Office of General Services
Office of Language Access

Waiver of Rights to Free Interpretation Services

Under the law, New York State agencies that provide services or benefits to the public must offer interpretation services to the person receiving services or benefits in their primary language. If you self-identify or have been identified as an individual with limited English proficiency by the agency and wish to waive your right to free interpretation services, you need to complete this form. The information you share in this form will be kept private and will not be shared with any external parties.

Name of Individual with Limited English Proficiency (*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 individual with limited English proficiency: _____
- ☐ Other: _____

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

_____ _____

Signature of Individual with Limited English Proficiency *(or Authorized Representative)* **Date**

FOR AGENCY USE ONLY

Name of Employee: _____

Division/Department: _____

Email Address: _____ Phone Number: _____

_____ _____

Signature of Employee **Date**

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