

“I Speak” card

Please provide your client with an "I Speak" card translation to help him/her understand the card and how to use it.

Developed by Community Partners, Inc. of Amherst, MA • 413-253-4283 • www.compartners.org • info@compartners.org

Hello, _____ and _____
I Speak _____

I NEED AN INTERPRETER

Please help me find an interpreter or bilingual staff member to help me communicate.
If you are unable to do this, your supervisor may be able to assist you.*

The person  on the back of this card knows me and can give you information about finding an interpreter. Thank you for your help!

*FEDERAL LAW REQUIRES THAT SERVICE PROVIDERS ACCEPTING FEDERAL FUNDS PROVIDE FREE INTERPRETATION SERVICES FOR CLIENTS WHO CANNOT COMMUNICATE EFFECTIVELY IN ENGLISH.

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My name _____
Address _____ City _____
State _____ Zip _____ Phone _____

 Case worker's name _____
Agency phone _____

 Primary care provider's name _____
Address _____ Phone _____
Emergency contact _____ Phone _____

 Health plan/ID # _____

*If no appropriate interpreter can be found, ask if your organization has access to a telephone interpretation service (available for a fee).

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