



Consent Form for Use of Language Interpreter

Language requiring Interpretation: _____

Applicant/ Consumer: _____

Designated Representative (if applicable): _____

Please select your choice of language interpreter: _____

O I give my permission to Central Boston Elder Services to provide a language interpreter for the purpose of communicating all necessary information when conducting at-home visits/assessments, developing my care, and at all other occasions that may occur during my enrollment in the House Care Program or when waiting for services to be coordinated by Central Boston Elder Service. I understand that the interpreter will have access to my personal and medical information for interpretation purposes only.

O I prefer to use my family and or/ another informal support to serve as my language interpreter. I understand that I can revoke this permission to use my family/other informal support as an interpreter at any time by contacting my care manager.

Permission Granted by: (Signature of Applicant, Consumer, or designated Representative).

Date

CAS/Case Manager/RN (Signature):

Date: