

OFFER AND ACCEPTANCE OR WAIVER OF FREE INTERPRETER SERVICES

Case Name: _____ Case Number: _____

Interpreter Needed For: _____
(Name)

Worker: _____ Unit: _____

Phone: _____ Fax: _____

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:	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*Sign and date below.		
2. <input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below:		
<input type="checkbox"/> 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. <input type="checkbox"/> I want DHS to provide an interpreter at no cost to me.		
<input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own.		
<ul style="list-style-type: none"> • 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: _____	Phone: _____	
Signature: _____	Date: _____	