



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD — EARLY INTERVENTION

STATE CONTRACTED TRANSLATOR/INTERPRETER REQUEST FORM

| INSTRUCTIONS | | | |
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| When an enrolled provider is not available, the First Steps System Point of Entry (SPOE) sends a request for a state-contracted translator/interpreter to the Office of Childhood, Early Intervention section. | | | |
| To obtain a state-contracted translator or interpreter, the Service Coordinator or designated representative submits this form via email to Missouri First Steps at earlyintervention@dese.mo.gov . | | | |
| DATE | SPOE REGION | SERVICE COORDINATOR NAME/PHONE | CHILD ID |
| <input type="checkbox"/> Written Translation (<i>Allow at least one week</i>) | | | |
| Language Needed | | | |
| Date Needed | | | |
| Activity | <input type="checkbox"/> Initial 45-day timeline Part 1 Forms and Letters: Parental Rights Statement (PRS), System of Payments (SOP), Release of Information (ROI), Notice of Action (NOA), Notice of Action/Consent (NOAC), Medicaid, No Contact Two Days After Referral, Unable to Contact Locate Prior to Eligibility Part 2 Forms and Letters: Private Insurance, Family Cost Participation (FCP), Initial Individualized Family Service Plan (IFSP) meeting, Generic IFSP meeting, FCP Information Letter, Initial Transition IFSP meeting | | |
| | <input type="checkbox"/> Transition Forms: NOAC Summer Third Birthday, Opt Out Letter: Transition IFSP meeting | | |
| | <input type="checkbox"/> Other: Check at least one letter: <input type="checkbox"/> SPOE Refuse Initial Evaluation <input type="checkbox"/> Parent Withdraw from First Steps | <input type="checkbox"/> Ineligible <input type="checkbox"/> Parent Responsible <input type="checkbox"/> Unable to Contact After Eligibility | |
| <input type="checkbox"/> Verbal Translator (<i>Allow at least 2-3 business days</i>) | | | |
| Language Needed | | | |
| Meeting Date Options | | | |
| Meeting Type | <input type="checkbox"/> Intake Visit <input type="checkbox"/> IFSP Meeting | <input type="checkbox"/> Evaluation/Assessment <input type="checkbox"/> Service Visit | |
| <input type="checkbox"/> Interpreter for the Deaf (<i>Allow at least 2-3 business days</i>) | | | |
| Meeting Date Options | | | |
| Meeting Type | <input type="checkbox"/> Intake Visit <input type="checkbox"/> IFSP Meeting | <input type="checkbox"/> Evaluation/Assessment <input type="checkbox"/> Service Visit | |
| FOR DESE USE ONLY | | | |
| DATE RECEIVED FROM SPOE | | LOCATION (COUNTY) | |
| CHILD'S NAME | | PARENT NAME | |
| AGENCY ASSIGNED | DATE SENT TO AGENCY | DATE REQUEST FILLED BY AGENCY | |
| DESE COMMENTS | | | |

MO 500-3380 (04-22)