

BUTTE COUNTY
DEPARTMENT OF EMPLOYMENT AND SOCIAL SERVICES

Primary Language Designation Form

My primary language is: _____.

Interpreter Services Requested? **Yes** **No**

- I would prefer that written communications and forms be sent or given to me, if available, in my primary language.
- I would prefer that written communications and forms be sent or given to me in English.
- You have the right to change your mind about your language choices.
- You are not required to provide your own interpreter.
- You have the right to speak with a supervisor if you are unsatisfied.

Client/Applicant's Signature

Print – Name

Date

County Use Section
Case Name: _____ _____
Case#: _____
Worker: _____ Name/Number
<u>Interpreter Services:</u>
<input type="checkbox"/> Client/Applicant provided
<input type="checkbox"/> County provided
<input type="checkbox"/> Language Line
<input type="checkbox"/> Other:
<u>English</u>

Forma de Designacion de Primer Idioma

Mi primer idioma es: _____.

Servicios de Interprete requeridos? **Si** **No**

- Yo prefiero que comunicacion por escrito y formas sean manadadas o entregadas a mi, si son disponibles, en mi primer idioma.
- Yo prefiero que comunicaci3n por escrito y formas sean mandadas o entregadas ami en ingles.
- Usted tiene el derecho de cambiar de opini3n acerca de su preferencia de idioma.
- Usted no es responsable de proveer su propio interprete.
- Usted tiene el derecho de hablar con un supervisor si no esta satisfecho.

Firma de Cliente/Solicitante

Nombre-Inprima

Fecha

County Use Section
Case Name: _____ _____
Case#: _____
Worker: _____ Name/Number
<u>Interpreter Services:</u>
<input type="checkbox"/> Client/Applicant provided
<input type="checkbox"/> County provided
<input type="checkbox"/> Language Line
<input type="checkbox"/> Other:
<u>Spanish</u>