



Interpretative Services Log

Child's Name:	DOB:	Date Issued
Provider Name: _____	_____	Authorization # _____ <i>(Dates on log must match authorization valid dates)</i>
Address: _____		
Phone _____	SSN # / Tax ID#: _____	
Service Coordinator Name _____		
Agency _____ _____		

		Professional Verification	On-site Time	Off-site Time
TOTAL				

***Provider:** I certify that the above billed services were provided in accordance with the child's IFSP and BabyNet Policies/Procedures. A copy of the BN Family Support Policies/Procedures has been provided to me and I understand that payments for the services above will be reported to the Internal Revenue Service (IRS).*

_____ *Provider Signature:* _____ *Date:*

INSTRUCTIONS
Interpretative Services Log
(SCFS/BN008)

A. PURPOSE

The purpose of this form is to document time spent providing language interpretation for BabyNet services.

B. USES

This form is to be completed by interpreters when BabyNet services are provided.

C. Instructions

1. Child's Name: Enter child's legal name. Do not use nicknames.
2. DOB: Enter child's date of birth.
3. Date Issued: Enter date Transportation Log was issued to parent(s).
4. Provider Name: Enter parent's/provider's name.
5. Provider Address: Enter parent's/provider's address.
6. Provider Phone #: Enter parent's/provider's phone number.
7. Provider SSN#: Enter parent's/provider's Social Security Number.
8. Service Coordinator's Name: Enter Service Coordinator's name.
9. Agency: Enter service Coordinator's agency of employment.
10. Authorization #: Enter Payment Authorization number from corresponding Payment Authorization.
11. Date of Service: Enter date on which interpretation was provided.
12. Specific Service Provided: List BN service for which interpretation was provided.
13. Professional Verification: Signature of service provider at site where interpretation was being provided.
If phone call, list name of provider initiating call/contact.
14. Onsite Time: List time spent onsite provider interpretation. This does NOT include travel time to and from location.
15. Offsite Time: List time spent offsite providing interpretative services (e.g., telephone calls).
16. Provider Signature: Parent/provider must sign and date form.