

**CERTIFICATION OF TRANSLATION/INTERPRETATION  
FOR NON-ENGLISH SPEAKING APPLICANTS  
OR RECIPIENTS**

Michigan Department of Human Services

Grantee Name				
Case Number				
Grantee Client ID			Date	
County	District	Section	Unit	Specialist

**SECTION 1** (Completed by DHS specialist):

Document (if applicable) to be translated/interpreted:
Brief description of document or discussion (i.e., application for benefits, negative action, child support contact or questionnaire):
_____
_____
_____
_____

**SECTION 2** (Completed by translator/interpreter):

Translator/Interpreter Name		Phone Number (    )		
Agency (if applicable)	Language Translated/Interpreted to/from English:			
Agency Address	City	State	Zip Code	
Comments (if applicable)				
_____				
_____				
_____				
_____				

My signature is certification that I accurately translated/interpreted information described in Section 1 to the client and the client states s/he understands the information. Client's comments are indicated if applicable.

Signature of Translator	Date
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**SECTION 3** (Completed by client):

My signature is certification that information described in Section 1 has been translated/interpreted to me and I understand the information given to me by the translator/interpreter.

Signature of Client	Date
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**SECTION 4** (DHS Specialist):

Signature of Specialist	Date
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.