



Governor Kathy Hochul

# 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\*

LEP CLIENT /  RECIPIENT /  REPRESENTATIVE

DATE

NAME OF EMPLOYEE (PLEASE PRINT)

DATE

EMPLOYEE SIGNATURE

DATE

DIVISION/BUREAU

E-MAIL ADDRESS

(AREA CODE) PHONE NUMBER

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

NAME OF THE INTERPRETER

DATE

RELATIONSHIP TO CONSUMER

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.