Governor Andrew M. Cuomo

NEW YORK STATE

WAIVER OF RIGHT TO FREE ORAL INTERPRETATION SERVICES

NAME OF LIMITED ENGLISH PROFICIENT (LEP) CLIENT ☐ / ☐ RECIPIENT / ☐ REPRESENTATIVE

☐ I have been told that I have a right to free interpretation from _____
AGENCY/ORGANIZATION

☐ I understand that I can have an interpreter at no cost to me or my family members

☐ I understand that I am allowed to change my mind at any time and ACCEPT a free interpreter

☐ I choose NOT to use a free interpreter at this time, and will instead utilize (unless this is an emergency situation, my interpreter is at least 18 years of age):

_____
INSERT A PLAN FOR INTERPRETATION SERVICES

SIGNATURE* _____ DATE _____
☐ LEP CLIENT / ☐ RECIPIENT / ☐ REPRESENTATIVE

NAME OF EMPLOYEE (PLEASE PRINT) _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

DIVISION/BUREAU _____

E-MAIL ADDRESS _____ (AREA CODE) PHONE NUMBER _____

Whenever applicable: The interpreter named below has read this form to the LEP person in his or her primary language.

NAME OF THE INTERPRETER _____ DATE _____

RELATIONSHIP TO CONSUMER _____

SIGNATURE OF INTERPRETER _____ DATE _____

***A signature is only needed if the contact with the LEP person or representative is in-person.**
Note: LEP persons are individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.