Introduction

Navigating this manual

There are several features in this manual that you will come across from time to time. When you see these be sure to check them out—they will be very helpful throughout the program.

Notes

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We’ve put large margins in your Participant’s Guide and lined spaces for you to take notes throughout the training.

Some information may be important to return to as a reference. We’ve marked some of these with this symbol, so you can find what you need quickly.

Lightning Rounds are chances for your team to win points throughout the program. Be careful—wrong answers will cost you! The team with the most points at the end of the day will win a fabulous virtual prize.

Check it out!
See pg. 34

Check out the resources we have in the appendix for more information.
Introduction

Agenda

The goal of this program is to prepare you for your role as a Single-Point-of-Contact

Our Agenda

I. The Laws and The Agreement, and Our Responsibilities

II. Communicating with our Customers and their Companions who are Deaf or Hard-of-Hearing

III. Implementing the Plan
Introduction

Glossary

**ADA/Section 504 Coordinators**: Any individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, ensuring the provision of auxiliary aids and services for deaf or hard of hearing, limited English proficient customers/clients, and customers/clients with disabilities requiring aid essentials. Within the Department, Civil Rights Officers are designated ADA/Section 504 Coordinators.

**Aid-Essential Communication Situation**: If the auxiliary aid or service requested, the importance, length, and complexity of the information being conveyed, the number of people involved, and/or the individual’s health status are such that the exchange of information between parties should be considered as Aid Essential, meaning that the requested auxiliary aid or service is always provided.

**Auxiliary Aids & Services**: Includes qualified interpreters, Communication Access Real-Time Translation (CART) or other effective methods of making aurally delivered materials available to individuals who are deaf or hard-of-hearing; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable customers/clients to fully benefit from and participate in Departmental programs and services.

**Certified Interpreter**: A qualified interpreter who is certified by the National Registry of Interpreters for the Deaf or other national or state interpreter assessment and certification program.

**CFOP 60-10**: DCF Policy that establishes a uniform procedure for the Department to consider and respond to requests for reasonable accommodations, effective communications, and equal access under the Americans with Disabilities Act.

**Companion**: Any person who is deaf or hard-of-hearing and is one of the following:

1. A person whom the Customer indicates should communicate with DCF Contracted Service Provider personnel about the Customer, such as a person who participates in any treatment decision, a person who plays a role in communicating the Customer’s needs, condition, history, or symptoms to DCF Contracted Service Provider personnel, or a person who helps the Customer act on the information, advice, or instructions provided by DCF Contracted Service Provider personnel;

2. A person legally authorized to make healthcare or legal decisions on behalf of the Customer; or

3. Such other person with whom the DCF Contracted Service Provider personnel would ordinarily and regularly communicate about the Customer.
**Customer:** Any individual who is seeking or receiving services from the Department, its contract providers and their subcontractors.

**Deaf:** An individual whose sense of hearing is nonfunctional, with or without technology, for the purpose of communication and whose primary means of communication is visual.

**Hard-of-Hearing:** An individual who has a hearing loss that results in the possible dependence on visual methods to communicate in addition to the use of residual hearing, with or without the assistance of technology, such as hearing aids or cochlear implants.

**Local Auxiliary Aid and Service Plan:** A resource guide for a specific region or facility that identifies procedures specific to a local area that augment the Statewide Auxiliary Aids Plan.

**Qualified Interpreter:** An individual who is able to interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a Customer or Companion who is deaf or hard-of-hearing.

**Section 504:** Portion of the Rehabilitative Act of 1973 that mandates nondiscrimination under federal grants and programs.

**Single-Point-of-Contact (SPOC):** Operations Program Administrator (OPA) or other individual designated to coordinate the provision of auxiliary aids and services to Customers or Companions who are deaf or hard-of-hearing according to their obligations under Section 504 and/or the ADA.

**State-Wide Auxiliary Aids and Service Plan:** A resource guide that assists staff in identifying appropriate auxiliary aids for customers and companions to offer equal opportunity to participate in or benefit from the Department’s programs and services.

**Title II:** Portion of the Americans with Disabilities Act of 1990 that protects persons with disabilities from discrimination by public entities.
Laws and the Agreement
Federal Laws

There are multiple federal laws protecting the deaf and hard-of-hearing from discrimination. The two laws we will cover are:

- Section 504 of the Rehabilitation Act of 1973

- Title II of the Americans with Disabilities Act of 1990 (ADA)

Activity

Memo to New SPOC

TO: New SPOCs at DCF
FROM: Current SPOC
Subject: Important Single-Point-of-Contact Information
Laws and the Agreement
Timeline

1999
2000
2002
2005
2007
2010
2011
Laws and the Agreement

The Agreement

Notes

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Make it Real
Each group takes a role and expands the definition.
Who are they?
What are their needs?
What are their responsibilities?

ADA/Section 504 Coordinator

Single-Point-of-Contact

Customer

Companion
Communicating with Our Customers

Types of Deafness and Hearing Loss

To ensure effective communication with deaf or hard-of-hearing customers and companions, it is vitally important that we understand the customers and their needs.

- 14.9% of children ages 6 to 19 have hearing loss
- 16% of American adults are deaf or hard-of-hearing

Culture and Language

Deaf or Hard-of-Hearing
Whichever the client chooses as an identity is their personal choice. Never assume that a person identifies with one or the other—always ask!

Offensive Language
Many of us consider these phrases in reference to people who are deaf or hard-of-hearing to be offensive and inappropriate:

- “deaf and dumb”
- “deaf-mute”
- “hearing impaired”
- “death”
Onset of Hearing Loss

Hearing loss can occur at anytime throughout life. The chart below lists the ways we categorize hearing loss by time of onset.

<table>
<thead>
<tr>
<th>Time of Onset</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prelingual</td>
<td>Hearing loss occurred before verbal language was acquired—generally within first year. Does not necessarily mean that the individual has never heard language.</td>
</tr>
<tr>
<td>Postlingual</td>
<td>Hearing loss occurred after verbal language was acquired. Could take place at any age. Usually after 3 to 4 years of age.</td>
</tr>
<tr>
<td>Late-deafened</td>
<td>Hearing loss began post-adolescence. May have unique needs. 30 million Americans are exposed to dangerous levels of noise on-the-job.</td>
</tr>
</tbody>
</table>

Notes

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Degree of Hearing Loss

Customers may have varying degrees of hearing loss, from slight trouble hearing to total loss of sound. The chart below shows the 4 levels of hearing loss. The number of decibels is the minimum volume the person can hear.

