

Emergency Service Request Form

VR Counselor: _____
Staff filling out this form (if different from above): _____

Consumer's name: _____

VR ID: _____

Today's Date: _____

Type of Service and Agency to provide the service: _____

Date(s) Service is needed: _____

Service details and reason that expedited approval is required:

Interpreter Services (indicate if for training or employment and special circumstances) _____

I am hereby authorizing _____ hours/days/weeks/single/other _____, at \$_____ per _____, plus additional required fee of \$_____ for a total authorization of \$_____

This form will document our intention of issuing an authorization (VR 301 form) for the above services that you will receive within the next five business days.

Counselor's Signature

Supervisor's Signature