



Waiver of Interpretation Services

Local Agency: _____

Service Site: _____

I acknowledge that I have been offered free language interpreter services from the organization providing services for the District of Columbia WIC Supplemental Nutrition Program for Women, Infants and Children (DC WIC). I understand that interpreter services are provided by a skilled interpreter who is trained to protect my privacy.

The interpreter offered understands my language, as well as words related to the WIC Program and services which I am seeking or receiving. I understand that there are risks to be considered when choosing to proceed without the help of a skilled interpreter, or choosing to have a friend or family member provide interpretation.

Risks of using an untrained interpreter include:

- They may not be sufficiently proficient in English
- They may misunderstand what the service provider says
- They may add or leave out information
- They may learn things about you that you may not want to share
- They may feel uncomfortable conveying embarrassing information
- They may not have the capacity to fully understand WIC-related concepts and procedures, and to convey them properly
- They may have personal opinions about the content of the discussion and not convey the information accurately

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I understand the risks of an untrained interpreter listed above, and that they may create problems or be harmful to the services I receive. I acknowledge that you have explained the risks to me in my own language. I understand these risks and choose not to use a skilled interpreter.

Participant Name

Participant Signature:

Interpreter signature (if present):

Date

For Local Agency Use:

WIC ID #

CPA/CPPA Name:

CPA/CPPA Signature

Date

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

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