**Department of Health Services State of Wisconsin**

Division of Public Health

F-03364 (02/2025)

# WIC Interpreter Waiver

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| WIC Family ID number | Name(s) of WIC applicant(s)/participant(s) |

It is your choice whether to complete this form. If you do not sign this form, the WIC Program will provide an interpreter during the WIC appointment.

I understand that the WIC Program can provide a professional interpreter (language or sign language) for my WIC appointment at no cost to me. That person is a skilled interpreter trained to protect my privacy. That person understands my language and words related to the WIC Program.

I understand there are risks if I choose not to use a professional interpreter. If I choose to have a friend or family member as my interpreter, it is possible they may:

* Not know the correct words and give me wrong information
* Add or leave out information
* Learn things about me or my child that I may not want to share
* Tell others about me or my child’s health condition or life situation
* Misunderstand what WIC staff says

I choose not to use the free interpreter services provided by the WIC Program and will use my own interpreter. My interpreter is at least 18 years of age.

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| --- | --- |
| Name of interpreter | Relationship to me |

I will not hold the WIC staff or any other personnel at the WIC agency responsible for any adverse results that may occur from my refusal to use a professional interpreter. This form will be valid for one (1) year from the date of signing.

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| **Signature -** Participant/Parent/Guardian | Date signed |
| **Printed name -** Participant/Parent/Guardian | |

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| **WIC Agency Information** |
| Name |
| Address |
| City, State, ZIP |

This institution is an equal opportunity provider.