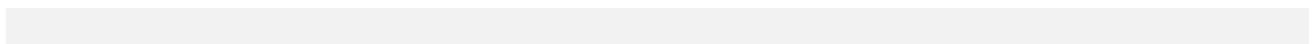




2019 STATEWIDE AUXILIARY AIDS AND SERVICE PLAN
FOR
PERSONS WITH DISABILITIES
&
PERSONS WITH LIMITED ENGLISH PROFICIENCY



PREFACE

The Americans with Disabilities Act of 1990 (ADA), Americans with Disabilities Act Amendments Act of 2008 (ADAAA), and Title VI of the Civil Rights Act of 1964 (as amended), requires recipients receiving federal financial assistance to develop procedures, policies, and protocol to provide auxiliary aids for persons with disabilities and Limited English Proficient.

This guide provides protocol for the implementation of Departmental policy and procedures for the provision of auxiliary aids and services in ensuring accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency.

The provisions described in these procedures shall apply to all Department programs and Contracted Client Services Providers who provide direct services to clients/customers or potential clients/customers.

Each of the six (6) Regions in the Department, as well as Headquarters Office and the three (3) Mental Health Treatment Facilities, has an Auxiliary Aids Plan unique to their location.

This resource guide will assist staff in identifying appropriate auxiliary aids to afford such persons an equal opportunity to participate in or benefit from the Department's programs and services.

The listed attachments are not inclusive of all available resources. Staff should access the Auxiliary Aids Plan for their respective region for additional details.

Staff should also contact their 504/ADA Coordinator (Civil Rights Officer); Single Point of Contact, or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with our clients, customers and companions.



<u>TABLE OF CONTENTS</u>		<u>PAGE</u>
	DEPARTMENT'S NON-DISCRIMINATION STATEMENTS.....	6
1	RESPONSIBILITY & ACCOUNTABILITY.....	7
2	DISSEMINATION.....	9
3	REVISIONS.....	9
4	NOTIFICATION.....	9
5	TRAINING.....	9-10
6	COMPLIANCE MONITORING.....	10
7	COMPLIANCE REVIEW.....	10
8	DOCUMENTATION/RECORD RETENTION.....	10
9	GLOSSARY OF TERMS.....	10-16

PART I - PERSONS WITH DISABILITIES

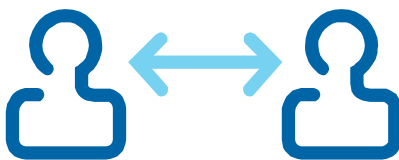
1	GENERAL.....	17
2	SCOPE.....	17
3	POLICY.....	17
4	REFERENCES.....	17-18
5	ENSURING ACCESSIBILITY.....	18-20
6	TRANSLATION OF WRITTEN MATERIALS.....	20
7	COMPETENCY OF INTERPRETERS AND TRANSLATORS.....	21
8	PROVISION OF INTERPRETERS IN A TIMELY MANNER.....	21
9	OTHER MEANS OF COMMUNICATION.....	21-22
10	EFFECTIVENESS OF COMMUNICATION.....	22
11	DENIAL OF AUXILIARY AIDS AND SERVICES.....	22-23

PART II - PERSONS WITH LIMITED ENGLISH PROFICIENCY

1	GENERAL.....	24
2	SCOPE.....	24
3	POLICY.....	24
4	REFERENCES.....	24-25
5	ENSURING LANGUAGE ACCESS.....	25
6	COMPETENCY OF INTERPRETERS.....	25-26
7	TRANSLATION OF WRITTEN MATERIALS.....	26
8	PROVISION OF INTERPRETERS IN A TIMELY MANNER.....	26-27
9	OTHER MEANS OF COMMUNICATION.....	27
10	IDENTIFYING LANGUAGE TRENDS.....	27-28

APPENDICES

A	STATEWIDE 504/ADA COORDINATORS/CIVIL RIGHTS OFFICER.....	29
B	COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD...	30
C	REQUEST FOR FREE OR WAIVER OF FREE COMMUNICATION ASSISTANCE.....	37
D	CUSTOMER FEEDBACK FORM.....	38
E	MONTHLY SUMMARY REPORT.....	39
F	IN-PERSON COMMUNICATION ETIQUETTE GUIDE.....	47
G	INTERPRETER AND TRANSLATION SERVICES POSTER	55
H	I-SPEAK FLASHCARD.....	56
I	FLORIDA RELAY.....	58
J	ASSISTIVE LISTENING DEVICES.....	64
K	DIRECTORY OF AGENCIES AND ORGANIZATIONS.....	69
L	LANGUAGE LINE SERVICES.....	75
M	CART PROVIDER DIRECTORY - FLORIDA.....	76
N	VIDEO REMOTE INTERPRETING.....	79



ATTACHMENTS

1	HEADQUARTERS.....	80
2	NORTHWEST REGION.....	83
3	NORTHEAST REGION.....	92
4	CENTRAL REGION.....	98
5	SUNCOAST REGION.....	105
6	SOUTHEAST REGION.....	116
7	SOUTHERN REGION.....	123
8	FLORIDA STATE HOSPITAL (FSH).....	138
9	NORTHEAST FLORIDA STATE HOSPITAL (NEFSH).....	141
10	NORTH FLORIDA EVALUATION & TREATMENT CENTER (NFETC).....	145

NON-DISCRIMINATION STATEMENTS



NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

The Department assures each applicant and employee Equal Employment Opportunity without regard to age, race, color, sex, religion, national origin, political opinions or affiliations, marital status, or disability, except when such requirement constitutes a bona-fide occupational qualification necessary to perform the tasks associated with the position. Equal Employment Opportunity is attained using both objective and subjective merit principles and applies to recruitment, examination, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and other employment practices within the Department.

Any applicant or employee who believes that he or she has been discriminated against may file a complaint with the Florida Commission on Human Relations or the Department's Office of Civil Rights, within 365 days of the alleged discriminatory act. All complaints shall be treated in accordance with the procedures set forth by law or in Chapter 60Y-5, Florida Administrative Code (F.A.C.)

NON-RETALIATION POLICY

No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by state and federal laws.

1. Responsibility and Accountability.

a. The Assistant Secretary for Administration is responsible for ensuring that all necessary and appropriate steps are taken to inform and educate staff of this plan and its implementation.

b. The Deputy Secretary, Assistant Secretaries, Regional Managing Directors, and Hospital Administrators are responsible for developing programmatic and local procedures for the implementation of the authorized Statewide Auxiliary Aids and Service Plan. Local resources and procedures shall be appended to the statewide plan. Programmatic and local procedures shall provide the necessary tools for staff to ensure equal access and effective communication, such as:

- (1) Assistive listening devices, certified sign language interpreters or readers, to ensure effective communication and equal access to persons who are Deaf and Hard of Hearing;
- (2) Foreign language interpreters to ensure effective communication and equal access to persons with Limited English Proficiency;
- (3) Physical modifications to ensure the accessibility of programs and services to persons with disabilities.

c. The Human Resources Manager for Civil Rights is the designated Title VI, Title II 504/ADA Coordinator and Privacy Officer for the Department. The Human Resources Manager for Civil Rights is responsible for the coordination, development and implementation of Departmental procedures ensuring the non-discriminatory delivery of equally effective and equally accessible quality services.

d. The DCF Statewide Community Relations Manager for the Deaf and Hard of Hearing serves as the subject matter expert to Department programs and Contracted Client Services Providers who provide direct services to clients/customers or potential clients/customers who may be Deaf and Hard of Hearing.

e. 504/ADA Coordinator. The Department's Office of Civil Rights staff serves as the 504/ADA Coordinators throughout the state. Listed below are their roles and responsibilities:

- (1) Disseminate specific plans and procedures to fully implement the Settlement Agreement¹, as well as any procedural requirements of any additional programs receiving Federal Financial Assistance;
- (2) Analyze data collected in the Auxiliary Aid and Service Record and implement any corrective action, if warranted;
- (3) Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services;
- (4) Keep abreast of new technology and resources for ensuring effective communication with persons who are Deaf and Hard of Hearing;

¹ This references the Settlement Agreement between the US Department of Health and Human Services, and the Department of Children and Families, signed January 26, 2010, ensuring effective communication for persons who are Deaf and Hard of Hearing.

- (5) Communicate with each Single Point of Contact concerning services to customers or companions who are Deaf and Hard of Hearing. Summaries of these meetings are provided to the Human Resources Manager for Civil Rights.

f. Departmental and Contracted Client Services Provider Employees. Responsible for ensuring equal accessibility and equally beneficial services to all clients, customers and companions of the Department.

g. DCF Direct Service Facility Single Point of Contact. This is an Operations Program Administrator (OPA) or other individual designated to coordinate the provision of auxiliary aids and services to customers or companions who are Deaf and Hard of Hearing within each DCF Direct Service Facility. Listed below are the roles and responsibilities:

- (1) Communicate with the 504/ADA Coordinators concerning services to persons who are Deaf and Hard of Hearing.
- (2) Ensure that all DCF Personnel within a specific DCF Direct Service Facility are equipped with the resources necessary to ensure effective communication with customers or companions who are Deaf and Hard of Hearing.
- (3) Ensure that all DCF Personnel document services delivered to customers or companions who are Deaf and Hard of Hearing.
- (4) Manage service records and report this data to their designated 504/ADA Coordinator. (Appendix E)²
- (5) Report resource and/or training needs to their designated 504/ADA Coordinator.

h. DCF Contract Agency Single Point of Contact. Shall mean any of the approximate eight-hundred (800) public, private or nonprofit agencies or corporations that have entered into a contractual agreement with DCF to provide health and human services directly to the public. Roles and responsibilities are:

- (1) Ensure effective communication with customers or companions who are deaf and hard of hearing in accordance with the ADA and/or Section 504.
- (2) Capture the information required in the Auxiliary Aid Service Record within each customer's case record.
- (3) Summarize the records into a report and submit to the appropriate DCF 504/ADA Coordinator.

²Reports are submitted electronically on Formsites via

https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html

- (4) Ensures that information is provided to any agency to which a customer or companion who is Deaf and Hard of Hearing is referred, about the person's requested auxiliary aid or service.
- (5) Designate a Single Point of Contact as each contractual agreement with DCF is renewed.

2. Dissemination.

A copy of the Department's Statewide Auxiliary Aids and Service Plan will be posted on the Department's web sites. Copies in alternative format will be provided upon request.

A copy of each Regional and Mental Health Treatment Facility's Auxiliary Aids and Service Plan will be maintained by the Office of Civil Rights, at Headquarters, and will be posted on each Region and each Mental Health Treatment Facility's web site. Copies in alternative format will be provided upon request.

Copies are distributed upon request to individuals or organizations serving persons with disabilities or who are Limited English Proficient.

3. Revisions.

The Auxiliary Aids and Service Plan will be updated as needed, but at least annually, by March 31 each year. Staff shall be notified of all changes/updates to Departmental operating procedures, and Auxiliary Aids and Service Plans within sixty days of such changes.

4. Notification.

The Department's Non-discrimination Policy, Limited English Proficient and Interpreter Services for the Deaf and Hard of Hearing posters will be displayed in buildings' main entrances, lobby areas, waiting areas, and on bulletin boards.

The name, telephone number, and TDD number for the 504/ADA Coordinator or Civil Rights Officer will be listed on the poster for the Deaf and Hard of Hearing to ensure accessible services to customers and companions.

Descriptive information on the availability of auxiliary aids and services to persons requiring assistive listening devices or aids will be included in announcements related to meetings, employment or job opportunities, seminars, workshops and conferences, as well as to services offered by the Department and its Contracted Client Services Providers.

5. Training.

Training is essential to the on-going success of providing auxiliary aids and services to persons with disabilities or those who are Limited English Proficient.

New employee orientation will include training on CFOP 60-10, Chapters 1, 3 and 4, Title II of the Americans with Disabilities Act of 1990, CFOP 60-16, Methods of Administration, and Section 504 of the Rehabilitation Act of 1973. This will be accomplished within 60 days of commencing employment for staff providing direct client services.

All staff will receive training, annually, on how to provide assistance to persons with disabilities and persons who are Limited English Proficient. This training is mandatory and will be tracked in the Human Resources Training/Tracking System (HRTS). Training will include:

- (1) Procedures for serving customers and companions who are deaf, hard of hearing, low vision, blind, and person who have mobility limitations.
- (2) Procedures for serving clients who are Limited English Proficient.
- (3) Awareness of Deaf and Hard of Hearing; speech limitations; low vision and blindness; reading limitations and dyslexia; and mobility limitations.
- (4) Available communication options.
- (5) How to provide reasonable accommodations for customers and potential customers, i.e., how to access or purchase auxiliary aids, interpreter services and physical modifications.
- (6) Requirements for making meetings, conferences and services accessible.
- (7) Awareness of the Auxiliary Aids and Service Plan, including how to access the Plan.

6. Compliance Monitoring.

Monitoring will be conducted to assess the Department's and its Contracted Client Services Providers and their subcontractors' compliance with providing services to persons with disabilities and persons who are Limited English Proficient. Monitoring may be conducted on-site or through desk reviews.

7. Compliance Review.

Reviews will be conducted to ensure compliance with all civil rights regulations as they apply to the Department, its Contracted Client Service Providers and their subcontractors. These reviews will be conducted on-site and may address multiple issues (full scope review) or may address fewer issues (limited scope review).

8. Documentation/Record Retention.

Records relating to the auxiliary aids and services provided shall be retained by each local office and the original document shall be retained in the client or customer's file or records.

All final requests for accommodations, along with relevant documentation, will be forwarded to the designated 504/ADA Coordinator.

