

DRAFT SAMPLE

- Agency letterhead
- Consider review by agency legal counsel and agency Limited English Proficiency (LEP) Coordinator
- Translate the form into the needed languages. English on one side with the translated language on the other side.
- Type in the name of your WIC Program before making copies

Waiver to use Family Member or Friend as an Interpreter

Completion of this form is voluntary. If you do not sign this form, you must use the WIC Program agency's interpreter during the WIC appointment. Personally identifiable information is used to determine WIC services and may be disclosed to others only as allowed by state and federal laws.

Family ID Number

Name(s) of WIC Applicant/participant

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I, _____ have been advised that the _____ WIC Program is willing and can provide me with a professional interpreter (language or sign language) at no cost to me. I have been informed that it is important for my health care and my children to receive the services of a professional interpreter. A professional interpreter will also explain my rights and responsibilities as a WIC participant.

I hereby decline to have an interpreter provided by the _____ WIC Program. I choose _____ (my friend/family member) to provide interpreting for me today. I agree to assume all risks that may result from my refusal and the use of an interpreter not sanctioned by _____ WIC Program. I also agree not to hold the WIC staff or any other personnel at _____ WIC Program responsible for any adverse results that may arise from my refusal to have a professional interpreter. My interpreter is older than 18 years of age.

However, I do understand that if the WIC staff requests that an interpreter be provided by _____ WIC Program, an interpreter will be provided.

Signature of client or guardian

Date

Instructions:

1. This form must be explained to the client through a qualified Interpreter (either the interpreter scheduled by the WIC Project or a telephone interpreter service)
2. This form must be signed by the adult WIC client herself or the guardian of an infant or child
3. If, after the explanation of the form, the WIC client signs the form, the original form must be retained per Wisconsin Statutes, Policy 10.42 and could be placed in the client's file. The waiver only applies for the date it is signed.

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