### Degree of Hearing Loss in Decibels (dB)

<table>
<thead>
<tr>
<th>Degree of Hearing Loss</th>
<th>Decibels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>25 dB</td>
</tr>
<tr>
<td>Moderate</td>
<td>45 dB</td>
</tr>
<tr>
<td>Severe</td>
<td>70 dB</td>
</tr>
<tr>
<td>Profound</td>
<td>90 dB</td>
</tr>
</tbody>
</table>

Mild Hearing Loss

Moderate Hearing Loss

Severe Hearing Loss

Profound Hearing Loss
Communicating with Our Customers

Communication Methods

There are many ways that our deaf or hard-of-hearing customers may prefer to communicate. There is not one single mode of communication or language for our customers. Not all deaf or hard-of-hearing persons know how to sign, or know how to communicate orally. Never assume—always ask!

Signing and Visual Communication

Signing is communicating through a language of physical hand gestures. This is not the same as using generic hand gestures. These are actual languages. Also, there is not just one sign language, there are many.

List the common sign languages:

<table>
<thead>
<tr>
<th>List the common sign languages:</th>
</tr>
</thead>
</table>

American Sign Language (ASL)

Many people think that ASL is just English signed by hand, but it is actually a totally different language. It has a different syntax and grammar. It is not a word-for-word translation. If someone primarily communicates with ASL they may not read English—it is a different language.

ASL vs. English: Different Syntax, Different Languages!

"He not attrene and reckless at me. I was shock not almost away. He was stop 200 feet. He should down slow and speed. I was see I little move white lane grass. Not my fautt. Man drive hit me. One truck he drive truck not other drive. Not right van little move for close 8 feet."

Statement given to police by a Deaf man who, while jogging, was hit by a truck that was following another vehicle too closely.
Oral Communication

Some of our customers may communicate orally. This does not indicate whether or not they can hear. They may be able to hear you. They may speech-read (or read lips). They may prefer to read a transcript of what you say and speak back. Never assume—always ask!

Lightning Round

Each team has the chance to answer questions.

Gain 2 points for a correct answer. Lose 1 point for incorrect answers.

Notes

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Communicating with Our Customers
Auxiliary Aids and Services

Auxiliary aids are any services or devices that assist in effectively communicating. It is important to know the customer’s preferred method of communication and the appropriate auxiliary aid.

Telecommunication Relay Services (TRS)
This is a free service available nation-wide by dialing 711. This allows callers to use either text telephones (TTY), voice carry-over (VCO), or other services. In Florida this is known as the FRS (Florida Relay Service).

Text Telephones (TTY)/TDD

1. TTY user dials 711 to connect to the Relay service and then types his/her message.
2. Operator reads and voices the typed message and then listens and types the spoken message.
3. Voice user listens and then speaks back for his/her reply.

Check it out!
TRS Tips in the Appendix.
Voice Carry-Over (VCO)

1. VCO user speaks
2. Voice user listens
3. Voice user speaks his/her response
4. Operator listens and types the message to the VCO user
5. VCO user reads the typed message

For a complete list of services go to www.ftri.org.

Video Relay Services (VRS)

This is not a 711 service, but it is similar. Instead of using a phone line, this service uses video phone over high-speed internet between the customer and the operator, using sign language. The operator then speaks to the hearing person. This is not always as readily available to customers as the FRS, due to the added cost of high-speed internet.

It is illegal to use a VRS for in-person communication instead of contracting an interpreter.
Interpreters

Interpreters are critical for our customers. These are professionals who can accurately and impartially communicate with our customers. There are two types of professional interpreters: Qualified and Certified.

Qualified Interpreters

Certified Interpreters

Family or personal friends cannot act as a DCF interpreter. If the customer insists on having them interpret, we must still contract a certified interpreter to observe so we can ensure effective communication.

CART

Communication Access Realtime Translation (CART) Service is a verbatim, word-for-word, instant translation of the spoken word into written text. The text appears instantly on a computer screen so that deaf or hard-of-hearing consumers may read what is being said. CART often contains environmental sounds, and other audible and visual content that the consumer may miss otherwise. CART services are performed by Certified CART Providers.

This is not an edited document and so it is not a legal record or court document.

Hand-Written Notes

During initial contact or in emergency situations it is often acceptable to write notes to determine what the customer needs. Other than emergencies, we must always provide the necessary auxiliary aid for our customers’ preferred communication method, such as a certified interpreter or CART. Hand-written notes cannot ensure effective communication.
Assistive Listening Devices

Pocketalker®

Motiva Personal FM Listening Devices
**Activity**

*Putting it All Together*  
As a table, complete the chart below. The first one has been completed for you.

<table>
<thead>
<tr>
<th>Auxiliary Aid</th>
<th>Who</th>
<th>When</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRS</strong></td>
<td><em>Customers who have a specialized phone (e.g. TTY/TDD).</em></td>
<td><em>Making a phone call.</em></td>
<td><em>TTY/TDD phone or other necessary equipment.</em></td>
</tr>
<tr>
<td><strong>VRS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interpreter</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pocketalker®</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal FM Device</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CART</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lightning Round

Each team has the chance to answer questions.
Gain 2 points for a correct answer. Lose 1 point for incorrect answers.

Activity

Pass it Along
As a table, design a Job Aid for employees as a quick resource with important information for best serving our customers who are deaf or hard-of-hearing. Use a flip chart. Be prepared to present your product to the group.

Check it out!
Standards of Etiquette in the Appendix.

Notes
Implementing the Plan
Policies and Procedures

The 4 documents to have on-hand at all times as reference guides are:

- Statewide Auxiliary Aids and Services Plan
- Local Auxiliary Aids and Services Plan
- Local Procedure (vary by circuit)
- CFOP 60-10

Implementing the Plan
Scavenger Hunt

1. Find your ADA/Section 504 Coordinator’s Office number:
   Office: ____________________________

2. Who is the SPOC for Florida State Hospital?
   Name: ____________________________
   Phone: ____________________________

3. What is the phone number for Language Speak, Inc.?
   Phone: ____________________________

4. What is the TTY/TDD phone number for Sign Language Associates in Tampa Bay?
   Phone: ____________________________

5. List one of the six locations where Video Remote Interpreting is offered, as well as the VRI Liaisons at that location.
   Location: ____________________________
   Liaisons: ____________________________

6. What form do Contracted Certified Interpreters need to complete before serving the department as an interpreter?
   Form: ____________________________

7. What are the two requirements for using Video Remote Interpreting?
   a) ____________________________
   b) ____________________________
Take notes on the next page as we discuss each major step of the process.

**NOTE:** These are the basic questions to be addressed throughout the process. Any given case could vary, depending on the specific details at hand.