9. Glossary of Terms.

a. 504/ADA Coordinators or Civil Rights Officers. This is an 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 customers with disabilities, requiring auxiliary aids and services to ensure effective access to services offered by the Department. Within the Department, Civil Rights Officers are designated 504/ADA Coordinators. (Appendix A)

b. Aid Essential Communication Situation. 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 an aid essential communication situation, meaning that the requested auxiliary aid or service is always provided.

c. Assistive Listening Devices and Systems (ALDS). Amplification systems used to improve hearing ability in large areas and in interpersonal communications systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, thus overcoming the negative effects of noise, distance and echo. Three main types are available: hardwire loop, infrared, and FM radio.

d. Auxiliary Aids and Services. Is making aurally delivered materials available to individuals who are Deaf and Hard of Hearing and includes; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable clients to fully benefit from and participate in Departmental programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.

e. Blind. See Visual Disability.

f. Captioning (Closed). This is a process of displaying text on a television, video screen or other visual display to provide additional or interpretive information to individuals who wish access. Closed captions typically show a transcription of the audio portion of a program as it occurs (either verbatim or in edited form), sometimes including non-speech elements. The term "closed" in closed captioning indicates that not all viewers see the captions—only those who choose to decode or activate them.

g. Captioning (Open). Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone who watches the film (i.e., it cannot be turned off).

h. Captioning (Real Time). This is the simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen. This communication service is beneficial to individuals who are deaf and hard of hearing that do not use sign language or for whom assistive listening devices and systems are ineffective.

i. Certified Interpreter. A person who is certified by the National Registry of Interpreters for the Deaf (RID) or other national or state interpreter assessment and certification program.

j. Civil Rights Officers. An individual charged with implementing the requirements of Executive Order 13166 – Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons; ensuring the provision of auxiliary aids and services for Clients who are Limited English Proficient, requiring effective access to services offered by the Department. Within the Department, 504/ADA Coordinators are designated Civil Rights Officers. (Appendix A)

k. Client. As used in this plan, this term includes anyone applying for or participating in the services provided by the Department, its Contracted Client Services Providers and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information from the Department, its Contracted Client

Services Providers and their subcontractors, either in person, in writing or via telecommunications. This may also be referred to as “customer or customers”.

l. Companion. As defined in the HHS Settlement Agreement, is any individual who is Deaf and Hard of Hearing (including LEP who has low vision or blind, Deaf and Hard of Hearing) and is one of the following:

(1) A person whom the customer indicates should communicate with DCF staff 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 staff, or a person who helps the customer act on the information, advice, or instructions provided by DCF staff;

(2) A person legally authorized to make healthcare or legal decisions on behalf of the customer; **or**

(3) Such other person with who staff would ordinarily and regularly communicate about the customer.

m. General Services Unit. Pursuant to the Americans with Disabilities Act (ADA) of 1990, Americans with Disabilities Act Amendment Act (ADAAA) of 2008, and ADA Accessibility Guidelines for Buildings and Facilities (ADAAG), State and local government facilities must ensure accessibility and remove any barriers which may deny individuals with disabilities from full and equal enjoyment of the goods, services, or facilities. This Unit is responsible for providing assistance to the Regions and Mental Health Treatment Facilities in new facility design and construction to ensure building design standards compliance.

n. Contract Oversight Unit. Section 402.7305(4), F.S. requires the Department of Children and Families to create contract management units in each region/circuit, to be staffed by individuals specifically trained to perform contract monitoring. These Units are responsible for monitoring the administrative and programmatic terms and conditions of the Department’s contracts with providers of client services.

o. Contracted Client Services Providers. This is any public, private or nonprofit agency or corporation that has entered into a contractual agreement with DCF to provide services directly to the public. This may also be referred to as “DCF Contract Provider.”

p. Customer or Customers. This is any individual who is seeking or receiving services from the Department, its Contracted Client Services Providers and their subcontractors. This may also be referred to as “client or clients”.

q. DCF Contract Agency. This is any public, private or nonprofit agency or corporation that has entered into a contractual agreement with DCF to provide services directly to the public. This may also be referred to as “Contracted Client Services Provider.”

r. DCF or Department. This refers to the Florida Department of Children and Families.

s. Deaf. A term used to describe a person having a permanent hearing loss and being unable to discriminate speech sounds in verbal communication, with or without the assistance of amplification devices.

t. Disability. A condition that substantially limits a major life activity, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.

u. Discrimination. The failure to treat persons equally because of their race, sex, color, age, religion, marital status, national origin, political beliefs, or disability.

v. Dual Sensory. A term used to describe a person having both a visual disability and a hearing disability. The term includes all ranges of loss, which would necessitate the use of auxiliary aids and services for communication.

w. Employee. This refers to all persons working for the Department.

x. Florida Relay Service (FRS). A service offered to all persons in the state that enables a hearing person to communicate with a person who has a hearing or speech disability and must use a TDD/TTY, through a specially trained operator called a communications assistant. (Appendix I)

y. Hard of Hearing. A term used to describe a person having permanent hearing limitations, which is severe enough to necessitate the use of auxiliary aids or services to discriminate speech sounds in verbal communication.

z. Hearing Disability. An all inclusive term used to describe any hearing loss. A person with a hearing disability could be either Deaf or Hard of Hearing.

aa. Interpreters for Persons who are Deaf and Hard of Hearing.

(1) Certified Deaf Interpreter (CDI). An individual who is Deaf and Hard of Hearing and has been certified by the Registry of Interpreters for the Deaf as an interpreter.

(2) Certified Interpreter. A interpreter who is certified by the National Registry of Interpreters for the Deaf, or other national or state interpreter assessment and certification program.

(3) Intermediary Interpreter. A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, can be used in tandem with a qualified sign language interpreter.

(4) Oral Transliterations/Oral Interpreters. Individuals who have knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers.

(5) 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 and Hard of Hearing.

(6) Sign Language Interpreter. A person who engages in the practice of interpreting using sign language.

(7) Tactile or Close Vision Interpreter (For Individuals who are Deaf-blind). An individual who accurately facilitates communication between individuals who are deaf and blind.

NOTE. Someone who has rudimentary familiarity with sign language or finger spelling is not a qualified sign language interpreter. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into proper signs or to observe someone else signing and change their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.

bb. Interpreters for Persons who are Limited English Proficient. There are two (2) types of language assistance services:

(1) Interpretation. Interpretation is an oral language assistance service. Oral language assistance service may come in the form of “in-language” communication (a demonstrably qualified staff member communicating directly in an LEP person’s language) or interpreting.

(2) Translation. Translation is a written communication service. Translators convert written materials from one language into another. They must have excellent writing and analytical ability, and because the translations that they produce must be accurate, they also need good editing skills.

cc. Limited English Proficient (LEP). Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.

dd. Manual Disability. A term used to describe a condition, which limits or prevents the use of a person’s upper extremities (arms, hands).

ee. Mental Disability/Limitation. Any mental or psychological disorders such as developmentally disabled, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

ff. Mobility Disability/Limitation. For the purpose of this procedure, this term is used to describe a condition that substantially limits a person’s upper or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; people of short stature; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties or stamina limitations. It also includes person with visual disabilities.

gg. On-Aid Essential Communication Situation. A situation where the Department is provided the flexibility in its choice of an appropriate auxiliary aids or services for customers or companions to ensure effective communication.

hh. Physical Disability/Limitation. A broad term, which includes physiological disorders or conditions, cosmetic disfigurement and anatomical loss. It includes orthopedic, visual, speech, and hearing disability, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), tuberculosis, drug addiction and alcoholism.

ii. Program Accessibility. An American with Disabilities Act standard, which means a public entity's programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The concept of program accessibility is intended to make the contents of the program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities.

jj. Sensory. This is a general term, which is used to describe vision or hearing limitations. For the purpose of this document, it also includes speech limitations.

kk. Single Point of Contact. An individual charged with implementing the terms of the HHS Settlement Agreement within each DCF Direct Service Facility and shall also mean any individual within each DCF Contract Agency charged with coordinating services to customers and companions who are deaf and hard of hearing according to their obligations under Section 504 and/or the ADA. (Appendix B)

ll. Staff. As used in this plan, defines all employees of the Department other than managers.

mm. Translator. An individual who is able to interpret the meaning of a text in one language (the "source text") and the production, in another language (the "target language") of an equivalent text (the "target text," or "translation") that communicates the same message.

nn. TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf) devices that are used with a telephone to communicate with persons who are Deaf and Hard of Hearing or who have speech limitations by typing and reading communications.

oo. US Department of Agriculture (USDA) – Office of Civil Rights. The federal agency responsible for ensuring compliance with applicable laws, regulations, and policies for FNS customers and employees. The Office of Civil Rights also facilitates equal and timely access to FNS programs and services for all customers.

pp. US Department of Health and Human Services (HHS) – Office for Civil Rights. The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Act of 1981, as amended.

qq. US Department of Justice (DOJ) – Office for Civil Rights. The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency - Executive Order 13166, 28 CFR 42.104 (b) (2).

rr. Video Remote Interpreting (VRI). VRI uses videoconferencing technology, equipment, and a high speed Internet connection with sufficient bandwidth to provide the services of a certified interpreter to people at a different location. Entities may contract for VRI services to be provided by appointment or to be available "on demand" 24 hours a day, seven days per week. If a deaf client or companion is offered VRI and expresses the request for a live interpreter, a live interpreter should be scheduled.

ss. Video Relay Service (VRS). VRS allows deaf and hard of hearing individuals to have telephone conversations with hearing people. Using a videophone with real-time video connection, an interpreter relays the conversation between the two parties.

tt. Visual Disability/Limitation. A generic term used to describe any loss of vision.

PERSONS WITH DISABILITIES PART I

1. **General.**

This plan provides for the implementation of Departmental policy and procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with disabilities.

2. **Scope.**

The provisions described in this procedure apply to all Department programs, Contracted Client Services Providers and Subcontractors who provide direct services to customers or potential customers.

3. **Policy.**

The Department and its Contracted Client Services Providers will provide, **at no cost to the client/customer or companion**, appropriate auxiliary aids, including certified American Sign Language interpreters, to persons with disabilities where necessary, to afford such persons an equal opportunity to participate in or benefit from the Department of Children and Families' programs and services.

a. All qualified and potential customers are entitled to an equal opportunity to use and benefit from the programs and services of the Department and its Contracted Client Services Providers. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities.

b. Auxiliary aids will be available for use by customers and potential customers in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client/customer or companion.

4. **References.**

a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80; and 28 Code of Federal Regulations (C.F.R.), Part 42.

b. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 US 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 42

c. Section 508 of the Rehabilitation Act of 1973, as amended.

d. The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259.

e. The Americans with Disabilities Act of 1990, Title I and II, as amended.

f. The Americans with Disabilities Act Amendment Act of 2008 (ADAAA).

g. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.

h. CFOP 60-10, Chapter 1 Americans with Disabilities Act (ADA) Accommodation Procedures for Applicants/Employees/General Public.

i. U.S. Department of Health and Human Services (HHS) Office of Civil Rights.

j. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.

5. Ensuring Accessibility for the Provision of Services Provided.

The following procedures are to be followed by employees and Contracted Client Services Providers to ensure accessibility of programs and services to customers or companions with disabilities.

a. For Persons who are Deaf and Hard of Hearing.

(1) Staff will conduct an assessment, prior to services, to determine the customer or companion's preferred method of communication. Staff shall consult with the customer to determine his or her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians or other representative. Staff shall accomplish this by first completing the Customer Companion Communication Assessment Form (Appendix (B) and the Request for or Waiver of Free Communication Assistance Form (Appendix C).

(2) The communication options for persons who are Deaf and Hard of Hearing may include but not limited to the CART, Florida Relay Service, VRS, VRI, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.

(3) If an interpreter is needed, staff shall contact a certified interpreter from their listing of interpreter services. Staff shall obtain verification of the interpreter's certification as defined in section 9.i.

(4) The Department or its Contracted Client Services Provider's official (or designee) with budget approval over the unit or facility, has the responsibility for approving the request and obtaining the appropriate auxiliary aid and service.

(5) The use of auxiliary aids, certified sign language interpreters, or translators will be at no cost to the customer or companion.

(6) Documentation of Customer Companion Communication Assessment form shall be recorded in the case file or record.

(7) Each customer or companion who are Deaf and Hard of Hearing shall be provided a Customer Companion Feedback form by the Single Point of Contact, or designee, following their visit. The Customer Companion Feedback form is provided to the customer or companion to determine the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Staff shall document the case notes indicating the form was provided. Staff will provide assistance, if requested, in completing the form. (Appendix D)

b. For Persons who have Low Vision or Blind (Except those that are Deaf and Hard of Hearing).

(1) It is a common perception among the public that persons who are blind read Braille.

Most persons who are legally blind do not use Braille as a reading medium. Among legally blind students registered as such by the American Printing House for the Blind, only 10 percent use Braille as their primary reading medium. It is estimated that 8 percent of all legally blind adults are able to use Braille.

(2) It is important that staff determine the best method of communication for persons who have low vision or blind. While Braille may be offered as an alternative, always communicate with the customer to determine the best method of providing services to them in an equitable and effective manner.

(3) Staff shall document in the client's file the type of auxiliary aid and service provide during their contact with the client.

c. For Persons who are have Sensory, Speech or Mobility Limitations.

The following are procedures and minimum requirements for ensuring accessibility of meetings, conferences and seminars.

(1) Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the unit sponsoring the activity in coordination with the designated 504/ADA Coordinator.

(2) When meetings, conferences and seminars are scheduled, information will be included in advertisements, conference registration materials or meeting notices that participants will be provided with the necessary auxiliary aid at no cost to them. The information will include the name of a contact person and a date by which the person must request such assistance. The registration process will include a method for determining the number and type of persons with disabilities needing assistance as well as the type of personal assistance or accommodation requested.

(3) Certified or qualified interpreters for persons with speech, sensory or mobility limitations and accessibility to Teletype (TTY) or Telecommunications Device for Deaf (TDD) equipment.

NOTE: When telephones are provided for use by participants or residents (customers, employees or the public), TTYs/TDDs must be provided for participants or residents who are Deaf and Hard of Hearing.

