

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#: _____

Ethnicity: _____

Worker: _____

Name/Number: _____

Interpreter Services (free to client):

- Client/Applicant provided (18 yrs. ↑)
- County provided
Name/Dept.: _____
- Language Line
- Other: _____

Auxiliary Aids (free to client):

- TTY Device Audio Tape
- Braille Large Print
- Other: _____

English

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 comunicacion por escrito y formas sean mandadas o entregadas ami en ingles.
 - Usted tiene el derecho de cambiar de opinion acercade 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 #: _____

Ethnicity: _____

Worker: _____

Name/Number: _____

Interpreter Services (free to client):

- Client/Applicant provided (18 yrs.↑)
- County provided
Name/Dept.: _____
- Language Line
- Other: _____

Auxiliary Aids (free to client):

- TTY Device Audio Tape
- Braille Large Print
- Other:** _____

Spanish

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NTAWV OHIA PEB SAIB KOJ PUAS XAV TAU
NTAUB NTAUV TXHAIS

Yam lus kuv paub hais yog: _____

Puas yuav leejtwg txhais lus rau koj? Yuav Tsis yuav

- Kuv xav tau ntaub ntauw txhais ua Hmoob.
- Kuv xav tau ntaub ntauw lus as kiv.
 - Koj muaj cai pauv slab txog koj yam lus uas
 - Koj tsis tas yuav nrhiav koj ib tug neeg txhais lus.
 - Koj muaj cai nrog tus thaw saib xyuas neeg us haujlwm tham yog muaj dabtsi ua rau koj tsis zoo slab.

County Use Section

Case Name: _____

Case #: _____

Ethnicity: _____

Worker: _____

Name/Number: _____

Interpreter Services (free to client):

- Client/Applicant provided (18 yrs.↑)
- County provided
Name/Dept.: _____
- Language Line
- Other: _____

Auxiliary Aids (free to client):

- TTY Device Audio Tape
- Braille Large Print
- Other:** _____

Hmong

For Laotian, please see "Hard Copy".

County Use Section

Case Name: _____

Case #: _____

Ethnicity: _____

Worker: _____

Name/Number: _____

Interpreter Services (free to client):

- Client/Applicant provided (18 yrs.↑)
- County provided
Name/Dept.: _____
- Language Line
- Other: _____

Auxiliary Aids (free to client):

- TTY Device Audio Tape
- Braille Large Print
- Other:** _____

Laotian