

Deaf and Hard of Hearing Services

Department for Behavioral Health, Developmental and Intellectual Disabilities

Invoice for ASL Interpretation of Mutual Aid Meetings for Recovery

Mail to: DBHDID For Interpreter Records: (Optional)

 Deaf and Hard of Hearing Services Date mailed to DBH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 275 E. Main Street, 4W-G Note: Check will be from New Vista or Lifeskills

 Frankfort KY 40621 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Faster Processing, Email to: Michelle.Niehaus@ky.gov

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of meeting  | Name of Meeting and Full Address or Virtual Platform | Open or Closed Meeting | Number of Deaf Individuals in Attendance | OK with Deaf Individuals toPublicize Meeting? Y or N  | Start and End Time of Meeting | Unit Price  | TOTAL: |
|   |  |  |  |  |  | $45/Hr  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| GRAND TOTAL |   |  |  |  |  |  |  |

Interpreter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of Meeting: (AA, NA, FA, Celebrate Recovery, etc):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTE: W-9 must be attached to any first time invoices.