Waiver for Accommodation Assistance

I, ____________________________________________, give Unemployment Insurance Agency permission to speak to ______________________________________, who is acting as my interpreter. This person will interpret and speak for me regarding any unemployment business. By placing my signature below, I acknowledge that I understand and agree to the statements set forth below:

- My interpreter is at least 18 years of age,
- My interpreter reads and can demonstrate fluency in English and in my native language and,
- By acting as an interpreter, my interpreter may have access to confidential information about me and my potential claim. I agree to share my confidential information with my interpreter, and I agree to be responsible for any unauthorized disclosure of my confidential information by my interpreter.

_________________________________   ______________________
Signature of Claimant                   Date

I, ____________________________________________, agree to act as an interpreter on behalf of ______________________________________ for matters with Unemployment Insurance Agency.

By placing my signature below, I acknowledge that I understand and agree to the statements set forth below:

- I am at least 18 years of age,
- I can read and am fluent in English and in the claimant’s native language,
- By acting as an interpreter, I acknowledge that I may have access to confidential information about the claimant and his/her potential claim. I agree that I will not disclose any confidential information, verbally or in writing, about the claimant or his/her potential claim, and
- I agree to provide an accurate interpretation of Unemployment Insurance Agency’s questions and claimant’s responses and to not assume or infer facts or information not actually provided by the claimant.

________________________________    _______________________
Signature of Interpreter                   Date