(4) Adequate lighting in meeting rooms so signing by an interpreter can be readily seen.

(5) Readers or cassette recordings to enable full participation by person with visual limitations.

(6) Agenda and other conference materials translated into usable form.

(7) Parking spaces clearly marked with appropriate ramps and curb cuts will be provided for persons with disabilities.

(8) Where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each participant, with mobility limitations, requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle.

(9) Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for participants with mobility limitations will be provided.

(10) Entrance ramps will be available and appropriate (36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one-inch rise per foot, 1:12).

(11) Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a participant with mobility limitations.

(12) Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts.

(13) Seating arrangements for persons in wheelchairs will be adapted to integrate persons who are mobility limited rather than to isolate them on the group's perimeter.

(14) Sufficient accessible guestrooms (at the same rate as guestrooms for other participants) will be located in the facility where the meeting, etc., is held or in a facility housing the other participants.

- One unobstructed entrance to each facility.
- Doors operable by single effort.
- Door handles no more than 48" from floor.

(15) Elevator provided, if over one story:

- Sensitive safety edges provided.
- Controls no more than 48" from floor.
- Controls with Braille numbers or letters.
- Accommodates wheelchair 29" X 45".

(16) Accessible restrooms:

- Level access for each sex on each floor.
- Turn around space 5' X 5'.
- Door clearance of 32".
- Grab rails provided.
- Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54" for side reach.
- Restroom signs indicating accessibility.

(17) Wheelchair accessible telephones.

(18) Accessible drinking fountains with cup dispensers.

(19) Audible and visible fire alarms.

NOTE. Staff shall ensure that written documentation of accessible accommodations are properly documented.

6. Translation of Written Materials.

Translating documents to ensure effective communication will depend upon the customer or companions preferred method. Staff may be required to translate written documents in Braille, taped recordings or large print to ensure equal access to services offered by the Department.

7. Competency of Interpreters and Translators.

Department employees who are utilized to interpret for the Deaf and Hard of Hearing by American Sign Language (ASL) shall meet or exceed the education and communications skills established by the following:

- a.** An assessment by an independent testing agency of an employee's ASL skills is required prior to utilizing an employee to interpret for a client or companion who is Deaf and Hard of Hearing.
- b.** Interpreter credentials as awarded by The Registry of Interpreters for the Deaf and modified for Departmental use are incorporated for reference CFOP 60-10, Chapter 3, Attachment 3.
- c.** It is the responsibility of managers, supervisors, and staff to become familiar with and follow the standards of etiquette when communicating with customers/clients with disabilities. (Appendix F)
- d.** It is the responsibility of program managers and supervisors to ensure the competency of qualified and certified sign language interpreters.

8. Provision of Interpreters in a Timely Manner.

Staff shall provide interpreters for customers and companions who are Deaf and Hard of Hearing in a timely manner in accordance to the following standards:

- a.** If it is a **scheduled appointment**, you must have a **certified** interpreter at the time of the scheduled appointment. If the 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, or as convenient to the customer or companion.
- b.** If it is a **non-scheduled appointment or non-emergency situation**, you must provide a certified interpreter within **two (2) hours** of the request, or at least by the next business day. 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 requests an interpreter, whichever is earlier.
- c. Non-Scheduled Interpreter Requests.** If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the customer or companion, but at least by the next business day.
- d. Scheduled Interpreter Requests.** For scheduled events, staff shall make a certified 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 certified interpreter available to the customer or companion who is Deaf and Hard of Hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

9. Other Means of Communication.

Staff shall continue to try to communicate with the customer or companion who is Deaf and Hard of Hearing insofar as the customer or companion seeks to communicate, between the time an

interpreter is requested and the time an interpreter arrives. Refer to Appendix F (In-Person Communication Etiquette), Appendix G (Interpreter and Translation Services Poster) and Appendix H (I Speak Flash Cards) as a guide.

a. Sign language interpreters must be certified, unless they are a DCF employee who has been determined qualified by an Independent Agency.

b. The use of assistive devices (vibratory alarms) will be incorporated with relevant services (tactile communication) for persons with multiple disabilities such as deafness and blindness.

c. If the individual declines the use of the sign language interpreter, or other auxiliary aids, the client's file must be noted, utilizing the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance form. (Appendix C). The use of this form does not waive the Department or its Contracted Client Services Providers' responsibility to ensure effective communication; meaning the client's right to waive services does not void the agency from obtaining an interpreter to ensure effective communication is occurring.

d. Minor children should never be used as an interpreter.

e. Never use family members, children, friends and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.

10. Effectiveness of Communication.

In the event that communication is not effective or if the nature of the communication changes significantly after the initial communication assessment, Department or provider staff shall re-assess which appropriate auxiliary aids and services are necessary for effective communication. This shall be accomplished where possible in consultation with the person seeking the auxiliary aids or services.

11. Denial of Auxiliary Aids and Services.

a. If Department or provider staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, Department or provider staff shall advise the person of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Department or provider staff shall provide the customer (and companion, if applicable) with a copy of the denial.

b. Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, Appendix B).³ Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, Department or provider staff shall nonetheless ensure effective communication with the Customer or Companion by providing an alternate aid or service which must be documented on the above form and in the customer's file. **Denial determinations**

³ Form for use for persons who are Deaf and Hard of Hearing. Document the case file or case record for other customers.

can only be made by the Regional Managing Director or Hospital Administrator (or designee) or the Contracted Client Services Provider Administrator (or designee).

NOTE: Staff who are unfamiliar with the auxiliary aid or service requested shall contact their Single Point of Contact (SPOC), 504/ADA Coordinator (Civil Rights Officer) or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with clients, customers and companions.

PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

PART II

1. **General.**

This section of the plan provides for the implementation of Departmental policy and procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with Limited English Proficiency (LEP).

2. **Scope.**

The provisions described in this procedure apply to all Department programs and its Contracted Client Services Providers who provide direct services to customers or potential customers.

3. **Policy.**

The Department and its Contracted Client Services Providers will provide, **at no cost to the client**, appropriate auxiliary aids, including qualified or certified⁴ language interpreters, where necessary, to afford such persons an equal opportunity to participate in or benefit from the Department of Children and Families' programs and services.

a. All clients and potential clients are entitled to an equal opportunity to use and benefit from the programs and services of the Department and its Contracted Client Services Providers. This includes language access to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with Limited English Proficiency.

b. The Department and its Contracted Client Services Providers will take reasonable steps to provide services and information in the appropriate language, other than English, to ensure that persons who are Limited English Proficient are effectively informed and can effectively participate in and benefit from its programs, services and activities.

c. Language interpreters will be available for use by clients and potential clients in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client.

4. **References.**

a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80; and 28 Code of Federal Regulations (C.F.R.), Part 42.104 (b) (2).

b. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.

c. U.S. Department of Justice (DOJ) Executive Order 13166 – Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.

⁴ Term used by the U.S. Department of Justice to mean the existence of formal accreditation or certification.

d. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.

5. Ensuring Language Access for the Provision of Services Provided.

It is important to understand how individuals who are Limited English Proficient (LEP) interact with the Department and its Contracted Client Services Providers. Examples may include, but not limited to:

- a. Program applicants and participants
- b. Hotline or information calls
- c. Outreach programs
- d. Public meetings and hearings
- e. Public access to the Department's website
- f. Written materials or complaints sent
- g. Brochures intended for public distribution
- h. Testing

Provide notices to LEP persons letting them know that language access services are available and that they are free of charge. This notice should be provided in a language that the LEP person will understand. This will include:

- Posting signs in intake areas and other entry points. When language assistance is needed to ensure meaningful access to information and services. It is important to provide notice in the appropriate language in intake areas or initial points of contact so that LEP person can learn how to access those language services. The signs should be translated in the most common language encountered.
- Stating in outreach documents that language services are available from the agency. Announcements could be in brochures, booklets, and in outreach and recruitment information.
- Utilize a telephone voice mail menu. The menu could be in the most common languages encountered. It should provide information about available language assistance services and how to get them.

6. Competency of Interpreters and Translators.

a. When providing oral assistance you must ensure competency of the language service provider. Competency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but may not be competent to interpret in and out of English. Likewise, they may not be able to do written translations.

Competency to interpret, however, does not necessarily mean formal certification as an interpreter, although certification is helpful. When using interpreters, staff should ensure that the interpreter:

- I. Demonstrate proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);
- II. Have knowledge in both languages of any specialized terms or concepts peculiar to the program or activity and or any particular vocabulary and phraseology used by the LEP person;
- III. Understand and follow confidentiality and impartiality rules to the same extent the Department's employee for whom they are interpreting and/or to the extent their position requires;
- IV. Understand and adhere to their role as interpreters without deviating into role as counselor, legal advisor, or other roles (particularly in court, administrative hearings, or law enforcement contexts),
- V. Be able to show sensitivity to the person's culture.

b. If bilingual staff is used to interpret between English speakers and LEP persons, or to orally interpret written documents from English into another language, they should be competent in the skill of interpreting. In addition, there may be times when the role of the bilingual employee may conflict with the roles of an interpreter.

c. Effective management strategies, including any appropriate adjustments in assignments and protocols for using bilingual staff, can ensure that bilingual staff is fully and appropriately utilized. When bilingual staff cannot meet all of the language service obligations, then other options should be used.

d. It is the responsibility of program managers and supervisors to ensure the competency of foreign language interpreters.

e. It is the responsibility of managers, supervisors, and staff to become familiar with and follow the standards of etiquette when communicating with clients who are Limited English Proficient. (Appendix H)

7. Translation of Written Materials.

Written material (vital documents) routinely provided in English to applicants, clients and the public should be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered Limited English Proficient group eligible to be served or to be directly affected. Each program office will ensure that non-English written materials, such as program forms, brochures, etc., are available to operational staff.

8. Provision of Interpreters in a Timely Manner.

When interpretation is reasonable and is needed, staff shall provide interpreters in a timely manner. To be meaningfully effective, language assistance should be timely. While there is no single definition for "timely" applicable to all types of interactions at all times by all types of

recipients, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person.

The client's file shall be documented identifying the auxiliary aid or services provided, as well as any future services needed to ensure effective communication.

When language assistance services are not readily available at a given agency, LEP persons will be less likely to participate in or benefit from its programs and services. As a result, many LEP persons may not seek out agency benefits, programs, and services; may not provide beneficial information or file complaints; and may not have access to critical information provided by the agency because of limited access to language assistance services. Thus, self-assessments of the number of current LEP contacts may significantly underestimate the need for language services. Crime perpetrators can also take advantage of this misconception and discourage their victims from seeking law enforcement or prosecutorial protection.

9. Other Means of Communication.

Staff shall continue to try to communicate with the client insofar as the client seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives. Refer to Appendix F (In-Person Communication Etiquette), Appendix G (Interpreter and Translation Services Poster) and Appendix H (I Speak Flash Cards) as a guide.

- a. Language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with clients in their preferred language.
- b. When bilingual staff is not available, the next preference is face-to-face interpretation provided by a qualified contracted or volunteer language interpreter.
- c. Telephone interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for unusual or infrequently encountered language.
- d. Minor children should never be used as an interpreter.
- e. Avoid using family members, children, friends and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.

10. Identifying Language Trends.

To ensure meaningful access to all Department programs and services, each program office and contracted client services provider will identify language trends by:

- a. Identifying the non-English languages that are likely to be encountered in its programs and estimating the numbers of Limited English Proficient persons eligible for services that are likely to be affected by its program. This can be done by reviewing census data, client utilization data, and community's organizations. The estimate should be used as a guide for employee recruitment.

- (1) Informing customers of the purpose for collecting data on race, ethnicity and language,

(2) Emphasizing that such data is confidential and will not be used for discriminatory purposes,

(3) A client does not have to provide the information if he or she chooses not to provide such information, unless required by law,

b. Identifying the points of contact in the program or activity where language assistance is likely to be needed,

c. Identifying resources needed, location and availability of these resources, and

d. Reporting the identified language needs to the Office of Civil Rights or the Regional Civil Rights Officer.

NOTE: Staff who are unfamiliar with the auxiliary aid or service requested shall contact their Single Point of Contact (SPOC), 504/ADA Coordinator (Civil Rights Officer) or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with clients, customers and companions.

ACKNOWLEDGEMENT

I have reviewed this Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency, and will ensure that all necessary and appropriate steps are taken to inform and educate staff of this plan and its implementation.

SIGNATURE ON FILE

March 31, 2015

Dennise G. Parker
Assistant Secretary for Administration

Date

APPENDIX A
**STATEWIDE CIVIL RIGHTS OFFICERS/ SECTION 504-ADA COORDINATORS/
 HIPAA COMPLIANCE OFFICER**

Carolyn Dudley, Human Resources Manager for Civil Rights 1317 Winewood Boulevard – Building 1, Room 140 – Tallahassee, Florida 32399-0700 Phone: 850-487-1901 Work Cell: 850-445-6704 Fax: 850-921-8470 TDD: 850-922-9220			
<u>Location</u>	<u>Name</u>	<u>Contact Information⁵</u>	<u>Mailing address</u>
Headquarters	Freeman Bishop	P: 850-717-4565 C: 850-383-5702	Same as above, Room 140H
Northwest Region	Lisa M. Stephany	P: 850-717-4557 C: 850-228-7265	Same as above, Room 140F
Florida State Hospital	Freeman Bishop	P: 850-717-4565 C: 850-383-5702	Same as above, Room 140H
Northeast Region	Richard Valentine	P: 904-485-9682 C: 904-626-0945 F: 904-723-2144	5920 Arlington Express Way Roberts Building, Room 328 Jacksonville, Florida 32211
Northeast Florida State Hospital		P: 904-259-6211	7487 S. State Road 121 MacClenny, Florida 32063-5451
North Florida Evaluation and Treatment Center		P: 904-375-8484	1200 NE 55th Blvd. Gainesville, Florida 32641
SunCoast Region	Romina Artaza	P: 727-373-1758 C: 813-690-8308 F: 727-373-7770	11351 Ulmerton Road, Suite 439B Largo, Florida 33778
Central Region	Richard Dicks	P: 407-317-7552 C: 407-489-2038 F: 407-834-3470	400 W. Robinson Street, #S-936K Orlando, Florida 32801-1782
Southeast Region	Heather DePetro	P: 561-227-6723 C: 561-398-5637 F: 561-837-5563 TDD: 561-650-6823	111 S. Sapodilla Avenue, #317-I West Palm Beach, Florida 33401
Southern Region	Shenna Fluriach	P: 786-257-5218 C: 786-385-2008	401 NW 2 nd Avenue, S-926C Miami, Florida 33128

⁵ P = Phone, C = Cell, F= Fax, TDD = Telecommunication Device for Persons who are deaf or hard or hearing.

