



LIMITED ENGLISH PROFICIENCY (LEP) ACKNOWLEDGEMENT AND REFUSAL OF INTERPRETATION SERVICES FORM

Name		Date of Birth	
WIOA Program (if applicable)	<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Out-of-School Youth <input type="checkbox"/> In-School Youth	ASSET PIN (if applicable)	

(Provider Name) _____ has offered you free interpretation and translation services provided by a skilled and qualified interpreter trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.**

If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private; or
- Misunderstand your Career Planner, caseworker, service or training provider, or other professional.

The provider mentioned earlier has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

NWWIB and its partners is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Dawn Knapp, Equal Opportunity Officer, at 715-685-1425 or dknapp@nwwib.com. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call 715-685-1425** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al 715-685-1425** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau 715-685-1425** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

Applicant Signature	Date Signed
Interpreter Signature OR Name and # (if interpreted by phone)	Date Signed
Staff Signature	Date Signed

