[Kentucky Unbridled Spirit (TM)](http://kentucky.gov/unbridledspirit/)

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](mailto: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 to  Publicize 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.