APPENDIX B
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.**

Region/Circuit/Hospital:		Program:	Subsection:	
<input type="checkbox"/> Customer <input type="checkbox"/> Companion Name:		Date:	Time:	Case No.:
<input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf and Low Vision or Blind <input type="checkbox"/> Hard of Hearing and Low Vision or Blind <input type="checkbox"/> Deaf and Limited English Proficient <input type="checkbox"/> Hard of Hearing and Limited English Proficient				
<input type="checkbox"/> Scheduled Appointment <input type="checkbox"/> Date/Time of Scheduled Appointment: <input type="checkbox"/> No Show <input type="checkbox"/> Non-Scheduled Appointment				
Name of Staff Completing Form:				

Section 1: Communication Assessment

<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Subsequent Appointment
Individual Communication Ability:
Nature, Length and Importance of Anticipated Communication Situation(s):
<input type="checkbox"/> Communication Plan for Multiple or Long-Term Visits Completed <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Aid-Essential Communication Situation <input type="checkbox"/> Non-Aid Essential Communication Situation
Number of Person(s) Involved with Communication:
Name(s):
Individual Health Status or Medical Concerns:

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: <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print
<input type="checkbox"/> Assistance Filling Out Forms <input type="checkbox"/> Video Relay Services <input type="checkbox"/> Florida Relay <input type="checkbox"/> Written Material <input type="checkbox"/> CART <input type="checkbox"/> Other:
Interpreter Service Status: <input type="checkbox"/> Arrival Time: _____ <input type="checkbox"/> Met Expectations of Client <input type="checkbox"/> Met Expectations of Staff
<input type="checkbox"/> No Show <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain why communication was not effective?
What action (s) was taken to ensure effective communication?

Section 4: Referral Agency Notification

Name of Referral Agency:	
Date of Referral:	Information Provided regarding Auxiliary Aid or Service Need(s):

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

Reason Requested Auxiliary Aid or Service Not Provided:	
Denial Determination made by Regional Director/Circuit Administrator/Hospital Administrator or Designee or the Contracted Client Services Provider Administrator or Designee:	
Denial Date:	Denial Time:

***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 Managing Director/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 no 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

Signature of person completing form:	Date:
Signature of Customer or Companion:	Date:

***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 and 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 or 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/Hospital: 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 initial 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 and 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.**

- **No Show – Check this box if the customer or companion failed to show for their appointment.**
- **Date/Time – Indicate the date and time of the scheduled appointment, even if they were a no show for the appointment.**

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 box if this is a subsequent appointment.

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 no 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.

Intake/Interview:

- During the **Provision** of a Customer's rights, informed consent, or permission for treatment
- During the **Determination** of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application

□ **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 NOTIFICATION:


- 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. Under certain circumstances a copy of the form must be provided to the Single Point of Contact or the designated 504/ADA 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.

APPENDIX C
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 and 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.**

APPENDIX D
CUSTOMER OR COMPANION REQUEST FEEDBACK FORM

Program Area: _____

Location: _____

Department of Children and Families Survey

Your feedback is very important to us. We would greatly appreciate you taking a few minutes to complete this brief survey.

1. Were you offered any services to help you communicate? Yes No

2. Did you ask for any services to help you communicate? Yes No

3. If yes, what services to help you communicate did you receive?

4. Did you receive the services to help you communicate you asked for? Yes No

5. Did you understand completely? Yes No

6. Were you denied any services to help you communicate? Yes No

7. Were you satisfied with the services to help you communicate? Yes No

8. If not, why? _____

9. Did you know that these services to help you communicate were at no cost? Yes No

10. Did staff treat you with respect? Yes No

Can we contact you? Phone number or email: _____

Comments: _____

THANK YOU!

Please complete and return to:

**Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 140
Tallahassee, Florida 32399**

APPENDIX E
MONTHLY SUMMARY REPORT
[REVISED AUGUST 2012]

Region/Circuit/Hospital/Contracted Client Services Provider: Contract No.	Reporting Period:	
Name of Program & Address:	Subsection:	
Single Point of Contact: Name of Person Completing Form:	Telephone: Telephone:	Date:

SECTION I. CUSTOMERS

1.	Number of Scheduled Appointments	
2.	Number of Non-Scheduled Appointments	
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)	
4.	Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)	
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	
10.	Number of Appointment Cancellations within 24 hours	
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
12.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	
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.	
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.	

SECTION II. CUSTOMERS - ACCESS CALLS ONLY


18.	Total Number of Scheduled Telephone Calls	
19.	Total Number of Non-Scheduled Telephone Calls	
20.	Total Number of Video Relay/Remote Interpreter calls placed by Customer	
21.	Total Number of Video Relay/Remote Interpreter calls placed by Staff	
22.	Total Number of Florida Relay Services/TTY Calls placed by Customer	
23.	Total Number of Florida Relay Services/TTY Calls placed by Staff	
24.	Number of Auxiliary Aids/Services Requested For In-Person Appointment	
25.	Number of times communication was not effective.	

SECTION III. COMPANIONS

26.	Number of Scheduled Appointments	
-----	----------------------------------	--

27.	Number of Non-Scheduled Appointments	
28.	Number of Auxiliary Aids/Services Requested (The total of 28 and 29 equals the sum of 26 and 27)	
29.	Number of signed Waivers (Waivers signed by the Companion) (The total of 28 and 29 equals the sum of 26 and 27)	
30.	Number of completed Initial Assessments (The total of 30, 31 and 32 equals the sum of 26 and 27)	
31.	Number of completed Reassessments (The total of 30, 31 and 32 equals the sum of 26 and 27)	
32.	Number of Subsequent Appointments (The total of 30, 31 and 32 equals the sum of 26 and 27)	
33.	Number of Determined Aid-Essential Communications (The total of 33 and 34 equals the sum of 26 and 27)	
34.	Number of Determined Non- Aid-Essential Communications (The total of 33 and 34 equals the sum of 26 and 27)	
35.	Number of Appointment Cancellations within 24 Hours	
36.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
37.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	
38.	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.	
39.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	
40.	Number of times the interpreter service did not meet the expectations of the companion.	
41.	Number of times the interpreter service did not meet the expectations of the staff.	
42.	Number of times communication was not effective.	
SECTION IV. COMPANIONS – ACCESS CALLS ONLY		
43.	Total Number of Scheduled Telephone Calls	
44.	Total Number of Non-Scheduled Telephone Calls	
45.	Total Number of Video Relay/Remote Interpreter calls placed by Companion	
46.	Total Number of Video Relay/Remote Interpreter calls placed by Staff	
47.	Total Number of Florida Relay Services/TTY Calls placed by Customer	
48.	Total Number of Florida Relay Services/TTY Calls placed by Staff	
49.	Number of Requested Auxiliary Aids/Services for In-Person Appointment	
50.	Number of times communication was not effective.	
SECTION V. Auxiliary Aids and Services Provided (This section is completed by Contracted Client Services Providers only)		
51.	Number of Certified Sign Language Interpreters	
52.	Number of Language Interpreter Services	
53.	<i>Number of times staff used CART Providers</i>	
54.	Number of Video Relay/Remote Interpreter Services	
55.	Number of times staff used Florida Relay Services/TTY	
56.	Number of times staff used Assistive Listening Devices (ALDs)	
57.	Number of timely Auxiliary Aids/Services Provided	
58.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	

SECTION VI. Auxiliary Aids and Services Provided (This section is completed by Department of Children and Families staff only)		
59.	Number of Certified Sign Language Interpreters	
60.	Number of Qualified Sign Language Interpreters	
61.	Number of Language Interpreters (LEP)	
62.	Number of Video Relay/Remote Interpreter Services	
63.	<i>Number of times staff used CART Providers</i>	
64.	Number of times staff used Florida Relay Services/TTY	
65.	Number of times staff used Assistive Listening Devices (ALDs)	
66.	Number of timely Auxiliary Aids/Services Provided	
67.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VII. COMMUNICATION PLANS (This section is for Hospitals and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)		
68.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
69.	Number of Communication Plans Lasting 30 Days or Less	
70.	Number of Communication Plans Lasting 30 to 45 Days	
71.	Number of Communication Plans Lasting 45 to 90 Days	
72.	Number of Communication Plans Lasting 90 Days or More	
73.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VIII. OUTSIDE AGENCY REFERRALS		
74.	Number of Referrals Made	
SECTION IX. 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
Reports are submitted on FormSite @ https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html

The purpose of this document is to provide instructions in capturing the information needed to summarize the number of Customers and Companions served each month, via incoming and outgoing telephone communications; and in-person office visits, who may require auxiliary aids and services, because they are deaf and hard of hearing, as well as those who are Deaf and Hard of Hearing and low vision or blind, and Deaf and 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 Hospital, 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/Hospital/Contracted Services Agency Headquarters Contract No: XXXX	Reporting Period: August 1 – August 31, 2012
Program: Refugee Services	Subsection: Youth Education

Example 2

Region/Circuit/Hospital/Contracted Services Agency Southeast Region/Circuit 15	Reporting Period: August 1 – August 31, 2012
Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Hospital/Contracted Services Agency Headquarters/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: August 1 – August 31, 2012
Program: Domestic Violence	Subsection: Refuge House

Example 4

Region/Circuit/Hospital/Contracted Services Agency SunCoast/Circuit 6 Contract No: NA	Reporting Period: August 1 – August 31, 2012
Program: ACCESS	Subsection: Food Stamps, etc.

- 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 and 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 and 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 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 and 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 certified 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 certified interpreter available to the Customer who is deaf and 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.

SECTION II. CUSTOMERS – ACCESS CALLS ONLY

18. Total Number of Scheduled Telephone Calls - Scheduled interview would be where there has been an appointment set up with a specific date and time the worker is to call the client or the client is to call in.
19. Total Number of Non-Scheduled Telephone Calls - Non-scheduled calls would be all other phone calls, not identified above.

20. Total Number of Video Relay/Remote Interpreter calls initiated by Customer.
21. Total Number of Video Relay/Remote Interpreter calls initiated by Staff.
22. Total Number of Florida Relay Services/TTY Calls initiated by Customer.
23. Total Number of Florida Relay Services/TTY Calls initiated by Staff.
24. Number of Auxiliary Aids/Services Requested For In-Person Appointment
25. Number of times communication was not effective.

SECTION III. COMPANIONS

26. Number of Scheduled Appointments: This represents the total number of Companions who are deaf and hard of hearing who had scheduled appointments during the reporting period.
27. Number of Non-Scheduled Appointments: This represents the total number of Companions who are deaf and hard of hearing who did not have appointments and were walk-ins during the reporting period.
28. Number of Auxiliary Aids and Services Requested: This represents the total number services requested by the Companion. Note: The total of 28 and 29 equals the sum of 26 and 27.
29. 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 28 and 29 equals the sum of 26 and 27.
30. Number of Completed Initial Assessments: Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were Deaf and Hard of Hearing. Note: The total of 30, 31 and 32 equals the sum of 26 and 27.
31. 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 30, 31 and 32 equals the sum of 26 and 27.
32. Number of Subsequent Appointments: Indicate the number of follow-up appointments or rescheduled visits. Note: The total of 30, 31 and 32 equals the sum of 26 and 27.
33. 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 33 and 34 equals the sum of 26 and 27.
34. 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 33 and 34 equals the sum of 26 and 27.
35. Number of Appointment Cancellations within 24 hours: This represents the total number of appointments cancelled by the interpreter.
36. 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 certified 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 certified interpreter available to the Companion who is deaf and hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

37. Number of Denied Auxiliary Aids and Services: This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
38. 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.
39. Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.
40. Number of times the interpreter service did not meet the expectations of the companion.
41. Number of times the interpreter service did not meet the expectations of the staff.
42. Number of times communication was not effective.

SECTION IV. COMPANIONS – ACCESS CALLS ONLY

43. Total Number of Scheduled Telephone Calls - Scheduled interview would be where there has been an appointment set up with a specific date and time the worker is to call the client or the client is to call in.
44. Total Number of Non-Scheduled Telephone Calls - Non-scheduled would be all other phone calls, not identified above.
45. Total Number of Video Relay/Remote Interpreter calls initiated by Customer.
46. Total Number of Video Relay/Remote Interpreter calls initiated by Staff.
47. Total Number of Florida Relay Services/TTY Calls placed by Customer.
48. Total Number of Florida Relay Services/TTY Calls placed by Staff.
49. Number of Auxiliary Aids/Services Requested For In-Person Appointment
50. Number of times communication was not effective.

SECTION V. AUXILIARY AIDS AND SERVICES PROVIDED (This section is for use by Contracted Client Services Providers only.)

51. 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.
52. 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.
53. Number of times staff used CART Providers.
54. 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.
55. Number of times staff used Florida Relay Services/TTY.
56. Number of times staff used Assistive Listening Devices (ALDs).
57. Number of timely Auxiliary Aids and Services Provided: This is the total for both the customer and companion.
58. Number of times the Interpreter failed to appear or arrive to a scheduled appointment.

