

Waiver of Rights to Free Interpretation Services

New York State policy is to offer Limited English Proficient (LEP*) individuals with free interpretation services when accessing state services. If you have been identified (or self-identified) as an LEP individual by the agency and wish to waive your right to free interpretation services, you need to complete this form.

Name of Limited English Proficient (LEP) Individual (or authorized representative)

Check all that apply

- I have been told that I have the right to free interpretation services
- I understand that I can have the services of a free interpreter
- I choose NOT to use the services of a free interpreter at this time, and will instead
 - Communicate in English
 - Use my own interpreter (*Must be at least 18 years old*). Please note that for certain services, you may not be allowed to provide an interpreter of your choice.

Name of Interpreter: _____

Relationship to the LEP individual: _____

Other: _____

- I understand that I can change my mind at any time and accept the services of a free interpreter

Signature of LEP Individual (or Authorized Representative)

Date

FOR AGENCY USE ONLY

Name of Employee: _____

Division/Department: _____

Email Address: _____ Phone Number: _____

Signature of Employee **Date**

*Individuals are considered LEP if they do not speak English as their preferred language and have limited ability to read, speak, write, or understand spoken English.

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