

**LANGUAGE SERVICES AGREEMENT
For Limited English Proficiency (LEP) Customer**

For Office Use Only

CUSTOMER: _____ **DATE:** _____

AGENCY: _____ **PROGRAM:** _____

PROGRAM STAFF MEMBER: _____

LANGUAGE SERVICE PROVIDED:

- Interpreter**
- Written Translation (list documents)** _____
- Telephonic Service (service name)** _____

CUSTOMER STATEMENT

- I was offered the services of an interpreter/translator, at no cost to me, by the agency and on the date shown above. I elect to:
- accept the services of an interpreter/translator provided by the agency, or
 - decline the use of any interpreter/translator services, or
 - provide my own interpreter/translator services.
(Name of provider: _____)

- I agree to provide information needed by the agency to assist me. I understand that this information is confidential and will be used only for purposes of delivering services to me.

Customer Name (print) _____

Customer Signature: _____ Date: _____

INTERPRETER/TRANSLATOR STATEMENT

- I, _____, will accurately interpret the interview/conversation/information of _____ on _____. I will accurately relay any and all information to and from this customer. As required by G.S. 108A-80, I will protect the confidentiality of all information regarding this customer.

Interpreter Name (print) _____

Interpreter Signature: _____ Date: _____

- If Interpreter services are provided by telephone, it will be in accordance with all agency and contractual confidentiality requirements.

TO BE FILED IN CASE RECORD