SECTION VI. 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.)

59. 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.
60. 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.

61. Number of times staff used CART Providers.
62. Number of times staff used Florida Relay Services/TTY.
63. Number of times staff used Assistive Listening Devices (ALDs).
64. Number of timely Auxiliary Aids and Services Provided: This is the total for both the customer and companion.
65. Number of times the Interpreter failed to appear or arrive to a scheduled appointment.

SECTION VII. COMMUNICATION PLANS
(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)

66. Number of Developed Communication Plans: Note: This is the total of 51, 52, 53 and 54.
67. Number of Communication Plans Lasting 30 Days or Less.
68. Number of Communication Plans Lasting 30 to 45 Days.
69. Number of Communication Plans Lasting 45 to 90 Days.
70. Number of Communication Plans Lasting 90 Days or More.
71. Number of times the Interpreter failed to appear or arrive to a scheduled appointment.

SECTION VIII. OUTSIDE AGENCY REFERRALS

72. 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 and hard of hearing for additional services .

SECTION IX. 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.
 - Requested by the Office of Civil Rights.
- 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.

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

-  Contact your Single Point of Contact or Regional ADA/504 Coordinator for assistance or questions in completing this form.

APPENDIX F **IN-PERSON COMMUNICATION ETIQUETTE**

1. INTERACTING WITH PEOPLE WHO ARE DEAF

Deaf people have many different communication needs. People who were born deaf (pre-lingual deaf) may have more difficulty with speech than those who lost their hearing after they learned a language (post-lingual deaf). The way a person communicates will vary according to the environment in which he or she was raised, type of education received, level of education achieved, and many other factors. Their ability to communicate in a language will vary from not very well to very well.

Some people 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. It is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or directly look 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 deaf person 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 Quality Assurance (QA) Screened 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 PEOPLE 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 hard of hearing people 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 and 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.
- 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.
- If you know any sign language, try using it. It may help you communicate and at least demonstrates your interest in communicating and willingness to try.
- 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 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.
- 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 other issues with them.
- 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.

3. GUIDELINES FOR COMMUNICATING WITH PEOPLE WHO USE SIGN LANGUAGE

- You may get the attention of a person who is Deaf and Hard of Hearing by positioning yourself within the line of vision, or by a gentle tap on the shoulder, a small wave or a slight rap on the table.
- Maintaining eye contact is vital whenever you are communicating with a person who has a hearing loss.

- While waiting for an interpreter to arrive, have a paper and pen ready for simple conversation. Do not attempt to address complex issues, such as DCF forms, in the absence of a certified interpreter.
- When a sign language interpreter is present, talk directly to the person with the hearing loss. It is inappropriate to say to the interpreter, “Tell her...” or “Ask him...” Look directly at the consumer, not the interpreter.
- Everything you say should be interpreted. It is the interpreter’s job to communicate the conversation in its totality and to convey other auditory information, such as environmental sounds and side comments.
- In using questions requiring a “Yes” or “No” response, do not assume that a head nod by a consumer who has a hearing loss means affirmation or understanding. Nodding of the head often indicates that the message is being received or may be a courtesy to show that you have the attention of the receiver. Ask the interpreter to identify that the specific signs indicating “Yes” or “No” were used in situations where such confirmation of the response is crucial.
- If you know basic sign language or finger-spelling, use it for simple things. It is important to realize that the ability to interpret is much more than knowing how to sign. Having taken one or more sign language classes does not qualify a person to act in a professional interpreting role.
- If the conversation is stopped for the telephone or to answer a knock at the door, let the person know that you are responding to that interruption.

4. INTERACTING WITH PEOPLE WHO HAVE SPEECH LIMITATIONS

- If you have trouble understanding someone’s speech, ask him or her to repeat what he or she has said. It is better for the person to know you do not understand than to assume that you do.
- Give the person your undivided attention.
- Do not simplify your own speech or raise your voice. Speak in a normal tone.
- Write notes back and forth or use a computer, if feasible.
- Ask for help in communicating. If the person uses a communicating device, such as a manual or electronic communication board, ask the person how to use it.

5. INTERACTING WITH PEOPLE WHO HAVE A PHYSICAL DISABILITY

- Do not make assumptions about what the person can or cannot do. Always ask if the person would like assistance before you help. Your help may not be needed or wanted.
- Do not touch a person’s wheelchair or grab the arm of a person walking without first asking if he or she would like assistance.

- Do not hang or lean on a person's wheelchair because it is part of the wheelchair user's personal space.
- Never move someone's crutches, walker, cane, or other mobility aid without permission.
- When speaking to a person in a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level.
- Speak directly to the person in a wheelchair, not to someone nearby as if the wheelchair user did not exist.
- Do not demean or patronize the wheelchair user by patting him/her on the head.
- Do not discourage children from asking questions about the wheelchair. Open communication helps overcome fearful or misleading attitudes.
- When a wheelchair user "transfers" out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reach.
- Do not raise your voice or shout. Use normal speech. It is okay to use expressions like "running along." It is likely that the wheelchair user expresses things the same way.
- Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
- Do not classify persons who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- Do not assume that using a wheelchair is in itself a tragedy. It is a means of transportation/freedom that allows the user to move about independently.

6. INTERACTING WITH PEOPLE WHO ARE BLIND OR HAVE LOW VISION

- The first thing to do when you meet a person who is blind is to identify yourself.
- When speaking, face the person directly. Speak in a normal tone. Your voice will let the person know where you are.
- Do not leave without saying that you are leaving.
- Some individuals who want assistance will tell you. You may offer assistance if it seems needed, but if your offer is declined, do not insist.
- When offering assistance, say, "Would you like to take my arm?" and allow the person to decline or accept. The movement of your arm will let the person know what to expect. Never grab or pull the person.
- When going through a doorway, let the person know whether the door opens in or out and to the right or left.
- Before going up or down stairs, let the person know that you are going up or down, and advise if there is a handrail and where it is. Ask the person if he or she would like assistance – he or she will let you know.
- When giving directions, or describing where things are in a room or in the person's path, be as specific as possible, and use clock clues where appropriate.
- When directing the person to a chair, let the person know where the back of the chair is, and he or she will take it from there.

- If the person has a service animal, do not distract or divert the animal's attention. Do not pet or speak to the animal unless the owner has given you permission.
- The person's single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).

7. INTERACTING WITH PEOPLE WITH DUAL SENSORY LIMITATIONS

The means of communication with a person with dual sensory limitations will depend on the degree of hearing and vision loss. Use all of the suggestions in the above sections on referencing interaction with people who are Deaf and Hard of Hearing, blind or have low vision. The person with dual sensory impairments has unique and very challenging communications needs. Staff is to use every possible means of communication available.

8. INTERACTING WITH PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Some of the people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively providing services to this group of people. Breaking down these barriers will allow individuals with Limited English Proficiency to participate in the programs administered by the Department.

- The way a person with Limited English Proficiency communicates in English will vary from some to no English at all. Use the following guidelines when communicating with a person with Limited English Proficiency:
- Ask the person if he or she needs a translator.
- If you are speaking through an interpreter, remember the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the person who is Limited English Proficient may look at the interpreter and may not make eye contact with you.
- If you know a little of the language, try using it. It may help you communicate and it also demonstrates your interest in communicating and willingness to try.
- Do not simplify your speech or raise your voice. Speak in a normal tone.
- The person's single greatest communication need is to have access to the information by having the information either orally translated or provided in their language written form.
- Be patient and sensitive to the needs of the person who is Limited English Proficient.

9. INTERACTING WITH PEOPLE WHO HAVE MENTAL ILLNESSES

- Mental illnesses include schizophrenia, depressive disorders, and bipolar disorder, as well as many others.
- Mental illnesses are much more common than most people realize. You probably encounter people with mental illnesses every day, even if you don't realize it.
- These illnesses affect the individual's thoughts and emotions, and sometimes may make the individual behave in ways that seem strange.

- Individuals with schizophrenia often have hallucinations (seeing or hearing things that are not real) or delusions (unreasonable beliefs, which are sometimes bizarre).
- Individuals with bipolar disorder experience extreme moods. They sometimes experience mania (highly excited, talkative, and jumping suddenly from one topic to the next). At other times they experience depression (low mood, sadness, lack of motivation or interest in activities).
- Keep in mind that people with mental illnesses are *people* first. The mental illness is not the most important thing about who they are.
- Individuals with mental illness deserve to be treated with respect, and treated as individuals, just like everyone else.
- If an individual you are interacting with becomes agitated:
 1. Remain calm and try to understand what the customer is asking for.
 2. Try not to become angry or confrontational, even if the individual seems unreasonable.
 3. Respect the person's space.
 4. Do not put your hands on the person.
- Most individuals with mental illness are *not* dangerous. However, occasionally, an individual with mental illness may become dangerous because of their hallucinations, delusions, or mood swings.
- If you believe that an individual may represent a danger to themselves or others due to mental illness call 9-1-1 and explain the situation, even if the individual has already left the premises.
- In such cases, a law enforcement officer has authority to initiate involuntary examination under the Baker Act.
- This allows the individual to be taken to a psychiatric facility for examination, observation, and treatment, even if the individual is not willing to go.

10. WHEN REFERRING TO PEOPLE WITH DISABILITIES, CHOOSE WORDS THAT REFLECT DIGNITY AND RESPECT.

Inappropriate language	Appropriate language
<ul style="list-style-type: none"> • The disabled • The blind • The deaf • Deaf people • Legally blind person • Disabled person 	<ul style="list-style-type: none"> • People with disabilities • The disability community (“disabled” is an adjective, so must be accompanied by a noun) • The blind community • The Deaf community, • People who are deaf or who are hard of hearing • Person who is blind • People who are blind or who have low vision
<ul style="list-style-type: none"> • Crippled • Suffers from • Afflicted with • Stricken with 	<ul style="list-style-type: none"> • Has a disability • Is a person with a disability • Is physically disabled • Walks with a cane

<ul style="list-style-type: none"> • Victim of • Invalid 	<ul style="list-style-type: none"> • Uses leg braces
<ul style="list-style-type: none"> • Normal person • Healthy • Whole 	<ul style="list-style-type: none"> • Non-disabled • Person without disabilities
<ul style="list-style-type: none"> • Impaired • Impairment 	<ul style="list-style-type: none"> • Has a disability
<ul style="list-style-type: none"> • Hearing impaired • Hearing impairment 	<ul style="list-style-type: none"> • Person who is deaf, • Person who is hard of hearing • Persons who are Deaf and Hard of Hearing •
<ul style="list-style-type: none"> • Wheelchair bound • Confined to a wheelchair • Wheelchair person 	<ul style="list-style-type: none"> • Wheelchair user • Person who uses a wheelchair
<ul style="list-style-type: none"> • Handicap parking • Disabled parking 	<ul style="list-style-type: none"> • Accessible parking • Disability parking
<ul style="list-style-type: none"> • Dumb • Mute 	<ul style="list-style-type: none"> • Person who cannot speak • Has difficulty speaking • Uses synthetic speech • Is non-vocal or non-verbal
<ul style="list-style-type: none"> • Stutterer • Tongue-tied 	<ul style="list-style-type: none"> • Person who has speech or communication limitations

Inappropriate language	Appropriate language
<ul style="list-style-type: none"> • CP victim, Spastic 	<ul style="list-style-type: none"> • Person with cerebral palsy
<ul style="list-style-type: none"> • Epileptic 	<ul style="list-style-type: none"> • Person with epilepsy • Person with seizure disorder
<ul style="list-style-type: none"> • Fit • Attack 	<ul style="list-style-type: none"> • Seizure • Epileptic episode or event
<ul style="list-style-type: none"> • Crazy • Lunatic • Insane, Nuts • Deranged, Psycho 	<ul style="list-style-type: none"> • People with emotional disorders • Mental illness • A mental disability • A psychiatric disability
<ul style="list-style-type: none"> • Retard • Mentally defective • Moron, Idiot, Imbecile • Down's person • Mongoloid 	<ul style="list-style-type: none"> • People who are developmentally disabled • Developmentally delayed • Person with mental retardation • Person with Down syndrome
<ul style="list-style-type: none"> • Slow learner • Retarded 	<ul style="list-style-type: none"> • Has a learning disability • Person with specific learning disability
<ul style="list-style-type: none"> • Dwarf, Midget 	<ul style="list-style-type: none"> • Person of small stature or small stature • Little person
<ul style="list-style-type: none"> • Paraplegic • Quadriplegic 	<ul style="list-style-type: none"> • Man with paraplegia • Woman who is paralyzed • Person with spinal cord injury
<ul style="list-style-type: none"> • Birth defect 	<ul style="list-style-type: none"> • Person who has a congenital disability • People who have congenital disabilities • Disabled from birth
<ul style="list-style-type: none"> • Post-polio • Suffered from polio 	<ul style="list-style-type: none"> • Person who has polio
<ul style="list-style-type: none"> • Homebound 	<ul style="list-style-type: none"> • A person who stays at home • It is hard for the person to get out.

APPENDIX G INTERPRETER AND TRANSLATION SERVICES POSTER

Attention

If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, YOU can have interpretive and translation services provided at no charge. Please ask for assistance English

¡Atención!