Employees should use the *Auxiliary Aids/Services Quick Sheet* to record who to call according to their local procedures for each resource.
Critical Questions

- Is it Scheduled?
- Is it an Emergency?
- Is it Aid-Essential?
- What is Requested?
- Who Do You Call?
- Is Communication Effective?
- How Did the Customer Experience The Communication?
## Auxiliary Aids/Services Quick Sheet

<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face Interpreter</td>
<td>_____________</td>
<td>_____________</td>
</tr>
<tr>
<td>Video Remote Interpreter</td>
<td>_____________</td>
<td>_____________</td>
</tr>
<tr>
<td>Assistive Listening Devices</td>
<td>_____________</td>
<td>_____________</td>
</tr>
<tr>
<td>TTY/TDD Phone or Other Specialized Phone</td>
<td>_____________</td>
<td>_____________</td>
</tr>
<tr>
<td>CART</td>
<td>_____________</td>
<td>_____________</td>
</tr>
<tr>
<td>Other</td>
<td>_____________</td>
<td>_____________</td>
</tr>
</tbody>
</table>
Complaints of discrimination based on a disability can be sent to any of the following:

Assistant Staff Director
Department of Children and Families (DCF)
Human Resources – Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399-0700
(850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470

United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
(404) 562-7888; or TDD (404) 331-2867; or Fax (404) 562-7881

United States Department of Justice (DOJ)
Office for Civil Rights – Office of Justice Programs
810 7th Street, NW
Washington, DC 20531
(202) 307-0690; or TDD/TTY (202) 307-2027; or Fax (202) 616-9865

All complaints based on discrimination must be in writing and include:

- Basis for complaint
- Name, address and phone number of charging party
- Name and address of person or provider being charged
- Description and date(s) of the alleged discriminatory acts
- Signature of charging party

Lightning Round

Each team has the chance to answer questions.
Gain 2 points for a correct answer. Lose 1 point for incorrect answers.
Implementing the Plan

What If?

**Activity**

**What If?**
Read through your assigned scenario at your table. Discuss what issues are relevant, and what actions need to be taken. Identify the parties involved, and their needs and/or responsibilities. Also discuss anything that needs to be investigated further.

Record your discussion on a flip-chart and be prepared to present an action plan to the group.

1. A Child Protective Investigator shows up at a school to interview a child. Once she arrives, she is told that the student is deaf or hard-of-hearing. The school administrator explains that the child does not sign, and speaks orally.

2. An Adult Protective Investigator arrives at the home of a customer. Upon arrival the investigator realizes that the customer’s caregiver and son is hard-of-hearing.

3. A man walks into a DCF service center and comes to the front desk. He is motioning to the DCF employee at the front desk. When the employee speaks to him, the man shakes his head. Then he makes several motions with his hands. There is no appointment on the book for this time.

4. A supervisor is holding a staff meeting of direct service employees. Before the meeting begins, he hears an employee saying, “I keep getting telemarketer calls on my work phone. Some relay company. They won’t leave me alone!”

5. A man and his family enter a DCF ACCESS center. They have an appointment to discuss benefits. However, the staff did not know that the man has severe hearing loss and he and his family speak Creole.
Appendix

1. TRS Tips
2. Standards of Etiquette
3. Interpreter Code of Ethics
4. Accessing Medical and Mental Health Services
5. Useful Websites
6. Federal Laws
7. Examples of Aid-Essential Situations
Appendix
TRSTips

There are a few things to keep in mind when using the TRS system to make or receive calls as a hearing person. To make the call as clear as possible, follow these guidelines from the FTRI website:

✓ If you answer your phone and hear “Hello. This is the relay service...,” don’t hang up! It is not a telemarketer. It is a TRS.

✓ Do not speak to the operator, saying “Tell her...” or “Is he...”. Always speak directly to the customer you are communicating with.

✓ Say “GA” or “Go Ahead” at the end of your responses.

✓ Say “Signing Off” before hanging up at the end of the call.
STANDARDS OF ETIQUETTE

1. INTERACTING WITH INDIVIDUALS WHO ARE DEAF

- Individuals who are Deaf have many different communication needs. The way a person communicates varies depending on many different factors. The best way to figure out what their communication preferences are is to ask them directly what they are most comfortable with. Also keep in mind that hearing loss does not equate to intelligence. Most often the reality is not that those with hearing loss fail to have the capacity to comprehend, the problem is they cannot hear what is being said aloud.

- Some individuals use American Sign Language (ASL) or other sign language; some read lips and speak as their primary means of communication; some use Signed Exact English (SEE), where every word is signed in the exact sequence it is spoken in English, and there is a vocabulary which has a one-to-one relationship to English words. People who became deaf later in life may never have learned either sign language or lip-reading. Although they may pick up some sign and try their best to read lips, their primary means of communicating may be reading or writing.

- Lip-reading ability varies greatly from person to person and from situation to situation. Only 30% of what is actually spoken is discernable on the lips. The best speech reader (aka Lip reader) is still only going to get every third word. Lip reading is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or look directly at the person, or that speaks with an accent affecting the way words appear on their lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in good light source, and keep your hands, gum and food away from your mouth while you are speaking.

- When to Use Interpreters: Since communication is vital in the workplace and in service delivery, and the person who is deaf knows how he or she communicates best, supervisors and staff should follow the wishes of the person who is deaf regarding communication methods.

- In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, Department policy is to use nothing less than a qualified interpreter for service delivery. The need for a more skilled interpreter depends not only on the complexity and importance of the information being communicated, but also on the ability of the interpreter to translate the particular sign language used by the individual, and the speed.
2. INTERACTING WITH INDIVIDUALS WHO ARE HARD-OF-HEARING

Persons who are hard-of-hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard-of-hearing, etc. A person who is hard-of-hearing may or may not wear a hearing aid. Employees should be aware that many people who are hard-of-hearing will not admit having a hearing loss, so it is important employees be alerted to the signs of hearing loss:

- The person asks you to repeat yourself several times; and
- The person does not respond appropriately, especially if you have been talking with your back to them.

The key to communication with a person who is deaf or hard-of-hearing – as with all people – is patience and sensitivity. Please use the following guidelines:

- Ask the person how he or she prefers to communicate.
- If you are using an interpreter, the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- When using an interpreter, talk directly to the person, not the interpreter. However, the person will look at the interpreter and may not make continuous eye contact with you during the conversation.
- Before you speak, make sure you have the attention of the person you are addressing.
- Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words.
- Look directly at the person. Most people who are deaf or hard-of-hearing need to watch a person’s face to help them understand what is being said. Do not turn your back or walk around while talking. If you look away, the person may assume the conversation is over.
- Periodically, ask the person to rephrase what you have said. This will show that you want them to understand everything and of your interest in their situation. Watch for signs of bluffing (nodding head, agreeing) rather than a pertinent response.
- If the person does not understand after repeating, try rephrasing or using different words.
- Do not put obstacles in front of your face.
- Do not have objects in your mouth, such as gum, cigarettes, or food.
- Do not turn to another person in their presence to discuss them and their problems.
- Write notes back and forth, if feasible.
- Use facial expressions and gestures.
- Do not talk while writing, as the person cannot read your note and attempt to read your lips at the same time.
- Use a computer, if feasible, to type messages back and forth.
- Offer to provide an assistive listening device.
- If the person has a service animal, such as a dog, do not divert the animal’s attention. Do not pet or speak to the animal.

*This section is Attachment 6 to CFOP 60-10 Ch. 3.*
Appendix

Interpreter Code of Ethics

Interpreters certified by the Registry of Interpreters for the Deaf are bound by a code of ethics with 7 tenets:

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

http://rid.org/ethics/code/index.cfm

Appendix

Accessing Medical and Mental Health Services

Deaf and hard-of-hearing customers have the same health needs as hearing persons. All too often they struggle to receive services, and providers do not provide accommodations necessary to assist their customers. The Florida Coordinating Council for the Deaf and Hard of Hearing suggest contacting your local Deaf Service Center to obtain a referral to a provider that is interpreter-friendly. On the following page is an article on the FCCDHH’s website on this topic.
Mental Health Issues for the Deaf

By Silke Parl, Psy.D.

Deaf, hard of hearing, late deafened and deaf-blind children and adults face the same mental health challenges as the hearing population, however people with hearing loss experience greater difficulty in accessing health and social services, including mental health services. Over the past 10 years, more mental health services have been provided for the deaf and hard of hearing population and communication access has become easier to obtain. Despite this progress, there are still not enough mental health providers who understand the unique challenges this population faces.

It is understandable that in the absence of appropriate communication accommodations, people with hearing loss are far more reluctant to seek access to medical services. Having a mental illness carries an additional stigma. The most significant problems for deaf/HH in dealing with mental health issues are being able to communicate their symptoms effectively to their mental health provider and locating a provider that is knowledgeable on deafness and issues relating to hearing loss.

Deaf/HH people can experience adjustment and grief issues, substance abuse problems, depression, and anxiety. Sometimes the onset of hearing loss can cause stress, anxiety and other mental health issues. Sometimes being born deaf or hard of hearing can cause anxiety or panic for children with hearing loss. The cause of feelings of loss, depression, low self-confidence, and anxiety vary from person to person. They may be due to life experiences, the parents attitude toward a deaf/HH child and or other people's perceptions.

There are several resources for mental health services in Florida that vary by location. A good place to start is by contacting the closest Deaf Service Center and asking for a referral to a mental health counselor who either signs or is interpreter friendly. Many businesses are not aware that they are required by the American Disabilities Act (ADA) to provide and pay for an interpreter when one is needed.

This article can be found at http://www.fccdhh.org/mental_issues
Appendix
Useful Websites

The Florida Coordinating Council for the Deaf and Hard of Hearing
www.fccdhh.org

Florida Telecommunications Relay, Inc.
www.ftri.org

Florida Registry of Interpreters for the Deaf
www.fridcentral.com

Registry of Interpreters for the Deaf
www.rid.org

Federal Video Relay Service
www.fedvrs.us

American Association of the Deaf-Blind
www.aadb.org

Association of Late-Deafened Adults, Inc.
www.alda.org

Florida Deaf Service Center Association
www.fldsca.org

National Association of the Deaf
www.nad.org
Section 504, Rehabilitation Act of 1973

(a) Promulgation of rules and regulations
No otherwise qualified individual with a disability in the United States, as defined in section 706 (20) of this title, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service. The head of each such agency shall promulgate such regulations as may be necessary to carry out the amendments to this section made by the Rehabilitation, Comprehensive Services, and Development Disabilities Act of 1978. Copies of any proposed regulations shall be submitted to appropriate authorizing committees of the Congress, and such regulation may take effect no earlier than the thirtieth day after the date of which such regulation is so submitted to such committees.

(b) "Program or activity" defined
For the purposes of this section, the term "program or activity" means all of the operations of --

(1)(A) a department, agency, special purpose district, or other instrumentality of a State or of a local government; or

(B) the entity of such State or local government that distributes such assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;

(2)(A) a college, university, or other postsecondary institution, or a public system of higher education; or

(B) a local educational agency (as defined in section 8801 of Title 20), system of vocational education, or other school system;

(3)(A) an entire corporation, partnership, or other private organization, or an entire sole proprietorship --

(i) if assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or

(ii) which is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation; or

(B) the entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended, in the case of any other corporation, partnership, private organization, or sole proprietorship; or

(4) any other entity which is established by two or more of the entities described in paragraph (1), (2) or (3); any part of which is extended Federal financial assistance.
Title II of the Americans with Disabilities Act of 1990

SUBCHAPTER II - PUBLIC SERVICES

Part A - Prohibition Against Discrimination and Other Generally Applicable Provisions

Sec. 12131. Definitions

As used in this subchapter:

(1) Public entity. The term "public entity" means
   (A) any State or local government;
   (B) any department, agency, special purpose district, or other instrumentality of a State or States or local government; and
   (C) the National Railroad Passenger Corporation, and any commuter authority (as defined in section 24102(4) of title 49).

(2) Qualified individual with a disability. The term "qualified individual with a disability" means an individual who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Sec. 12132. Discrimination

Subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

Sec. 12133. Enforcement

The remedies, procedures, and rights set forth in section 794a of title 29 shall be the remedies, procedures, and rights this subchapter provides to any person alleging discrimination on the basis of disability in violation of section 12132 of this title.
Appendix
Examples of Aid-Essential Communication Situations

The following are examples of Aid-Essential Communication Situations. This list of circumstances are not exhaustive and do not imply that there are no other communications that may be Aid-Essential.

1. Determination of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Applications;

2. Investigation by child or adult protective services involving interviews or assessments;

3. Determination of a client’s medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury;

4. Discussion of treatment plans;

5. Provision of a client’s rights, informed consent, or permission for treatment;

6. Determination and explanation of a client’s diagnosis or prognosis, and current conditions;

7. Explanation of procedures, tests, treatment options, or surgery;

8. Explanation of medications prescribed, such as dosage, instructions for how and when the medication is to be taken, possible side effects or food or drug interactions;

9. Explanation regarding follow-up treatments, therapies, test results, or recovery;

10. Communication of relevant information prior to or as soon as possible after putting a person into restraints, including but not limited to the purpose for using restraints and the conditions under which restraints will be removed;

11. Provision of discharge planning and discharge instructions;

12. Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention; and,

13. Presentation of educational classes concerning DCF programs and/or other information related to treatment and case management plans.

CFOP Ch.3 Attachment 2
CUSTOMER OR COMPANION
COMMUNICATION ASSESSMENT
AND
AUXILIARY AID AND SERVICE RECORD

*This form is completed by DCF Personnel or the Contracted Client Services Provider for each service date.

