LIMITED ENGLISH PROFICIENCY (LEP) ACKNOWLEDGEMENT AND REFUSAL OF FREE INTERPRETATION SERVICES FORM

Name		**Date of Birth** (mm/dd/yyyy)		**ASSET PIN** (if applicable)	
Program	☐ Adult ☐ Dislocated Worker ☐ Out-of-School Youth ☐ In-School Youth ☐ Other:_____				

(Interpreter Name) _____ has offered you free interpretation and translation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.**

If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private; or
- Misunderstand your Career Planner, case worker, service or training provider, or other professional.

The above-named provider has explained to me, **in my preferred language**, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Applicant Signature	**Date**
Interpreter Signature OR Name and # (if interpreted by phone)	**Date**
Staff Signature	**Date**

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IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726**yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.