Si usted no habla inglés, o es sordo, o mudo, o siego, usted puede pedir servicios de interprete o traductor a no costo de su parte. Por favor, pida ayuda. Spanish

Attention

Si vous ne parlez pas l'anglais, si vous êtes sourd, ou durs d'oreille ou si vous êtes aveugles ou avez des difficultés à bien voir, vous pouvez obtenir des services d'interprétation ou de traduction. Les services sont gratuites. S'il vous plaît, demandez de l'aide. French

सावधान ।

अगर आपको अंग्रेजी नहीं आती, अथवा आप बहरे है, कम सुनाई देता है, या कम दिखाई देता है, तो आपको मुफ्त में अनुवादक की सेवाएं उपलब्ध हो सकती हैं। कृपया सहायता मांगें। Hindi

Attenzione

Si voi no parla l'inglese o sono muto, sordo o cieco voi podrei ottenere les services d'un interpretator o d'un traductor. Voi no deve pagare niente. Per favore, domandare d'assistenza. Italian

Atenção

Se você não fala inglês, o não ouve o não ouve bem, não pode ver bem, então pode ter ajuda gratis, sem ter que pagar pelo serviço. Faça favor de pedir ajuda. Portuguese

انتبه:

إذا كنت لا تتكلم الإنجليزية، أو إذا كنت أطرشاً أو خفيف السمع أو ضعيف البصر، يمكنك الحصول على خدمات مجانية للترجمة. أطلب المساعدة من فضلك. Arabic

pansin

Kung hindi ka marunong magsalita ng Ingles o kaya'y bingi ka, mahina ang pandinig o masama ang paningin, may mga tagapagsalin sa iyong wika na makakatulong sa iyo. Ang serbisyong ito ay walang bayad. Mangyaring humingi lamang ng tulong. Tagalog

공 고

귀가 멀거나 앞을 못 보시는 장애인 또는 영어가 힘든 분들께는 무료로 통역이나 번역을 해 드릴 수 있습니다. 도움이 필요하신 분들은 문의하십시오. Korean

Προσοχή

Αν δεν μιλάτε Αγγλικά ή αν είστε κωφός, βαρήκοος ή έχετε εξασθενημένη όραση, μπορούν να σας παρέχονται δωρεάν υπηρεσίες διερμηνείας και μετάφρασης. Παρακαλούμε, ζητήστε για βοήθεια. Greek

Bemærk

Hvis De ikke taler engelsk eller hvis De er døv, hørehæmmet eller synsvækket, kan De få tolke- og oversættelsesassistance uden beregning. Anmod venligst om assistance. Danish

Atansyon!

Si ou pa pale angle, si ou pa kapab tande (soud), si ou mal pou tande, si je'ou pa bon, ou ka jwenn moun pou ede-w tradwi epi enteprete pou'ou gratis. Tanpri mande pou yo ede-w. Haitian Creole

ກະລຸນາຟັງ

ກະລຸນາຟັງ. ຖ້າທ່ານເວົ້າພາສາອັງກິດບໍ່ໄດ້, ຫຼື ຖ້າທ່ານຫຼຸດພວກ, ທ່ານມີຄວາມຫຍຸ້ງຍາກໃນການຟັງ, ຫຼື ທ່ານ ມີ ບັນຫາໃນການຟັງ, ທ່ານ ສາມາດ ໄດ້ຮັບການບໍລິການ ຈາກ ການແປປາກເປົ່າ ແລະ ການແປເອກະສານ ໂດຍທີ່ ບໍ່ໄດ້ ເກັບຄ່າ ບໍລິການເລີຍ. ກະລຸນາ ສອບຖາມ ສຳລັບຄວາມຊ່ວຍເຫຼືອ. Laotian

Внимание!

Если вы страдаете проблемами со слухом или зрением, или не говорите по-английски, вы можете воспользоваться услугами устного или письменного перевода бесплатно. Мы ждем ваших заявок. Russian

uwaga

Jeżeli nie mówią Państwo po angielsku, albo jeśli Państwo są głusi lub nie dostają lub nie widzą, mają Państwo dostęp do bezpłatnej pomocy tłumacza pisemnego lub ustnego. Proszę zwrócić się o pomoc w tym zakresie. Polish

Viktig

Hvis du ikke snakker engelsk, er döv, hørselshemmet eller synshemmet kan du få tildeelt talk og oversetter uten ekstra kostnader. Vennligst be om assistanse. Norwegian

Viktig

Om du ej talar engelska, eller om du är döv, har svårt för att höra, eller är synskadad, kan du erhålla tolknings- eller översättningservice utan kostnad. Var god fråga om assistans. Swedish

Achtung:

Wenn Sie nicht Englisch sprechen, taub sind, schlecht hören oder schlecht sehen, können Sie einen kostenlosen Dolmetscher- und Übersetzungsservice fordern German

Nemt in akht

וּנְעוּז רַעֲדָא וְרַעֲדָא צוּ וְיִקְרַעוּשׁ טַאָה רַעֲדָא, בּוֹיט טײַז רײַא בּוֹיז רַעֲדָא, שׂילגנע וְיִיק טײַז טײַז רַעֲדָא בּוֹיז, וְנַעַם טַגְנאַלרַאפּ אָון טײַז טײַז רַעֲדָא גַמְזַעֲרַעֲבּוֹי אָן אָ טַסײַזוּמאַ וְנַעַמִיקאַבּ רַעֲדָא טַגְנַעַם, וְפּוֹלײַה רַעֲדָא לַאז. Yiddish

Chú ý

Nếu quý vị không nói tiếng Anh, hoặc nếu quý vị bị điếc, khó nghe, hoặc bị khiếm thị, quý vị có thể được cung cấp dịch vụ thông dịch và biên dịch miễn phí. Xin vui lòng để nghị giúp đỡ. Vietnamese

通告

英語を話さない方、または耳の不自由な方、耳の遠い方、視覚の弱い方は無料で通訳や翻訳のサービスが受けられます。担当者にお尋ね下さい。 Japanese

APPENDIX H
I SPEAK CARDS FLASHCARDS

Use these cards with Limited English Proficiency Customers to determine client's language.

- | | |
|--|----------------------------|
| <input type="checkbox"/> Mark this box if you read or speak English. | <i>English</i> |
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية | <i>Arabic</i> |
| <input type="checkbox"/> խոսողու՞մ ե՞նք նշու՞մ կատարե՞ք այս քառակուսու՞մ, եթե խոսու՞մ կա՞մ կարողու՞մ ե՞ք հայերե՞ն: | <i>Armenian</i> |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | <i>Bengali</i> |
| <input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | <i>Cambodian</i> |
| <input type="checkbox"/> Motka i kakhon ya yangin ûntûngnu' manitai pat ûntûngnu' kumentos Chamorro. | <i>Chamorro</i> |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。 | <i>Simplified Chinese</i> |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。 | <i>Traditional Chinese</i> |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | <i>Croatian</i> |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | <i>Czech</i> |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | <i>Dutch</i> |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | <i>Farsi</i> |
| <input type="checkbox"/> Cocher ici si vous lisez ou parlez le français. | <i>French</i> |
| <input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | <i>German</i> |
| <input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | <i>Greek</i> |
| <input type="checkbox"/> Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | <i>Haitian Creole</i> |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | <i>Hindi</i> |
| <input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | <i>Hmong</i> |
| <input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. | <i>Hungarian</i> |

- | | |
|---|-------------------|
| <input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | <i>Ilocano</i> |
| <input type="checkbox"/> Marchi questa casella se legge o parla italiano. | <i>Italian</i> |
| <input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。 | <i>Japanese</i> |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | <i>Korean</i> |
| <input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. | <i>Laotian</i> |
| <input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | <i>Polish</i> |
| <input type="checkbox"/> Assinale este quadrado se você lê ou fala português. | <i>Portuguese</i> |
| <input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți românește. | <i>Romanian</i> |
| <input type="checkbox"/> Пометьте этот квадратик, если вы читаете или говорите по-русски. | <i>Russian</i> |
| <input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик. | <i>Serbian</i> |
| <input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | <i>Slovak</i> |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | <i>Spanish</i> |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | <i>Tagalog</i> |
| <input type="checkbox"/> ให้กาเครื่องหมายลงในช่องดำผ่านอ่านหรือพูดภาษาไทย. | <i>Thai</i> |
| <input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | <i>Tongan</i> |
| <input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | <i>Ukrainian</i> |
| <input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | <i>Urdu</i> |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | <i>Vietnamese</i> |
| <input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש | <i>Yiddish</i> |

APPENDIX I FLORIDA RELAY



How the Relay Works

Text Telephone (TTY)



The user types messages and reads replies on the display screen and/or paper printout.



The Operator (OPR) voices typewritten messages to the hearing person and types replies to the TTY user.

Voice Carry-over (VCO)



A VCO user speaks directly to a hearing person and reads replies on the VCO screen.



The OPR types the response to the VCO user.

Two-Line VCO



A person with two phone lines and a computer can use one line for speaking and the other line for receiving typed messages.



The OPR accommodates VCO user by typing responses from the standard telephone user.

Hearing Carry-over (HCO)



Speech-impaired users listen to the person they called and then type their messages using the HCO telephone.



The OPR voices the typed messages to the standard telephone user.

Speech to Speech (STS)



Speech-impaired users speak through the OPR.



An OPR familiar with speech patterns voices the message to the person being called.



For outreach presentations or printed materials, call FTRI at 1-888-292-1950, ext. 232.

Remember, it's YOUR call!

Florida Relay is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired. Through Florida Relay, people who use specialized telephones can communicate with people who use standard telephones and vice versa.

Relay Access Numbers

Dial 711 to use the relay anywhere or continue using

- 1-800-955-8770 (Voice)
- 1-800-955-8771 (TTY)
- 1-877-955-8260 (VCO)*
- 1-877-955-5334 (STS)*
- 1-800-955-1339 (ASCI)
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Creole) 8 a.m. to 2 a.m. daily

*Recommend direct-dial.

Relay Customer Service
1-800-676-3777 (English)
1-800-676-4290 (Spanish)



Remember

- 711—Relay Service
- 411—Directory Assistance
- 911—Local Emergency Assistance



User Friendly Features

- Toll-free access calling.
- Available 24 hours a day, 365 days a year.
- No restrictions on the number or length of calls.
- No charge for local calls.



Do you know someone who can use Florida Relay? Share this with them.

Florida Telecommunications
FTRI Relay, Inc.

Equipment Distribution Program
Customer Service
1-800-222-3448 (Voice)
1-888-447-5620 (TTY)
Monday-Friday, 8:30 a.m.-5:00 p.m.
www.ftri.org

Rev. 5/03

ABOUT FLORIDA RELAY 711

Florida Relay is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Limited. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment.

To call Florida Relay, dial 7-1-1, or use the following toll free numbers

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-3771 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-800-955-5334 (STS)
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Cr)

Types of Florida Relay Calls

Thousands of Floridians depend upon Florida Relay every day to make both personal and business phone calls. Here are examples of how the specialized telephone equipment and services work.

Voice (for a hearing caller)

Standard telephone users can easily initiate calls to TTY users. The Relay operator types the hearing person's spoken words to the TTY user and reads back the typed replies.

1. Dial 7-1-1 for the Florida Relay Service.
2. You will hear, "Florida Relay operator (number), May I have the number you are calling please?"
3. Give the Relay operator the area code and telephone number you wish to call and any further instructions.
4. The Relay operator will process your call, relaying exactly what the TTY user is typing. The Relay operator will relay what you say back to the TTY user.
5. When you finish the conversation and are ready to hang up, don't forget to say "SK" which stands for "stop keying" (which alerts both the Relay operator and the other party that you are ready to end the conversation) then hangs up.



TIPS FOR HEARING CALLERS:

- Be sure to talk **directly** to your caller.
- **Avoid** saying "tell him" or "tell her".
- **Say** "GA" or "Go Ahead" at the end of your response.
- **Say** "Signing Off" before you hang up.

Text Telephone (TTY)

A person who is deaf, hard-of-hearing, deaf-blind, or speech-disabled uses a TTY to type his/her conversation to a Relay operator, who then reads the typed conversation to a hearing person. The Relay operator relays the hearing person's spoken words by typing them back to the TTY user.

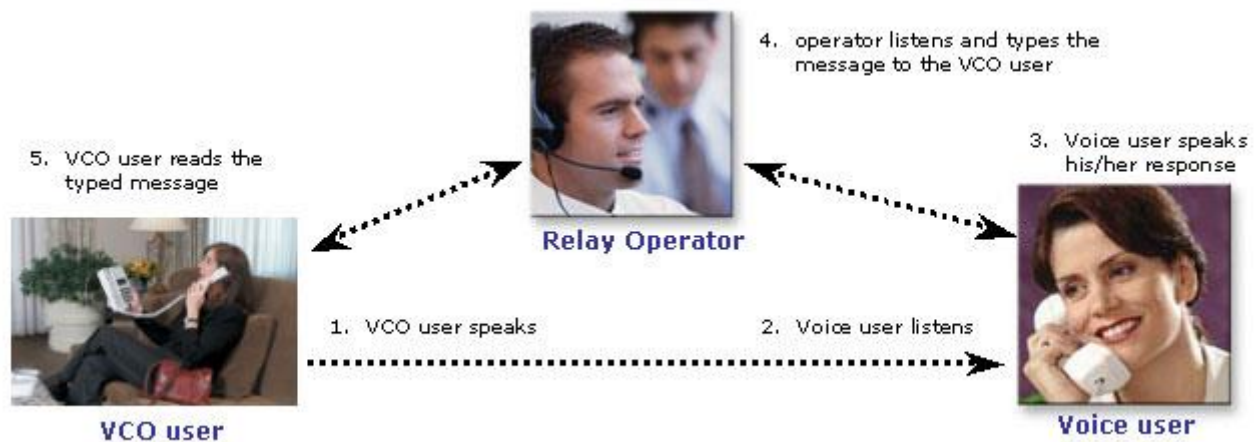
1. Dial 7-1-1 for the Florida Relay Service.
2. The Relay operator will answer with "FI Relay OPR 8234" (for Relay operator identification), "F" or "M" (for Relay operator gender) and "GA." ("GA" denotes "go ahead.")
3. Type in the area code and telephone number you wish to call and then type "GA."
4. The Relay operator will dial the number and relay the conversation to and from your TTY. Type in "GA" at the end of each message.
5. When you are finished with the conversation, type "SK" for "Stop Keying" then hang up



Voice Carry-Over (VCO)

Voice Carry-Over is an ideal service that enables a hard-of-hearing or deaf user to use his/her voice to speak directly to hearing person. When the hearing person speaks to back, the Relay operator serves as the "ears" and types everything that is said on a TTY or text display.

