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Accompanying Adult Interpreter Request

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

Participant Statement

I request that the following adult (cannot be a minor child) who is accompanying me provide interpretation or help facilitate communication during this interaction only:

Name of accompanying adult	
Relationship to me	

☐ I am specifically requesting that this adult interpret for me for this interaction.
☐ I understand I have the right to a free qualified interpreter provided to me.
☐ I understand this request applies only to today and does not apply to future visits.

Participant Signature		Date	

Accompanying Adult Agreement

☐ I agree to assist with interpretation for this interaction.
☐ I understand that I must interpret information accurately to the best of my ability.

Accompanying Adult Signature:		Date	

Staff Documentation (Required by 29 CFR 38.9(f)(2))

Non-emergency situation? ☐ Yes ☐ No If no, staff must stop and obtain a qualified interpreter.

Will any vital information be communicated? ☐ Yes ☐ No If yes, staff must ensure a qualified interpreter is present or used; cannot rely solely on accompanying adult.

Is reliance on the accompanying adult appropriate under the circumstances? ☐ Yes ☐ No

Does the adult appear competent to interpret? ☐ Yes ☐ No If no, explain:

Staff Signature:		Date	

Form Date: 08/28/26

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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.