

10400 Detrick Avenue Kensington, MD 20895-2484 (240) 627-9400



HOUSING OPPORTUNITIES COMMISSION OF MONTGOMERY COUNTY Waiver of Offer for Free Interpretation Services

NAME OF LIMITED ENGLISH PROFICIENT CUSTOMER/RECIPIENT/REPRESENTATIVE		
HOC informed me of my right to free interpretation services from HOC.		
 □ I understand that HOC is offering me interpreter services at no cost to me or my family members. □ I understand that I am allowed to change my mind at any time and accept HOC's free interpretation services. 		
BRIEF DESCRIPTION OF THE PURPOSE OF THE INTERPRETATION SERVICES		
SIGNATURE*	DATE	
Please select one of the following which best describes you: LEP CUSTOMER / RECIPIENT / REPRESENTATIVE		

*A signature is only needed if the contact with the Limited English Proficiency individual, or representative, is inperson. However, the date is always required.

NAME OF EMPLOYEE (PLEASE PRINT)	DATE
EMPLOYEE SIGNATURE	
DIVISION/DEPARTMENT	
E-MAIL ADDRESS	PHONE NUMBER
Whenever applicable: The interpreter named below ack English Proficiency individual(s) in his or her primary lan	
NAME OF THE INTERPRETER	DATE
RELATIONSHIP TO CUSTOMER	
SIGNATURE OF INTERPRETER	DATE
Note : Limited English Proficiency (LEP) individuals are p language and have a limited ability to read, write, or und	