



CUSTOMER OR COMPANION WAIVER FOR FREE INTERPRETER SERVICE

The Florida Department of Children and Families and its contractors are required to provide **FREE interpreters or other communication assistance** for persons who are deaf or hard-of hearing, visually impaired, or if you do not speak English. Please tell us about your communication needs.

My name is _____

I want a free interpreter. I need an interpreter who speaks:
Language: _____ Dialect: _____

I want another type of communication assistance (Check all desired assistance):
Large Print Materials: _____ Note takers: _____ TTY or Video Relay: _____
Assistance Filling Out Forms: _____ Written Materials: _____
Other (Please tell us how we can help you): _____

I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit.

I choose _____ to act as my own interpreter. He/she is over the age of 18. If I choose my own interpreter, signing this waiver does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.

Customer or Companion Signature:	Date:
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Customer or Companion's Printed Name:

Interpreter's Signature:	Interpreter's Printed or Typed Name:
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Witness:	Date:
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Witness Printed Name:
