

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

**For Office Use Only**

**CUSTOMER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**PROGRAM STAFF MEMBER:** \_\_\_\_\_

**LANGUAGE SERVICE PROVIDED:**

- Foreign Language Interpreter
- Sign Language Interpreter
- Written Translation (list documents) \_\_\_\_\_
- Foreign Language Telephonic Service (service name) \_\_\_\_\_
- Braille
- TDD/TTY
- Assistive Technology device for Sensory Impaired (type) \_\_\_\_\_
- Large Print

**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
  - prefer the use of an assistive technology device provided by the agency, or
  - decline the use of any interpreter/translator services and/or assistive technology device, or
  - provide my own interpreter/translator services or assistive technology device  
(Name of provider or product: \_\_\_\_\_)

- 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**