1. Dial the Florida Relay Service VCO number 1-800-955-8771.
2. The Florida Relay operator will answer "FL OPR 8234M (For relay operator identification) "F" or "M" (for Relay operator gender) GA".
3. Voice the area code and telephone number of the party you want to call.
4. The Relay operator will type the message "Voice Now" to you as your cue to start speaking. You speak directly to the hearing person. The Relay operator will not repeat what you say, but only type to you what the hearing person says. You both need to say "GA" at the end of your response.



Hearing Carry-Over (HCO)

Hearing Carry-Over (HCO) allows speech-disabled users with hearing, to listen to the person they are calling. The HCO user then types his/her conversation for the Relay operator to read to the standard telephone user.

- Dial Florida Relay 7-1-1.
- A Florida Relay operator will answer "FI Relay OPR 8234M GA", where "8234" for relay operator identification, "F" or "M" for operator gender and "GA" denotes "go ahead."
- Type in the area code and telephone number you wish to call and then type "HCO PLEASE GA."
- The Relay operator will make the connections and voice the typed conversation to the called party.



Speech-to-Speech (STS)

Speech-to-Speech (STS) allows speech-disabled persons to voice their conversation. A specially trained Florida Relay Operator will listen and repeat the speech-disabled user's dialogue to the called party. No special telephone equipment is needed to use this service. A STS call can be made from any standard telephone.

- Dial Florida Relay STS number 1-877-955-5334.
- You will hear “Florida Relay Speech-to-Speech operator (number). May I have the number you are calling to please?”
- Voice the area code and telephone number of the party you want to call.
- The Relay operator will say “Voice Now” to you as your cue to speak directly to your party. The Relay operator will then re-voice what you have said if the called party does not understand you. There may be instances where you will be asked to repeat your message to ensure that it is conveyed correctly.
- Remember to say “Go Ahead” when you are ready for the other person to respond.



CapTel

The CapTel phone is ideal for a hard of hearing individual to use his/her own voice to speak directly to hearing person. When the hearing person speaks back, the CapTel user can read the response on a text display. CapTel allows users to place a call in the same way they would when using a

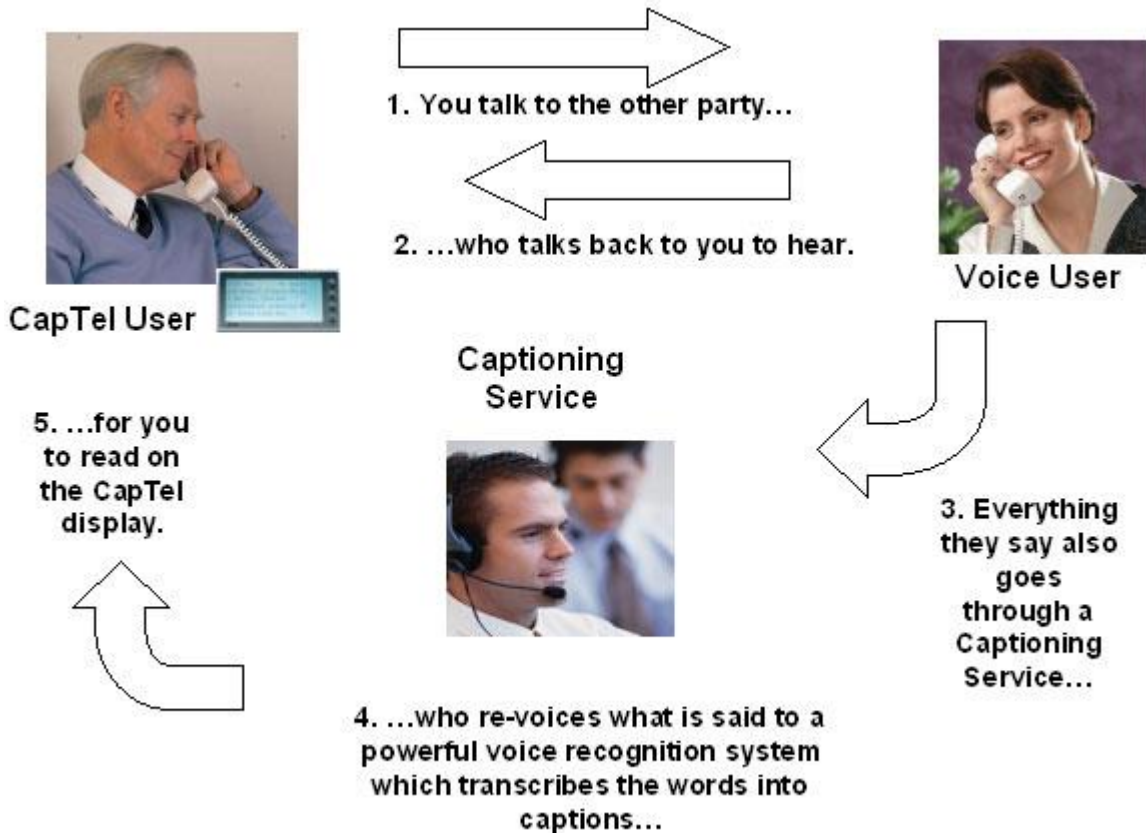
traditional phone - by dialing the number directly. The CapTel™ phone automatically connects to the Captioning Relay Service when the number is dialed. When the person answers, you hear everything that he/she says, just like a traditional phone call.

Here's how to **make a CapTel call**:

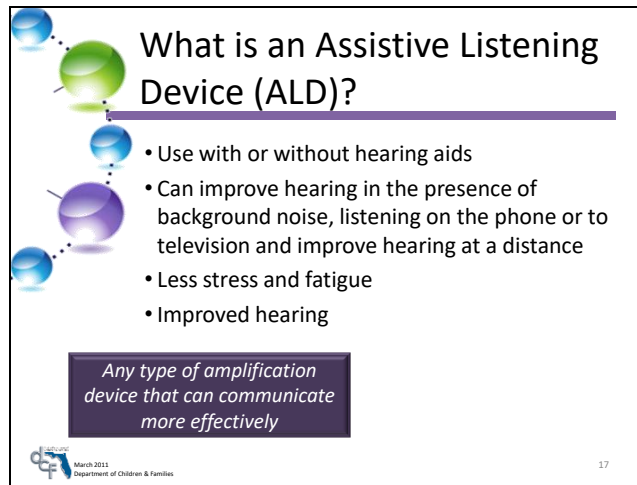
1. Get a special CapTel phone at no-cost from FTRI.
2. When dialing out, simply dial the number of the person you want to call.
3. Your CapTel phone will automatically connect to both the captioning service and the party you wish to reach.
4. A captionist transcribes everything the party says to you into written text (captions) using the very latest in voice-recognition technology.

Here's how to **receive a call** using a CapTel:

1. The voice user calling you should first dial 1-877-243-2823 (toll free).
2. Once connected, the voice user then enters your area code and phone number followed by the # symbol.
3. Whether it's an incoming or outgoing call, everything the voice user says to you is transcribed into captions that display in an easy-to-read window on your CapTel phone



APPENDIX J ASSISTIVE LISTENING DEVICES



What is an Assistive Listening Device (ALD)?

- Use with or without hearing aids
- Can improve hearing in the presence of background noise, listening on the phone or to television and improve hearing at a distance
- Less stress and fatigue
- Improved hearing

Any type of amplification device that can communicate more effectively

March 2011
Department of Children & Families

17

An assistive listening device (ALD) is any type of amplification device that can help you and your customer communicate more effectively. ALDs can be used with or without hearing aids and can improve hearing in the presence of background noise, listening on the phone or to television, as well as improve hearing at a distance. The individual using one of these devices may even notice less stress and fatigue in addition to improved hearing.



Department ALDs

Pocketalker

Motiva Personal FM Listening Device

March 2011
Department of Children & Families

18

The Department has two types of assistive listening devices available for times when we interact with customers and companions who are hard of hearing.

The Pocketalker is used for one-on-one communications, and the Motiva Personal FM Listening Device for group and/or large room meetings.

Instructions: Pocketalker

- Best for one-to-one
- Ear buds or headphones
- Amplify sound 10 feet or less
- Check and demonstrate
- Test for improvement
- Return for next use



March 2011
Department of Children & Families

19


The Pocketalker works best for one-to-one conversation and is completely portable (about the size of a cell phone). The Pocketalker comes with an ear bud or headphones (with ear covers that are disposable). It is best used to amplify sound 10 feet or less from the listener.

How to use the Pocketalker:

- Check the Pocketalker before you meet a customer to see that it is working properly
- Insert the batteries
- Connect the ear buds or headset cord to the Pocketalker
- Once your customer has agreed to use the Pocketalker, show them how to use it.
- Turn it on
- Adjust the volume to the lowest setting
- Have your customer insert the ear buds or headphones
- Have the customer slowly adjust the volume
- Test to see if this improves their hearing
- Continue with your discussion, checking now and then to see if they can hear properly.
- Once you have completed your meeting, remove the batteries, dispose of the used ear buds or headphone covers
- Be sure to have all parts together and ready to return to the appropriate place when finished

Instructions: Motiva Personal FM Listening System

- Large groups/meetings
- Amplifies sound
- Transmitter, microphone, receivers, ear buds/headphone
- 10 feet or more
- Works properly
- Test for improvement
- Return for next use



 March 2011
 Department of Children & Families

20

The Motiva Personal FM Listening System is for large groups and meetings. Like the Pocketalker, the Motiva Personal FM Listening System amplifies sound. It comes with a transmitter, microphone and two receivers with ear buds or a headphone. Use this device to communicate with customers who are Hard-of-Hearing at a table or in a meeting at a distance from 10 feet or more. The Motiva Personal FM Listening System has a built in microphone.

How to use the Motiva Personal FM Listening System: A detailed and illustrated instruction card is attached to the inside of the Motiva zippered case to guide you through the setup process.

Check the Motiva Personal FM Listening System **before** you meet a customer to see that it has all the parts and is working correctly. Follow the instructions inside the case for proper functionality. Turn it on, have your customer insert ear buds or headphones. Test and adjust the volume as necessary. Ask if this improves their hearing. Continue with your discussion, checking now and then to see if they can hear properly.

Once you have completed your meeting, remove the batteries from the transmitter and receiver, dispose of the used ear buds or headphone covers, gather all the components of the Motiva and return them to the zipper case. Return the set to the appropriate place when finished.

The instructional guides and job aids for operating the assistive listening devices may also be found on the DCF Internet Website under Administration/Service Delivery for the Deaf and Hard of Hearing section.

The screenshot shows a web browser window displaying the Florida Department of Children and Families (DCF) website. The URL in the address bar is <http://www.myflfamilies.com/service-programs/deaf-and-hard-hearing>. The page features the DCF logo and navigation menu at the top. A search bar is located in the upper right. The main content area is titled "Deaf and Hard-of-Hearing" and includes a large blue icon of an ear with a white sound wave. On the left side, there are sections for "Essential Links" and "Events". The "Essential Links" section contains three links: "Helpful Information for the Deaf and Hard of Hearing", "Information for DCF Service Providers", and "Archives". The "Events" section states "No events scheduled." Below this, there is a note about Adobe Reader and a link to download it. A secondary list of links is provided on the right side of the page. The footer contains various links and promotional banners for "Child Fatality Prevention", "Living Healthy for Me", "Explore Adoption", and "K-12 Scholarships".

We have posted for your convenience on the DCF Internet Website @ <http://www.myflfamilies.com/service-programs/deaf-and-hard-hearing> additional resources that will help you with Service Delivery for individuals who are Deaf and Hard of Hearing.

Look on the left side of the internet page under quick links for the small banner “Service Delivery for the Deaf and Hard of Hearing.”

Click on that banner and look again on the left side bar for numerous resources that will assist you when serving our customers and companions who are deaf or hard-of-hearing.

The instructional guides and job aids for operating the assistive listening devices are located under “Assistive Listening Device (ALD) Pilot Central Region.” You’ll also find the Process Map for Accessing ALD equipment on that page.

APPENDIX K
DIRECTORY OF AGENCIES AND ORGANIZATIONS

The following agencies or organizations may be able to assist in ensuring accessibility for individuals with disabilities or Limited English Proficiency:

Agency/Provider	Telephone	TDD/TTY/ 800	URL/Email/Address
Ability1st Interpreter Listing Services ⁶	(850) 575-9621 ext.120 (850) 298-8793 video phone or voice calls)	TDD/TTY (850) 576-5245	http://www.ability1st.info/
AbleData Assistive Technology	Phone - 1-800-227-0216 Fax - 703-356-8314	703-992-8313	www.abledata.com
Absolute Quality Interpreting (AQI) ⁷ Contact: Lisa Schaefermeyer Certified; Suncoast Region	(813) 785-1214 voice/text (813) 200-3469 fax *Provides video remote interpreting services.		http://www.aqiservices.com/infor@AQIservices.com
Accessible Communication for the Deaf; Lisa Gauntlett	Sunrise: 954-578-3081 Tampa: 813-926-0008 Video Ph: 954-519-2975	(954) 347-5749	http://www.acdasl.com/
Access On Time [Language & Logistics]	888-748-7575 (407) 330-9113		www.accessontime.com 3210 Lake Emma Road, Suite 3090 Lake Mary, Florida 32746
ADA Help (Broward)	954-357-6500		http://www.broward.org/Intergovernmental/ADA/Pages/Default.aspx 115 South Andrews Ave., Room 426/427 Ft. Lauderdale, Florida 33301
Advocacy Center for Persons with Disabilities	(850) 488-9071 (800) 342-0823	(800) 346-4127	http://www.disabilityrightsflorida.org/
Agape Interpreting Services, Inc. 5319 Cypress Links Blvd. Elkton, FL 32033	904-588-5583		http://www.agapeinterpreting.com/diandria@agapeinterpreting.com

⁶ Ability1st keeps an up-to-date listing of interpreters available in the Panhandle area. The list is available to the community upon request and to all deaf and hard of hearing people in our community. It is meant to be used as a resource to doctor's offices, social security office, etc. when an appointment is being made.

