

### Interpreter services statement

(Please read script on the reverse side of this form to applicant/participant prior to completing)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I, \_\_\_\_\_ am able to communicate in \_\_\_\_\_  
(Specify Language)

I have been informed by the Department of Public Social Services (DPSS) that I have the right to a free interpreter. If I want, I also have the right to use my own interpreter. However, I know there may be communication errors in using my own interpreter. **This could result in problems such as loss of benefits and/or eligibility.**

- I want to use free County Certified interpreter.
- I want to use my own interpreter even though I can get a free interpreter from DPSS. I know that there may be problems of miscommunications by using my own interpreter. I know that sensitive information could be discussed during the interpreter by the name of \_\_\_\_\_ to hear and interpret this information. **My choice to use my own interpreter is good for today only. I know for future appointments, I have the right to a free interpreter from DPSS.**

\_\_\_\_\_  
Applicant's/Participant's Signature

\_\_\_\_\_  
DATE

### Interpreter Confidentiality Agreement

I, \_\_\_\_\_ am a County Certified Bilingual \_\_\_\_\_  
(Employee's Name) (Specify Language)

Interpreter. I understand that by law the information obtained during the process of interpretation must be confidential and may not be disclosed outside of that process.

**OR**

I \_\_\_\_\_ speak both English and \_\_\_\_\_.  
(Interpreter's Name) (Specify Language)

I agree to keep this information confidential and not to disclose it, other than as required for interpretation.

My relationship to \_\_\_\_\_ is \_\_\_\_\_.  
(Applicant's/Participant's Name) (Relationship)

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
Date