



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	
AGE	NCY/ORGANIZATION
$\ \square$ I understand that I can have an interpreter at no cost to me or my family mem	bers
☐ I understand that I am allowed to change my mind at any time and ACCEPT a fr	ee interpreter
I choose NOT to use a free interpreter at this time, and will instead utilize (un situation, my interpreter is at least 18 years of age):	less this is an emergency
INSERT A PLAN FOR INTERPRETATION SERVICES	
SIGNATURE*	DATE
LEP CLIENT / RECIPIENT / REPRESENTATIVE	DATE
NAME OF EMPLOYEE (DIFACE DRINT)	DATE
NAME OF EMPLOYEE (PLEASE PRINT)	DATE
EMPLOYEE SIGNATURE	DATE
DIVISION/BUREAU	
E MANUADODESS	(4054, 6005) BUONE NUMBER
E-MAIL ADDRESS	(AREA CODE) PHONE NUMBER
Whenever applicable: The interpreter named below has read this form to the LEP pelanguage.	erson in his or her primary
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.