

Interpretation Request Form

IMPORTANT: PLEASE READ BEFORE SUBMITTING

Interpretation services are exclusively available to individuals enrolled in the Refugee Medical Assistant (RMA) or ORR-Funded Medical Assistance (OFMA) Program. Eligibility will be verified prior to approval. Please note that these services cannot be utilized for medical appointment with providers or services not covered by RMA/OFMA.

To request interpretation services, please complete the provided form and submit it at a minimum of three (3) business days prior to the appointment date to rmalanguageservices@refugees.org. Submitting this form does not guarantee that interpretation services will be provided. If eligible, you will receive an email confirmation service approval, including details on the type of interpretation available and how the service will be delivered at the time of the appointment.

PERSON REQUESTING

FIRST AND LAST NAME: Click or tap here to enter text.	EMAIL ADDRESS: Click or tap here to enter text.	PHONE NUMBER: Click or tap here to enter text.
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PATIENT'S INFORMATION

FIRST AND LAST NAME: Click or tap here to enter text.	PHONE NUMBER: Click or tap here to enter text.
A NUMBER: Click or tap here to enter text.	EMAIL ADDRESS: Click or tap here to enter text.

APPOINTMENT INFORMATION

APPOINTMENT DATE	M/D/YEAR	
APPOINTMENT TIME	TIME (HH:MM) HH: MM	AM/PM Select an option
TOTAL HOURS NEEDED	Select an option	
LANGUAGE NEEDED	Select a language	
TYPE(S) OF MEDICAL SERVICES	Select a service.	
GENDER PREFERENCE (FOR IN-PERSON INTERPRETATION ONLY)	Select an option	

(Revision Date: 05/20/2026)

(Please complete back of form)

PROVIDER INFORMATION	
PROVIDER NAME	Click or tap here to enter text.
PROVIDER ADDRESS	Click or tap here to enter text.
PROVIDER PHONE NUMBER	Click or tap here to enter text.
PROVIDER EMAIL	Click or tap here to enter text.

RECURRING SERVICE REQUEST (if applicable):	
IS THIS A RECURRING APPOINTMENT THAT YOU WOULD LIKE TO REQUEST RECURRING LANGUAGE SERVICES FOR?	Select an option
DAY OF THE WEEK: (IF THE APPOINTMENT TIME IS DIFFERENT FOR EVERY VISIT, PLEASE SUBMIT EACH REQUEST INDIVIDUALLY)	
MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>	
LAST DATE OF SERVICE:	Click or tap to enter a date.

COMMENTS
COMMENTS/NOTES: Click or tap here to enter text.

(Revision Date: 05/20/2026)