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Accompanying Adult Interpreter Request

Participant Name		**Date of Birth** (mm/dd/yyyy)		**Participant ID** (if applicable)	
Program	☐ Adult ☐ Dislocated Worker ☐ Out-of-School Youth ☐ In-School Youth ☐ Other:_____				

Participant Statement

I request that the following adult (cannot be a minor child) who is accompanying me provide interpretation or help facilitate communication during this interaction only:

Name of accompanying adult	
Relationship to me	

☐ I am specifically requesting that this adult interpret for me for this interaction.
☐ I understand I have the right to a free qualified interpreter provided to me.
☐ I understand this request applies only to today and does not apply to future visits.

Participant Signature		Date	

Accompanying Adult Agreement

☐ I agree to assist with interpretation for this interaction.
☐ I understand that I must interpret information accurately to the best of my ability.

Accompanying Adult Signature:		Date	

Staff Documentation (Required by 29 CFR 38.9(f)(2))

Non-emergency situation? ☐ Yes ☐ No If no, staff must stop and obtain a qualified interpreter.

Will any vital information be communicated? ☐ Yes ☐ No If yes, staff must ensure a qualified interpreter is present or used; cannot rely solely on accompanying adult.

Is reliance on the accompanying adult appropriate under the circumstances? ☐ Yes ☐ No

Does the adult appear competent to interpret? ☐ Yes ☐ No If no, explain:

Staff Signature:		Date	

Form Date: 08/28/26