



**Hawaii  
Child  
Nutrition  
Programs**

**Free Language Interpretation Services Waiver Form**

I acknowledge the free written and telephonic interpretation services were offered to me by the Hawaii Child Nutrition Programs (HCNP) office. I decline the free interpretation services offered and will use an interpreter of my choice to provide language interpretation. I understand I may not use school aged child(ren) to provide the language interpretation service for me.

Reason(s) for language interpretation services. Check the box(es) below:

- Free and Reduced-price meal application
- Meal accommodation
- Other: (please explain) \_\_\_\_\_

Name of the school my child(ren) attend: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

This institution is an equal opportunity provider.