<table>
<thead>
<tr>
<th>Region/Circuit/Institution:</th>
<th>Program:</th>
<th>Subsection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Customer ☐ Companion</td>
<td>Date:</td>
<td>Time:</td>
</tr>
</tbody>
</table>

Name:

☐ Deaf ☐ Hard-of-Hearing ☐ Deaf and Low Vision or Blind ☐ Hard-of-Hearing and Low Vision and Blind
☐ Scheduled Appointment ☐ Non-Scheduled Appointment ☐ No Show Date/Time:

Name of Staff Completing Form:

Section 1: Communication Assessment

☐ Initial ☐ Reassessment ☐ Subsequent Appointment

Individual Communication Ability:

Nature, Length and Importance of Anticipated Communication Situation(s):

☐ Communication Plan for Multiple or Long-Term Visits Completed ☐ Not Applicable

☐ Aid-Essential Communication Situation ☐ Non-Aid Essential Communication Situation

Number of Person(s) Involved with Communication:

Name(s):

Individual Health Status for Those Seeking Health Services:

Section 2: Auxiliary Aid/Service Requested and Provided

Type of Auxiliary Aid/Service Requested:

Date Requested: Time Requested:

Nature of Auxiliary Aid/Service Provided:

Sign Language Interpreter: ☐ Certified Interpreter ☐ Qualified Staff ☐ Video Remote Interpretive Service ☐ Large Print
☐ Assistance Filling Out Forms ☐ Video Relay Services ☐ Florida Relay ☐ Written Material ☐ CART ☐ Other:

Interpreter Service Status: ☐ Arrival Time: _____ ☐ Met Expectations of Client ☐ Met Expectations of Staff
☐ No Show ☐ Cancellations

Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:

Date and Time Provided:

Section 3: Additional Services Required

Was communication effective? ☐ Yes ☐ No If not, please explain why communication was not effective?

What action(s) was taken to ensure effective communication?
Section 4: Referral Agency Notification

<table>
<thead>
<tr>
<th>Name of Referral Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Referral:</td>
</tr>
<tr>
<td>Information Provided regarding Auxiliary Aid or Service Need(s):</td>
</tr>
</tbody>
</table>

Section 5: Denial of Auxiliary Aid/Service by Department*

<table>
<thead>
<tr>
<th>Reason Requested Auxiliary Aid or Service Not Provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial Determination made by Regional Director/Circuit Administrator/Hospital Administrator or Designee or the Contracted Client Services Provider or their Designee:</td>
</tr>
<tr>
<td>Denial Date:</td>
</tr>
<tr>
<td>Denial Time:</td>
</tr>
</tbody>
</table>

*Denials should only be made for non-aid essential communication. However, staff must still ensure that effective communication is achieved through whatever alternative means that are provided. Denial Determination can only be made by Regional Director/Circuit Administrator/Hospital Administrator or their Designee or the Contracted Client Services Provider or their Designee.

Communication Plan for Ongoing Services

During the initial assessment, or the reassessment, if it is determined that multiple or long term visits will be needed, a Communication Plan shall be completed. Services shall continue to be provided to Customers or Companions, during the entire period of the Customer’s hospitalization, residency, long term treatment, or subsequent visits. Discuss with the Customer or Companion their preferred mode of communication in each of the following on-going communication situations and incorporate into the case plan. The following list is not exhaustive and does not imply there are not other communication situations that may be encountered. Refer to the instructions for further explanation.

☐ Intake/Interview:
☐ Medical:
☐ Dental:
☐ Mental Health:
☐ Safety and Security:
☐ Programs:
☐ Off Campus trips:
☐ Legal:
☐ Food Service / Dietician

<table>
<thead>
<tr>
<th>Signature of person completing form:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Customer or Companion:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

*This form shall be maintained in the customer’s file.
INSTRUCTIONS FOR CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD

The purpose of the Customer Companion Communication Assessment and Auxiliary Aid and Service Record is to facilitate the collection and coordination of auxiliary aids and services provided to Customers or Companions who are deaf or hard-of-hearing. It is recommended that the person or persons that have been designated to complete the form become familiar with its contents so we can readily identify the needs of our Customers Companions.

HEADER:
The form must be completed for each Service Date. All information must be legible. All requested information must be included on the form.

Indicate your Region/Circuit/Institution: For Example:
- If you work in Pensacola, then you would enter: Northwest/Circuit 1;
- If you work at Florida State Hospital, then you will enter: Northwest/Circuit 2/FSH. Or
- If you are a provider in the Northwest Region you will enter: Northwest Region/Circuit Number/Provider name

Program:
- For example: Family Safety, ACCESS, Mental Health, and so forth.

Subsection:
- For example: If your Program is ACCESS, then your Subsection may be – Call Center, Food Stamps, Medicaid, and so forth.

You must identify if the individual being served is a Customer or a Companion.
- A Customer is any individual seeking or receiving services from the Department or any of its’ Contracted Service Providers.
- A Companion is any individual who is deaf and hard-of-hearing and communicates with the Department or any of its’ Contracted Service Providers on the behalf of the Customer.

Include their name, date and time of contact, and their case number or other identifier:
- Exclude social security number, date of birth, driver’s license, etc.

Indicate if the individual is: Check one box only.
- Deaf or Hard-of-Hearing: This is a person with a low or permanent hearing loss requiring the use of auxiliary aids or services.
- Deaf and Low Vision or Blind: This is a person with any loss of vision.
- Hard-of-Hearing and Low Vision or Blind, as described above.
- Deaf and Limited English Proficient: This is a person who does not speak English, or has the limited ability to read, speak, write, or understand English.
- Hard-of-Hearing and Limited English Proficient, as described above.

Identify if it is a scheduled appointment or if it is a non-scheduled appointment:
- Scheduled Appointment – Must have a certified interpreter available at the time of the schedule appointment. If interpreter fails to appear, staff shall take whatever additional actions are necessary to make a certified interpreter available to the Customer or Companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
- Non-Scheduled Appointment – In emergency situations an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the Customer or Companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an
appointment (and provide an interpreter when necessary for effective communication) as convenient to the Customer or Companion, at least by the next business day.

It is very important to include the name of the staff member completing this assessment.

- Please print or ensure your handwriting is legible.

SECTION 1: COMMUNICATION ASSESSMENT:

Initial assessment:

- Check the box if this is an initial assessment.
- Initial assessments are done upon first contact with the customer or companion.

Reassessment:

- Check the box if this is a reassessment.
- In the event communication is not effective, or if the nature of the communication changes significantly after the initial assessment, staff shall conduct a reassessment to determine which appropriate auxiliary aid or service is necessary.
- This shall be accomplished, when possible, in consultation with the Customer or Companion.

Subsequent Appointment: Check the appropriate box.

Individual Communication Ability:

- Always consult with the Customer or Companion when possible to determine which appropriate auxiliary aids and services are needed to ensure effective communication.

Nature, Length, and Importance of Anticipated Communication Situation(s):

- The assessment shall take into account the nature, length, and importance of the communication at issue and anticipated communication situations.
- This section should be completed with much detail, as this will assist in determining whether the communication is aid essential or non-aid essential.
- Consult with the customer or companion where possible to determine what type of auxiliary aid or service is needed to ensure effective communication.
- Use this information to assist in determining whether a communication plan is necessary.
- You may attach additional sheets detailing this information.

Individual Health Status or Medical Concerns:

- Do not use electronic devices or equipment that may interfere with medical or monitoring equipment or which may otherwise constitute a threat to any Customer’s medical condition.
- You shall provide alternative means to effective communication and document this information in the medical chart or case file.

