

LEP Tracking Form A: Use of Free Interpreter/Translator Services

All Limited English Proficiency clients must be informed of their right to free language assistance including interpreter services and translated documents. This form can be kept in the client's records for future reference. County staff should never encourage, suggest, or require a Limited English Proficiency client to use friends or family as interpreters. **At no time will anyone 18 years of age or younger be utilized to provide interpreter services, except in an emergency.**

Use **THIS FORM** when language assistance services are used with a client. If the client does not need language assistance because they have brought their own interpreter or feel they do not need one, please have them fill out **Form B - Waiver of Right to Free Interpreter Services**.

Department:	Name of Staff Person Requesting Service:
Name of Client(s):	Date:
Reason for Visit:	In which town/village/city does the client live? <input type="checkbox"/> City of Ithaca <input type="checkbox"/> T/Ithaca <input type="checkbox"/> V/Cayuga Hgts <input type="checkbox"/> T/Caroline <input type="checkbox"/> T/Danby <input type="checkbox"/> T/Dryden <input type="checkbox"/> V/Dryden <input type="checkbox"/> V/Freeville <input type="checkbox"/> T/Enfield <input type="checkbox"/> T/Groton <input type="checkbox"/> V/Groton <input type="checkbox"/> T/Lansing <input type="checkbox"/> V/Lansing <input type="checkbox"/> T/Newfield <input type="checkbox"/> T/Ulysses <input type="checkbox"/> V/Trumansburg <input type="checkbox"/> Other _____

Language assistance needed (check):

- | | | | | | |
|--|----------------------------------|---------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> American Sign | <input type="checkbox"/> Russian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Burmese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Who provided language assistance services? (check one):

- LanguageLine Empire Interpreting Service Bilingual Staff Member
 Other _____

Was the service provided over the phone, or in person? (check one): Phone In person (Justify below)

Please explain why phone services could not be used: _____

Name of Interpreter used:
ID Number:
Duration of Interpreted Session:

**This form must be filled out and provided to the County Compliance Program
 Coordinator within 30 days of using language assistance services.
 interoffice to: Tompkins County Administration
 Attn: Compliance Program Coordinator 125 E. Court St. 3rd Floor Ithaca, NY 14850**