

## Request/Refusal Form for Interpreter Services\*

Member's name:	
Main language (written):	
Main language (spoken):	
Yes, I am requesting interpreter services.	
Language(s):	
☐ I would like to use a family member or friend as an interp	preter.
☐ I do not need interpreter services.	
Member's signature	Date
* Provider, please place in member's medical record.	

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