

GCHP OFFICE USE ONLY

Date Received: _____

Date Completed: _____

Tracking No.: _____

CULTURAL AND LINGUISTIC SERVICES Language Assistance and Auxiliary Services Request Form

REQUESTS FOR SERVICES REQUIRE 5-7 BUSINESS DAYS ADVANCE NOTICE.

Is this an urgent request? Yes No

Please select all that apply:

Oral Interpreter (In-Person) Request

Sign-Language Interpreter Request

Virtual (Telehealth) Interpreter Request

Telephone Interpreter Request

Translation (Written) Request

Other (Alternative Format, etc.): _____

REQUESTOR INFORMATION

Date Needed:	Appointment Start Time (If applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM	Appointment End Time (If applicable):	<input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Requestor:			Phone Number:	
Provider Name:				
Clinic Name:			Fax Number:	
Email (Interpreter confirmation will be emailed - Please PRINT CLEARLY):				

MEMBER INFORMATION

Member Name:	Gender:
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Medi-Cal ID Number (REQUIRED):	Date of Birth:
Primary Care Provider:	
Type of Appointment:	

SERVICE INFORMATION *Please indicate interpreter location assignment.*

Provider Contact:		Provider Contact Phone Number:	
Name of Agency / Clinic:			
Assignment Address:		Dept / Floor / Suite	City Zip
Cross Street:		Parking Location:	
Language Needed (Select one): <input type="checkbox"/> Spanish <input type="checkbox"/> Sign-Language <input type="checkbox"/> Other Language (Specify): <hr/> <input type="checkbox"/> Alternative Format (e.g., braille, large print, audio, electronic form or other format): <hr/>		Special Instructions (e.g., name of specific interpreter, male, female): <hr/> If virtual (telehealth) request, include meeting link: <hr/>	

FOR TRANSLATION ONLY

Title of Document:	Number of Pages:	Date Needed:
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Submit completed request form to: CulturalLinguistics@goldchp.org

ALL REQUESTS AND/OR CANCELATIONS MUST BE RECEIVED BY EMAIL OR FAX.

**To cancel or reschedule a confirmed request,
please notify GCHP Cultural and Linguistic Services at least 25 business hours in advance.**

For questions, call Cultural and Linguistic Services at **1-805-437-5603**,
Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). If you use a TTY, call **711**.

**Billing Information
Gold Coast Health Plan**

Attn: Cultural and Linguistic Services
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Phone: 1-805-437-5603 Fax: 1-805-248-7481
Email: CulturalLinguistics@goldchp.org