LANGUAGE DESIGNATION FORM

CASE NAME: _____ CASE NUMBER: _____

FREE INTERPRETER SERVICES ARE AVAILABLE

(please ask your worker)

A. SPOKEN LANGUAGE DESIGNATION

I speak the language checked below. I prefer to speak/talk about my case or related matters with staff from the Department of Public Social Services in the language selected below. This designation takes the place of any choices made before.

☐ Armenian ☐ Cambodian ☐ Cantonese ☐ English
☐ Korean ☐ Mandarin ☐ Russian ☐ Spanish
☐ Tagalog ☐ Vietnamese ☐ Other (Specify) _____

B. WRITTEN LANGUAGE DESIGNATION

☐ I prefer to get written letters, notices, forms and other communication in English.

OR

☐ I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that if written communications from the Department of Public Social Services are not available in the language specified below, I can receive a verbal translation by contacting my case worker.

☐ Armenian ☐ Cambodian ☐ Chinese
☐ English ☐ Korean ☐ Russian ☐ Spanish
☐ Tagalog ☐ Vietnamese ☐ Other (Specify) _____

_____ _____
APPLICANT'S/PARTICIPANT'S SIGNATURE (OR MARK) DATE

☐ I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

_____ _____ _____
CASE CARRYING WORKER'S SIGNATURE FILE NUMBER DATE

_____ _____
SUPERVISOR'S INITIALS DATE

FILING INSTRUCTIONS:
BWS/BSO: Documentation/Activity Folder
Retention: Permanent