Complete a Communication Plan for foreseeable multiple or long-term visits.

- The communication plan for ongoing services is typically used in Mental Health Treatment Facilities, and other Direct Client Service Facilities where customers reside for long periods of time and or have numerous communications with personnel of varying length and complexity, which are determined as Aid-Essential Communication Situations.
- The term Aid-Essential Communication Situation shall mean any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as Aid-Essential, meaning that the requested auxiliary aid or service is always provided.
- Communication situations will differ from program to program, therefore you will need to identify all situations where you will have contact with a Customer or Companion and develop the plan on how you will communicate with them.
• During follow-up visits or long term care, subsequent requests for the appropriate auxiliary aids and services by the Customer or Companion is not required because this is already captured in their communication plan.
• In each situation requiring an Auxiliary Aid (whether Aid-Essential or Non-Aid Essential), you must identify in the plan the name and title of the person responsible for ensuring the auxiliary aid is provided.
• You must also provide a description of the information being communicated to the customer or companion.

Example:  
**Type of Aid:** ASL Interpreter  
**Purpose of Aid:** GED Class – Instructions on preparation for upcoming test  
**Person responsible for obtaining auxiliary aid:** Jane Employee, Case Manager

• In the next table, you will see a list of communication situations that are included in a communication plan. This list is not exhaustive and does not imply there are not other communication situations that may be Aid-Essential in a residential setting or during long-term visits.
• Also, the list does not imply that each communication situation listed is Aid-Essential. Some communication situations may be of a Non-Aid Essential Communication Situation, therefore, the ultimate decision as to what measures to take rests with DCF personnel and DCF Contracted Client Services Providers, provided that they give primary consideration to the request of the Customer or Companion and the method chosen results in effective communication.

<table>
<thead>
<tr>
<th>Intake/Interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the <strong>Provision</strong> of a Customer’s rights, informed consent, or permission for treatment</td>
</tr>
<tr>
<td>During the <strong>Determination</strong> of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application</td>
</tr>
</tbody>
</table>

- **Medical:**
  - **Determination** of a Customer’s medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury
  - **Determination** and explanation of a Customer’s diagnosis or prognosis, and current condition;
  - **Explanation** of procedures, tests, treatment options, or surgery
  - **Explanation** of medications prescribed, such as dosage, instructions for how and when the medication is to be taken, possible side effects or food or drug interactions
  - **Discussion** of treatment plans
  - **Explanation** regarding follow-up treatments, therapies, test results, or recovery
  - During visits by the Nurse

- **Dental:**
  - **Explanation** of procedures, tests, treatment options, or surgery
  - **Explanation** of x-rays
  - **Instructions** on self maintenance, i.e., brushing, flossing, etc.

- **Mental Health:**
  - **Provision** of psychological or psychiatric evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention
  - **Provision** of discharge planning and discharge instructions

- **Safety and Security:**
  - **Communication** of relevant information prior to or as soon as possible after putting a person into restraints including but not limited to the purpose for using restraints and the conditions under which restraints will be removed
  - **Communication** of emergency procedures, fire drills, etc.

- **Programs:**
  - **Presentation** of educational classes concerning DCF programs and/or other information related to treatment and case management plans;
□ Off Campus trips or Recreational Activities:
  • Shopping
  • Theme Parks
□ Legal:
  • Court proceedings
  • Appeal Hearings
  • Complaint and grievance process
  • Investigation by child protective services involving interviews, and home visits/inspections
  • Investigation adult protective services involving interviews, and home visits/inspections
□ Food Service / Dietician
  • Discussion of food restrictions and preferences

SECTION 2: AUXILIARY AID/SERVICE REQUESTED AND PROVIDED:
  • Document all auxiliary aids and services requested and provided to the customer
  • Indicate the date and time service was provided.
  • When an interpreter is a no show, staff will check the box accordingly, and document in section 3 what additional steps were taken to secure an interpreter as required. This may require attaching an additional sheet/s to the form, documenting this process.

Alternative Auxiliary Aids or Services Provided:
  • Staff may use alternative auxiliary aids or services, in the following situations, which is not an all inclusive list of examples:
    • While waiting for the interpreter to arrive;
    • During non-scheduled appointments or emergency situations;
    • During non-aid essential communication situations;
    • During situations that may constitute a threat to the customer or companions medical condition;
    • When requested by the customer or companion.

SECTION 3: ADDITIONAL SERVICES REQUIRED:
  • When it is determined that the auxiliary aid and service provided was not effective, staff shall conduct a reassessment of the communication need to determine the appropriate alternative auxiliary aid.
  • When staff have determined that the interpreter did not meet their or the customer or companion’s expectations, they will document in this section and indicate what additional steps were taken by staff.

SECTION 4: REFERRAL AGENCY NOTICATION:
  • Provide advance notice to referral agencies of the Customer or Companion’s requested auxiliary aid or service.
  • This section must be documented with a statement indicating that staff notified the referral agency of the Customer or Companion’s requested auxiliary aid or service.

SECTION 5: DENIAL OF AUXILIARY AID/SERVICE:
  • A denial of an auxiliary aid and service should only be done when it is a non-aid essential communication
  • Staff must still ensure that effective communication is achieved through whatever alternative means are provided.
  • DCF Personnel and DCF Contracted Client Services Providers must provide a reason for denial of service.
  • Denials can only be made by designated personnel.
  • Provide the name and title of person that made the denial determination, along with the time and date.
WAIVER FOR FREE INTERPRETER SERVICES

- If the Customer or Companion declines DCF or DCF Contracted Client Services Provider’s offer to provide free auxiliary aids and services, staff shall complete and explain the appropriate form indicating the customer or companion’s preferred method of communication.
- DCF Personnel and DCF Contracted Client Services Providers must be prepared to secure the appropriate auxiliary aid or service in Aid-Essential Communication Situations; and observe and ensure that the Customer’s or Companion’s preferred auxiliary aid or service is effective.

The original form must be placed in the Customer’s medical chart or case file. A copy of the form must be provided to the Single-Point-of-Contact or the designated ADA/Section 504 Coordinator, along with a copy of the corresponding Request For Free Communication or Waiver of Free Communication Form and the Monthly summary Report.

Federal law requires the Florida Department of Children and Families and its Contracted Client Services Providers to furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. Such auxiliary aids and services may include: qualified sign language or oral interpreters, note takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, and TTYs.
CUSTOMER OR COMPANION REQUEST* 
FOR FREE COMMUNICATION ASSISTANCE 
OR 
WAIVER OF FREE COMMUNICATION ASSISTANCE

The Florida Department of Children and Families and its Contracted Client Services Providers are required to provide FREE interpreters, other communication assistance for persons who are deaf or hard-of-hearing. Please tell us about your communication needs.

