GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Interpreter/Communication Access Real-Time Translation (CART) Services Request Form

Please allow 5-7 business days for approval. If your request is outside of this timeframe there is no guarantee that an interpreter will be available however, urgent requests may be fulfilled should an interpreter be available. Authorization is required from an approved Department of Health Care Finance (DHCF) representative.

Please reply to this email/fax with the requested information.

Please complete this form with the correct information and send it to:

Email: Antonio.lacey@dc.gov

Phone: **202-442-5847** | Fax: **202-722-5685**

Request Submission Date: ☐ New Appointment ☐ Follow-up Appointment

☐ TELEPHONE REFERRAL ☐ PROVIDER REFERRAL ☐ DOCTOR'S OFFICE REFERRAL ☐ HOSPITAL REFERRAL

Beneficiary's Information	First Name:		Last Name:	
	Medicaid Number:	Beneficiary's Primary Telephone #:	Alternate Telephone # (if any):	Beneficiary's Date of Birth:
Appointment/ Requested Language	Urgent ☐ Please explain in below 'Comments' section why it is urgent.	Appointment Date:	Appointment Time :	Appointment with the Doctor Confirmed: ☐ Yes ☐ No
	Maximum 2 hours. Special approval is needed beyond 2 hours assignment.			
	Service Requested: ☐ Face-to-Face Interpreter ☐ ASL Interpreter ☐ Other (Specify):			
	Facility / Doctor Name:	Department:	Doctor's Office Phone:	
	Location of the Assignment	Address (*Please ensure the address is correct for the Interpreter to reach the location on time*): *Please include, Street, Bldg., Floor, Suite etc.*		
		City:	State:	Zip:
	Requested Language: ☐ Spanish ☐ French ☐ Cantonese ☐ Vietnamese ☐ Mandarin ☐ Amharic ☐ Chinese ☐ Korean ☐ Italian ☐ Sign Language (ASL)			
	Comments:			
Requester Information	Agency/Division:	Requester Full Name:	Relationship to the Beneficiary:	Phone Number:( ) - - Email:
	Full Address:		City:	State: Zip Code:
DHCF Authorization	☐ APPROVED ☐ DENIED	Method Used For Submission and Approval ☐ Email ☐ Online	Approved or Denied by:	
	Notes:			
	Signature/Electronic Approval:		Date:	

Revised 3/29/2022