

NOTE TO WORKER: Each adult or caretaker household member is to complete this form.

Person completing this form: _____

Case Name: _____

Case #: _____

LANGUAGE SERVICES RIGHTS

THIS SECTION MUST BE READ, IN THE PERSON'S PRIMARY LANGUAGE, TO EACH ADULT

The county must give you a free interpreter (for the county to talk to you in your preferred language), without unreasonable delay, if you want this. Please tell Social Services what language you prefer to speak by marking the language of your choice below.

NOTE to the worker: If the client does not read the language in which this form is printed, you must use an interpreter. If someone other than the client fills this form out, you also must complete worker identification section below.

LANGUAGE NEEDS IDENTIFICATION

Please check the language you prefer to speak, and sign below.

- I speak, write, and understand the English language and do not need special language services.
- Yo hablo Español. (Spanish)
- Je parle Français (French)
- Albanian Dari Japanese Punjab Taiwanese
- Amharic Farsi Kashmiri Quechua Tibetan
- Arabic French Korean Quiche Tigre
- Armenia Fijian Kurdish Romanian Thai
- Azerbaijani Gujarati Laotian Russian Tigrinya
- Belorussian Haitian Creole Latvian Samoan Tongan
- Bengal Hebrew Lithuanian Senegalese Turkish
- Bosnian Hindi Malay Serbian Ukrainian
- Bulgarian Hmong Mandarin Sinhalese Urdu
- Cambodian Ilocano Mandinka Somali Vietnamese
- Cantonese Indonesian Mien Spanish Wolof
- Croatian Italian Tamil Swahili Yiddish
- Czech Jakartanese Pashto Szechuan Yoruba
- Polish Tagalog

Applicants/Recipient signature _____

Date _____

WORKER STATEMENT OF DETERMINATION OF LANGUAGE

The person identified above could not complete this form on his/her own. I determined this person's language by the following method:

- Bilingual staff _____ (name/worker no.)
- Interpretation line Community interpreter _____ (name/affiliation)
- Other: _____

EW/SW Signature & Worker _____

Worker No. _____

Date _____

LANGUAGE SERVICES RIGHTS

When applying for or receiving public assistance, you have the right to a bilingual worker assigned to your case, if one is available, or to have a free interpreter. In addition, you may request that forms and letters in your preferred language be used. The county must give you the forms in your preferred language, if they have been translated into that language. Otherwise, the county must interpret these forms/letters (tell you what they say). If you do not have a written language, or if you would like to be told what the written materials say, tell the county. These language services must be provided without an unreasonable delay.

WRITTEN LANGUAGE NEEDS (CHECK AS APPLIES)

- I would like letters and forms in _____ language. If they are not available, please give me an oral interpretation.
- I prefer to get letters and forms in English.
- I would like written materials read out loud to me.
- I would like an alternative format of: _____ (Braille, large print, audio tape, American Sign Language, etc.)

SPOKEN LANGUAGE NEEDS (CHECK AS APPLIES)

- When people from the agency talk to me, please speak _____.

Applicants/Recipient signature

Date

EW/SW Signature & Worker

Date

If you are denied services of a bilingual worker or interpreter, had an unreasonable delay getting these services, or if you are not given forms or letters in your primary language, you may file a complaint with a Civil Rights Officer. You may do this by telephoning the county Civil Rights Officer at xxx-xxxx, or the state Office of Civil Rights, toll-free, at 1-866-741-6241.

STATEMENT REGARDING OWN INTERPRETER
(Claimants must use state provided interpreter in state fair hearings)

The County has explained to me that it must provide me with a bilingual worker, an interpreter, or other interpretive services in my primary language.

I have brought my own interpreter, _____, today. I wish to use _____ him/her instead of using the agency's language services.

(interpreter name)

This statement is valid only for today. I understand that for future appointments or meetings I have the right to get free services in the future from a bilingual worker, interpreter, or other interpretative service provided by the agency, and will not be made to bring my own interpreter.

Date: _____ Signature of Client/Recipient: _____

CERTIFICATION OF INTERPRETER COMPETENCY

The Social Services agency hereby certifies the competency of the interpreter, named above, provided today by the client. The interpreter was deemed competent by _____: (name/method)
an agency bilingual worker or interpreter was not needed.

The interpreter was not competent, and the presence of a bilingual worker or interpreter was needed. _____ of _____ provided the interpretive services by:
(name) (agency/affiliation)

(specify type of interpretation).

Date: _____ Worker Signature: _____ Wrkr. No: _____

INTERPRETER CONFIDENTIALITY STATEMENT

I, _____, understand that the meeting/conversation for which I interpreted today is confidential. I will not reveal the nature or content of anything I heard or saw today to anyone without the express written permission of the client/recipient.

Date: _____ Interpreter Signature: _____