

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. ENGLISH is my primary language: [] YES [] NO
2. [] I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:
[] I need an interpreter for the following language: _____
If you need an interpreter, go to part 3, and check the box that applies to you.
3. [] I want DHS to provide an interpreter at no cost to me.
[] I do not want an interpreter provided by DHS, and I will provide my own.
• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.
• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.
• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.
• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.
4. I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.
Print Name: _____
Signature: _____ Date: _____