHIP  Submit this completed form to the Family Partnership Project Coordinator by fax or email

Signature  __________________________  __________________________
Print  __________________________  Sign  __________________________

Guide to Effectively working with our Interpreters
- If not using a speakerphone, inform the interpreter that you will be passing a phone back and forth between yourself and the non-English speaker.
- Speak in short phrases, pausing to allow for the interpretation.
- Ask one question at a time.
- Use simple language to express your meaning. Remember that slang does not translate.
- Explain complex terms when necessary.
- Don't say anything that you do not want interpreted.
- Allow the interpreter to stop you and seek an explanation when necessary.
- Allow the interpreter to repeat back to you all critical information.

For Customer Service please contact: Worldwide Interpreters  866.967.5313