

## Request for Interpreter Services

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

You have the right to free Interpreter services from Tulare County Health and Human Services Agency.

You may use your own Interpreter, but there may be communication problems when using your own Interpreter.

- YES, I wish to use the Interpreter services from Tulare County at no cost to me.
- NO, I do not wish to use Interpreter services from Tulare County.

.....**OR**.....

- I wish to use my own Interpreter.

My Interpreter's Name is \_\_\_\_\_. I authorize my case information be released to my Interpreter.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Interpreter/Translator  
Confidentiality and Compliance  
Agreement**

I \_\_\_\_\_ am an Interpreter for Health and Human Services Agency. The information given to me will be used for Interpreting purposes **ONLY**. All information that I interpret is strictly confidential. I'm aware I will need written permission from the client in order to share any of the information **with anyone**.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_