Los Angeles County Department of Public Health
SUBSTANCE ABUSE PREVENTION AND CONTROL

Verification of Services Form- Language Interpretation

Request Details (SAPC STAFF ONLY)			
Date of Service:			
Service Start Time:		**Service End Time:**	
Agency Name:			
Vendor & Interpreter Verification (to be completed at the end of each service)			
Vendor Name:			
		Start Time	**End Time**
Interpreter Name(s): (Please Print)	**1.**		
	2.		
	3.		
		Total Hours:	
Interpreter Signature(s):	**1.**		
	2.		
	3.		
	4.		
Language(s):			
Agency Verification			
Name and Title of Site Contact:			
Signature of Site Contact:			
Completion Status: ☐Completed ☐Cancelled ☐No Show			
Additional Information (e.g., change of service time and last min cancellations):			

HOW TO SUBMIT VOS FORM:
Please ensure that all fields are completed and accurate. Scan and save the document as **[Vendor Name-Agency Name-Date of Service].** Attach form and send it via email to EAS@ph.lacounty.gov.