



Family Service of Roanoke Valley

Strengthen Families. Heal Trauma. Restore Hope.

Language Access Form

*this information is used to find interpreter.

1. Client Name: _____
2. What is primary language of client? _____
 - a. If client is a child what is the primary language of parent or guardian?

 - b. If there is a certain dialect please list. _____
3. Country of origin of client? _____
4. Region of origin of client? _____
5. Roanoke neighborhood of residence?(i.e. NW, SW, Grandin, Wasena, or name of apartment complex) _____
6. We utilize local interpreters from the Roanoke Valley, is this ok? Yes No
 - a. If no, are you willing to utilize a video interpreter? Yes No
7. The interpreter may be a male or female. Is this ok? Yes No
 - a. If no, do you prefer a male or female interpreter? Male Female
8. If your preference is not available, are you willing to utilize a video interpreter?
 Yes No
9. Would you be interested in meeting in a group? Yes No