My name is ________________________________________________________________

☐ I want a free interpreter. I need an interpreter who signs in:
  ☐ American Sign Language (ASL) or an interpreter who speaks:
  ☐ Language: ____________________ Dialect: ____________________

☐ I want another type of communication assistance (Check all desired assistance):
  Assistive Listening Devices: ____ Large Print Materials: _____ Note takers: _____
  TTY or Video Relay: _____ Assistance Filling out Forms: _____ Written Materials: _____ CART: _____
  Other (Please tell us how we can help you): ______________________________
   ______________________________

☐ I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit. (Customer or Companion waiver of rights does not prevent the Department from getting its own interpreter or from providing assistance to facilitate communication and to make sure rights are not violated)

☐ I do not want a free interpreter because__________________________________________________________.

☐ I choose ______________________________ to act as my own interpreter. He/she is over the age of 18.
  It does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.

Customer or Companion Signature: __________________________ Date: __________

Customer or Companion’s Printed Name:

Interpreter’s Signature: __________________________ Interpreter’s Printed or Typed Name: __________________________

Witness: __________________________ Date: __________

Witness Printed Name:

*This form shall be attached to the Customer Companion Communication Assessment and Auxiliary Aid and Service Record form and shall be maintained in the Customer’s file.
Department of Children and Families  
Customer/Companion Feedback Form  
(To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)

The Department of Children and Families is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. The survey is ANONYMOUS; therefore, please do not provide your name or any other personal information UNLESS YOU WOULD LIKE TO BE CONTACTED. Please complete the form and submit it to the local office or mail to: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700.

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE NOTIFY STAFF OR CONTACT THE OFFICE OF CIVIL RIGHTS AT (850) 487-1901 OR TDD (850) 922-9220

Please provide a response to the following:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you a: Client/Customer [ ] Companion [ ] who is deaf or hard-of-hearing?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Were you provided any assistive services and technologies? (Please check all that were provided.) Certified Interpreter [ ] Qualified Staff [ ] VRS [ ] Pocket Talker [ ] Motiva [ ] CART [ ] Other: ______________</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Were the assistive services and technologies effective? [ ] Yes [ ] No (If no, please explain.)</td>
<td></td>
</tr>
</tbody>
</table>
| 4 | Were you denied assistive services and technologies? [ ] Yes (If yes, please complete #5) [ ] No  
  a. What was requested? ______________________________ |
  b. What was provided? ______________________________ |
| 5 | If you answered yes to #4, please provide the reason you were given for denial of the requested assistive services and technologies? |
| 6 | Did you agree with the agency’s decision given for the denial of the requested assistive services and technologies? If no, why? |
| 7 | The request for assistive services and technologies was made:  
  [ ] Before the Appointment  
  [ ] Onsite |
| 8 | Provide date(s) assistive services and technologies were requested and provided.  
  a. My request for assistive services and technologies was made to the agency on: (MM/DD/YYYY) |
  b. Date assistive services and technologies were provided by the agency: (MM/DD/YYYY) |
| 9 | Were the assistive services and technologies provided within two hours of your request? [ ] Yes [ ] No |
# Department of Children and Families
## Customer/Companion Feedback Form
*(To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If no, what was the timeframe after the request was made? ______________</td>
</tr>
<tr>
<td>10</td>
<td>Were you aware or informed that all assistive services and technologies were at no cost to you?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11</td>
<td>At what DCF location or Contract Agency did you receive services?</td>
</tr>
<tr>
<td>12</td>
<td>Were services provided to you in a fair manner?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>a) If no, please explain.</td>
</tr>
<tr>
<td></td>
<td>b) Do you feel you were discriminated against?</td>
</tr>
<tr>
<td></td>
<td>If so, please provide your contact information. (This is optional)</td>
</tr>
<tr>
<td>13</td>
<td>Did staff treat you with respect?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>If no, please explain.</td>
</tr>
<tr>
<td>14</td>
<td>What assistance did you receive in completing this form, if any?</td>
</tr>
<tr>
<td>15</td>
<td>Additional Comments:</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I. CUSTOMERS</td>
<td>1. Number of Scheduled Appointments</td>
</tr>
<tr>
<td></td>
<td>2. Number of Non-Scheduled Appointments</td>
</tr>
<tr>
<td></td>
<td>3. Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>4. Number of signed Waivers (The total of 3 and 4 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>5. Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>6. Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>7. Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>8. Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>9. Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>10. Number of Appointment Cancellations within 24 hours</td>
</tr>
<tr>
<td></td>
<td>11. Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)</td>
</tr>
<tr>
<td></td>
<td>12. Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)</td>
</tr>
<tr>
<td></td>
<td>13. Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.</td>
</tr>
<tr>
<td></td>
<td>14. Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.</td>
</tr>
<tr>
<td></td>
<td>15. Number of times the interpreter service did not meet the expectations of the customer.</td>
</tr>
<tr>
<td></td>
<td>16. Number of times the interpreter service did not meet the expectations of the staff.</td>
</tr>
<tr>
<td></td>
<td>17. Number of times communication was not effective.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. COMPANIONS</td>
<td>18. Number of Scheduled Appointments</td>
</tr>
<tr>
<td></td>
<td>19. Number of Non-Scheduled Appointments</td>
</tr>
<tr>
<td></td>
<td>20. Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>21. Number of signed Waivers (The total of 20 and 21 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>22. Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>23. Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>24. Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>25. Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum of 18 and 19)</td>
</tr>
<tr>
<td></td>
<td>26. Number of Determined Non-Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)</td>
</tr>
<tr>
<td></td>
<td>Description</td>
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<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>27.</td>
<td>Number of Appointment Cancellations within 24 Hours</td>
</tr>
<tr>
<td>28.</td>
<td>Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)</td>
</tr>
<tr>
<td>29.</td>
<td>Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)</td>
</tr>
<tr>
<td>30.</td>
<td>Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.</td>
</tr>
<tr>
<td>31.</td>
<td>Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.</td>
</tr>
<tr>
<td>32.</td>
<td>Number of times the interpreter service did not meet the expectations of the companion.</td>
</tr>
<tr>
<td>33.</td>
<td>Number of times the interpreter service did not meet the expectations of the staff.</td>
</tr>
<tr>
<td>34.</td>
<td>Number of times communication was not effective.</td>
</tr>
</tbody>
</table>

**SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED**
(This section is completed by Contracted Client Services Providers only)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>35.</td>
<td>Number of Certified Sign Language Interpreters</td>
</tr>
<tr>
<td>36.</td>
<td>Number of Language Interpreter Services</td>
</tr>
<tr>
<td>37.</td>
<td>Number of Video Relay/Remote Interpreter Services</td>
</tr>
<tr>
<td>38.</td>
<td>Number of times staff used Florida Relay Services/TTY</td>
</tr>
<tr>
<td>39.</td>
<td>Number of times staff used Assistive Listening Devices (ALDs)</td>
</tr>
<tr>
<td>40.</td>
<td>Number of times the Interpreter failed to appear or arrive to a scheduled appointment.</td>
</tr>
</tbody>
</table>

**SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED**
(This section is completed by Department of Children and Families staff only)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.</td>
<td>Number of Certified Sign Language Interpreters</td>
</tr>
<tr>
<td>43.</td>
<td>Number of Qualified Sign Language Interpreters</td>
</tr>
<tr>
<td>44.</td>
<td>Number of Language Interpreters (LEP)</td>
</tr>
<tr>
<td>45.</td>
<td>Number of Video Relay/Remote Interpreter Services</td>
</tr>
<tr>
<td>46.</td>
<td>Number of times staff used Florida Relay Services/TTY</td>
</tr>
<tr>
<td>47.</td>
<td>Number of times staff used Assistive Listening Devices (ALDs)</td>
</tr>
<tr>
<td>48.</td>
<td>Number of timely Auxiliary Aids/Services Provided</td>
</tr>
<tr>
<td>49.</td>
<td>Number of times the Interpreter failed to appear or arrive to a scheduled appointment.</td>
</tr>
</tbody>
</table>

**SECTION V. COMMUNICATION PLANS**
(This section is completed for Institutions and Residential Settings only)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.</td>
<td>Number of Developed Communication Plans (The total of 51, 52, 53, and 54)</td>
</tr>
<tr>
<td>51.</td>
<td>Number of Communication Plans Lasting 30 Days or Less</td>
</tr>
<tr>
<td>52.</td>
<td>Number of Communication Plans Lasting 30 to 45 Days</td>
</tr>
<tr>
<td>53.</td>
<td>Number of Communication Plans Lasting 45 to 90 Days</td>
</tr>
<tr>
<td>54.</td>
<td>Number of Communication Plans Lasting 90 Days or More</td>
</tr>
<tr>
<td>55.</td>
<td>Number of times the Interpreter failed to appear or arrive to a scheduled appointment.</td>
</tr>
</tbody>
</table>

**SECTION VI. OUTSIDE AGENCY REFERRALS**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.</td>
<td>Number of Referrals Made</td>
</tr>
</tbody>
</table>

**SECTION VII. COMMENTS/OBSERVATIONS**

All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.
INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD
MONTHLY SUMMARY REPORT

The purpose of this document is to provide instructions in capturing the information needed to verify the number of Customers and Companions served each month who may require auxiliary aids and services, because they are deaf or hard-of-hearing, as well as those who are deaf or hard-of-hearing low vision or blind, and deaf or hard-of-hearing and limited English proficient.

**HEADER**

- **Indicate the Region or Headquarters Office:** There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- **Indicate the Circuit:** There are 20 Circuits: Indicate the Circuit number of where your program is located.
- **Indicate the Institution, if applicable:** Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider:** Indicate the name of the agency contracted to provide client services for the Department. For example, FCDAV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable:** If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period:** Is always the 1st through the 30th or 31st of the month.
- **Program:** Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection:** If the program falls under ACCESS, then the subsection may be Food Stamps. If the program falls under Mental Health, then the subsection may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

  **Example 1**
  | Region/Circuit/Institution/Contracted Services Agency | Reporting Period: |
  | Headquarters | June 1 – June 30, 2010 |
  | Contract No: XXXX | |
  | Program: Refugee Services | Subsection: Youth Education |

  **Example 2**
  | Region/Circuit/Institution/Contracted Services Agency | Reporting Period: |
  | Southeast Region/Circuit 15 | June 1 – June 30, 2010 |
  | Program: Family Safety | Subsection: Adult Protective Services |
  | Contract No: XXXX | |
Example 3

Region/Circuit/Institution/Contracted Services Agency
Headquarter/Florida Coalition Against Domestic Violence
Contract No: LNXXX

<table>
<thead>
<tr>
<th>Program: Domestic Violence</th>
<th>Subsection: Refuge House</th>
</tr>
</thead>
</table>

- **Single-Point-of-Contact:** This is the person designated as the Single-Point-of-Contact and the person authorized to answer questions and discuss the contents of the information being reported.
- **Name of Person Completing Form:** This may also be the person designated as the Single-Point-of-Contact and/or the person authorized to answer questions and discuss the contents of the information being reported.
- **Telephone:** Include the office phone number, with area code.
- **Date:** Date report is completed.

### SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number of services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2

10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.

11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
   - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
   
   - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.

13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**

14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**

15. **Number of times the interpreter service did not meet the expectations of the customer.**

16. **Number of times the interpreter service did not meet the expectations of the staff.**

17. **Number of times communication was not effective.**

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**SECTION II. COMPANIONS**

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.

19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.

20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.

23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion’s communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.

24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.

25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.

26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.

27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.

28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
   - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
   - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.

30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**

31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**

32. **Number of times the interpreter service did not meet the expectations of the companion.**

33. **Number of times the interpreter service did not meet the expectations of the staff.**

34. **Number of times communication was not effective.**
### SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters**: This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.

36. **Number of Language Interpreter Services**: This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.

37. **Number of Video Relay/Remote Interpreter Services**: A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note**: See instructions for Number 25 above for reporting multiple uses.

38. **Number of times staff used Florida Relay Services/TTY**.

39. **Number of times staff used Assistive Listening Devices (ALDs)**.

40. **Number of timely Auxiliary Aids and Services Provided**: This is the total for both the customer and companion.

41. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment**.

### SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

42. **Number of Certified Sign Language Interpreters**: This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.

43. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing)**: This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.

44. **Number of Language Interpreters (LEP)**: This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.

45. **Number of Video Relay/Remote Interpreter Services**: A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note**: See instructions for Number 34, 35 or 36 above for reporting multiple uses.

46. **Number of times staff used Florida Relay Services/TTY**.

47. **Number of times staff used Assistive Listening Devices (ALDs)**.
48. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.

49. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

### SECTION V. COMMUNICATION PLANS
(For Institutions and Residential Settings Only)

50. **Number of Developed Communication Plans:** Note: This is the total of 51, 52, 53 and 54.

51. **Number of Communication Plans Lasting 30 Days or Less.**

52. **Number of Communication Plans Lasting 30 to 45 Days.**

53. **Number of Communication Plans Lasting 45 to 90 Days.**

54. **Number of Communication Plans Lasting 90 Days or More.**

55. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

### SECTION VI. OUTSIDE AGENCY REFERRALS

56. **Number of Referrals Made:** This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard-of-hearing for additional services.

### SECTION VII. COMMENTS/OBSERVATIONS

Include the statement: “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

### ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
   - The requested auxiliary aid or service was not what was provided.
   - The auxiliary aid or service did not meet the expectation of the customer/companion or staff.
   - The communication was not found to be effective.
   - The requested auxiliary aid or service was denied.

2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

### REPORTING GUIDELINES

The reporting period will follow the guidelines listed below:

- Reporting period will cover the 1st through the 30th or the 31st of each month.
- DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
- Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
- Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.
- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

**Note:** If the due date falls on a weekend or holiday, the report will be due the next business day.