



## 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\*    RECIPIENT  REPRESENTATIVE       \_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF NYSIF EMPLOYEE (PLEASE PRINT)      \_\_\_\_\_  
DATE

\_\_\_\_\_  
DIVISION/BUREAU      \_\_\_\_\_  
LOCATION

\_\_\_\_\_  
EMPLOYEE EMAIL ADDRESS      \_\_\_\_\_  
EMPLOYEE PHONE

\_\_\_\_\_  
EMPLOYEE SIGNATURE      \_\_\_\_\_  
DATE

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

\_\_\_\_\_  
NAME OF INTERPRETER      \_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO LEP CLIENT

\_\_\_\_\_  
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.*