⁷ "Absolute Quality Interpreting Services, LLC is an agency that provides exceptional and professional sign language interpreting services in all settings while focusing on outstanding practices with our clients, consumers and independent contractors." Provides services statewide 24 hours a day, 7 days a week.

A La CARTe Connection Gina P. Garcia, RPR, CRR, CCP	1-888-900-3239		http://alacarteconnection.com/remote-services/office@alacarteconnection.com
Albors and Associates Language (Face to Face) Interpretation (LEP) & Translation	(800) 785-8634		http://www.alborslanguages.com/index.html 5971 Brick Ct. Suite 200 Winter Park, FL 32792
American Foundation for the Blind	(212) 620-2000	(800) 232-5463	http://www.afb.org/default.aspx
Audiology – Easter Seals	(386) 255-4568		http://www.easterseals.com/fl-vf/our-programs/childrens-services/audiology.html 1219 Dunn Ave, Daytona Beach, FL 32114
Birnbaum Interpreting Services (BIS) ⁸	(301) 587-8885 (301) 565-0366 fax	(800) 471-6441	http://www.bisworld.com/ 8555 16 th Street, Suite 400 Silver Springs, MD 20910 www.bisscheduling.com
Bureau of Braille and Talking Book Library	(800) 226-6075		http://dbs.myflorida.com/
Canine Companions for Independence	(407) 834-2555	(800) 572-2275	http://www.cci.org/site/c.cdKGIRNqEmG/b.3978475/k.3F1C/Canine_Companions_for_Independence.html
Center for Hearing & Communication, Kim Schur	(954) 601-1930	(954) 601-1938	http://chchearing.org/ 2900 W Cypress Creek Rd. Fort Lauderdale, FL 33309
Center for Independent Living of Broward	(954) 722-6400		http://www.cilbroward.org/
Center for Independent Living of North Central Florida	(352) 378-7474	(800) 265-5724	www.cilncf.org
Center for Independent Living of Northwest Florida	(850) 595-5566	(877) 245-2457	http://www.cil-drc.org/
Center for Independent Living of South Florida (Auxiliary Aids and Services for persons with disabilities)	(305) 751-8025 Voice (305) 751-8891 TDD (305) 751-8944 Fax		http://www.softacil.org/ Email info@softacil.org 6660 Biscayne Blvd. Miami FL 33138
Center for the Deaf and Hard of Hearing of Manatee/Sarasota (Sarasota) Covering Manatee and Sarasota Counties	(941) 366-0260		http://www.ccdhh.org/ dcarlton@ccdhh.org
Center for the Visually Impaired	(386) 253-8879	(800) 227-1284	http://www.cvicentralflorida.org/

⁸ Southeast Region and Southern Region has a contract with this agency.

Coalition for Independent Living Options, Inc	(772) 485-2488 (866) 506-4510 Fax		http://www.cilo.org/ Martin County
Coalition for Independent Living Options, Inc	(772) 878-3500 (772) 878-3344 Fax		http://www.cilo.org/ Saint Lucie / Okeechobee Counties
Coalition for Independent Living Options, Inc	(561) 966-4288 (561) 641-6619 Fax		http://www.cilo.org/ West Palm Beach
Coda Link Sign Language for Deaf/Hard of Hearing	(954) 423-6893 (954) 423-2315		www.codalinkinc.com staff@codalinkinc.com 8963 Stirling Road, Suite 6 Cooper City, FL 33328
Conklin Center for the Blind	(386) 258-3441		http://www.conklincenter.org/ 405 White St. Daytona Beach, FL 32114
Community Center for the Deaf and Hard of Hearing (Manatee & Sarasota)	941-366-0260	941-209-1108 Videophone	http://www.ccdhh.org/ 1750 17th St, Bldg F Sarasota, FL 34234
Community Center for the Deaf and Hard of Hearing (Venice)	941-488-5709	941-244-5029 Videophone	http://www.ccdhh.org/ 623 Cypress Ave. Venice, FL 34285
Deaf and Hard of Hearing Services of Volusia County	(386) 257-1700	TDD (386) 257-3600 (800) 643-2447	http://www.easterseals.com/fl-vf/our-programs/adult-services/deaf-and-hearing-services.html Dbdeafhh@aol.com
Deaf Communications Specialist/ David Bragg	888-332-3266		http://www.deafcom.us/ 5955 SE Federal Hwy, PMB 351 Stuart, FL 34997
Deaf and Hard of Hearing Services of Florida, Inc. (Port Richey)	727-853-1010	727-853-1014 (fax) 866-685-9477 (toll free)	http://deafhhsfla.org/ 8610 Galen Wilson Blvd Building B, Suite 100 Port Richey, FL 34668
Deaf Service Center of SW Florida Fort Myers	(239) 461-0334	TTY (239) 461-0438	www.dsc.us 1860 Boy Scout Dr #B208 Fort Myers, FL
Deaf Talk, LLC [Nationally Certified Interpreter/Trilingual Interpreters and Interpreters]	(321) 352-7778 Voice (407) 233-0889 Video (888) 315-3181 Fax		www.deaftalkllc.com Winter Garden, Florida Serving Central Florida
Division of Blind Services	(850) 245-0300 (800) 342-1828		http://dbs.myflorida.com/
Division of Vocational Rehab.	(800) 451-4327 (850) 245-3399		www.rehabworks.org
Eterpreting Solutions (24 hour Language interpreting service)	(855) 910-3600		http://www.eterpreting.com/
Family Center on Deafness	(727) 549-6664	TTY	Julie@fcdpinellas.org

(Pinellas Park) Covering families in Pinellas County	(727) 547-7837 Fax	(727) 549-6664	6883 102 nd Ave N. Pinellas Park, FL 33782
Florida Alliance for Assistive Services and Technology	(850) 487-3278 (850) 575-4216 Fax	TDD: (877) 506-2723	http://faast.org
Florida Clearing House on Disability Information	(850) 922-4103 (850) 414-8908 Fax	TDD (877) 232-4968	http://www.myfloridalegal.com/vicdirect.nsf/Ninth+Judicial+Circuit/78FBB7781F0298DD85256ADB004507E1
Florida Governors' Alliance for the Employment of Disabled Individuals	(850) 224-4493	Voice or TDD (888) 838-2253	www.abletrust.org
Florida Keys, Center for Independent Living	(305) 453-3491 (305) 453-3488 Fax (877) 335-0187 Toll Free		www.soflacil.org/
Florida Real-time/Caption ERR, CCP, CBC Tanya Ward English (CART)	(954) 767-6363 (954) 680-776(FAX)		http://www.stenosearch.com/connect/cart_reporters.htm#Florida_CART_Providers tanya@floridarealtime.com
Florida Relay Services 7-1-1	Voice: 1-800-222-3448 Customer Care: 1-888-554-1151 VP: 1-850-270-6016	TTY: 1-888-447-5620	www.ftri.org
Florida School for the Deaf & the Blind	904-827-2200 Voice & text 904-245-1022 Videophone		www.fsdb.k12.fl.us
Florida Vocational Rehabilitation	(850) 245-3399	(800) 451-4327	http://www.rehabworks.org/
Glades Initiative Julio Mariaca, Sign Language & Language Interpreter	(561) 996-3310		http://www.gladesinitiative.org/
Hearing Impaired Persons Center of Charlotte County	(941) 743-8347	TTY (941) 743-9286	
Independence for the Blind of West Florida, Inc.	(850) 477-2663		www.ibwest.org
Institute For Cultural Competency (Language Line Solutions) Language only	(800) 654-7064		*Call Center use assigned code
Interpreters Network Inc. (ASL, Translation and Language Interpretation)	(305) 381-9555		jsbdomino@aol.com

Jackson Memorial Hospital Mental Health Hospital Center Outpatient Program for Deaf/Hard of Hearing Individuals	(305) 355-8059	TDD (305) 355-8066	http://research.gallaudet.edu/resources/mhd/details/114/
Language Line, Inc.	(866) 874-3972		www.languageline.com
Language Speak Inc. (Translation, Interpreters, C.A.R.T, and ASL)	(305) 668-9797		www.languagespeak.com
LeChateau (Court Translation)	(239) 274-5700		http://www.letspeak.com/
Lew Balaban (CART)	(954) 767-0361 Phone & Fax		ibalaban@bellsouth.net
Light House of the Big Bend (formerly FIRE) ⁹ Contact: Wayne Warner	(850) 942-3658 ext. 210	(888) 827-6033	www.firesight.org Info@lighthousebigbend.org 3071 Highland Oaks Terrace Tallahassee, Florida 32301
Lighthouse for the Blind	Phone: 561-586-5600 Fax: 561- 845-8022		http://www.lighthousepalmbeaches.org/ info@lighthousepalmbeach.es.org
Lighthouse for the Blind of Miami-Dade	(305) 856-2288		http://miamilighthouse.org/Florida_Heiken_Program.asp
Link Translations and Interpretation, Inc. (Translation & Interpretation Services)	(305) 790-9071 877-272-5465 Fax: 954-433-5994		www.linktranslations.com translate@aol.com 16560 NW 1st St. Pembroke Pines, FL 33028
MacDonald Training Center (Tampa)	(813) 870-1300		http://www.macdonaldcenter.org/
MB Interpreting – National ASL [Molly Bartholomew]	(239) 980-1192		molly.bartholomew.nic@gmail.com Lake county
McNeil Technologies/Telelanguage, Inc.	(888) 983-5352 (800) 514-9237		www.telelanguage.com
Miami Dade City Disability Svc. & Independent Living	(305) 547-5444 (305) 547-7355 Fax		http://www.miamidade.gov/socialservices/disability-services-elderly.asp
Miami Lighthouse for the Blind Visually Impaired, Inc.	(305) 856-2288		http://miamilighthouse.org/

⁹ This is a nonprofit agency dedicated to guiding people through vision loss. This organization's primary benefit to DCF is translating documents to Braille.

Nationwide Interpreter June Backer Sign Language for Deaf/Hard of Hearing	(888) 647-9788 (561) 363-0594 (561) 635-4737 (after hours)		http://nationwideinterpreterresource.com/ PO Box 272142 Boca Raton, FL 33427-2142
Pacific Interpreters	(503) 445-5500 (800) 311-1232		http://www.pacificinterpreters.com/
Partners In Communications Post Office Box 15454 Tallahassee, Florida 32317-5454	(850) 942-6882 or after hours (850) 531-7452		
Professional Interpreting Services for the Deaf, Inc.	ph: 850-791-0840 voice/text alt: 850-512-1540 Video Phone		http://www.professionalinterpreting.biz/home
Purple Language (Tampa) Contact: Kimberly Shank	(813) 793-4034 (813) 931-6753		http://www.purple.us/tampa
Registry of Interpreters for the Deaf [RID]	(703) 838-0030 (703) 838-0454 Fax	TTY (703) 838-0459	http://www.rid.org (Search for a list of all Certified Interpreters in Florida) 333 Commerce Street Alexandria, VA 22314
Russ Tech Language Services. ¹⁰ 1338 Vickers Drive Tallahassee, Florida 32303	(850) 562-9811 (850) 562-9815 Fax		www.russtechinc.com
Seven Languages Translating (Translation, Interpreters and audio equipment)	(305) 374-6761		http://www.sevenlanguages.com/ 19 W. Flagler St. Suite 806 Miami, FL 33130
Sign Language Interpreter Services Line (North Central Florida)	(877) 629-8840 (352) 378-7474		http://cilncf.org/
Sign Language Services, Inc	(850) 912-6811 Main Office (850) 232-3538 (24 hour On-call Cell)		Request_SLS@yahoo.com
Signs of Interpreting, LLC	(904) 207-0290		www.signsofinterpreting.com

¹⁰ This agency translates forms to other languages, as well as provides interpreter services for meetings, training, and during telephone/video conference calls.

Sign Language Associates (Brandon)	(800) 752-5777	TTY (301) 946-9710	http://www.purple.us/ SLATampaBay@ signlanguage.com
Sign Language Interpreters Jacksonville	(904) 502-6593		http://www.sliagency.com/request.htm
SignOnVRI – Video Remote Interpreting	(206) 632-7100 Voice (206) 632-0405 Fax (206) 445-7434 VP	(866) 688-7100	130 Nickerson Street Suite 107 Seattle, WA 98109 info@signonasl.com www.signonasl.com
Sorenson Communications (Video Relay)	(801) 287-9400		http://www.sorenson.com/
Speech Therapy – Easter Seals	(386) 255-4568		http://www.easterseals.com/our-programs/medical-rehabilitation/speech-and-hearing-therapy.html
Tavia Mays Nationally Certified Sign Language	(772) 240-8655		taviamays@gmail.com Fort Lauderdale/West Palm Beach/Port Saint Lucie
The Center for Independent Living	Voice: (850) 575-9621 VP: (850) 298-8793 Fax: (850) 575-5740		http://www.ability1st.info/ 1823 Buford Court Tallahassee, Florida 32308
Translators & Interpreters of the Treasure Coast (formerly known as Translations USA)	HQ: 772-223-2101 or 772-344-5930 Rose Rosario: 772-418-2828		www.trans-usa.org 1025 SW Martin Downs Blvd. Suite 202 Palm City, FL 34990

APPENDIX L LANGUAGE LINE SERVICES

Language Line, Inc. provides interpreter services to clients with Limited English Proficiency (LEP) as mandated by federal and state civil rights regulations.

There is a fee for services provided through Language Line, Inc. Each program will be charged for their use of the telephone interpreter services. Telephone interpreter services can be accessed 24 hours a day by following these instructions (unless alternative contracts are in place) when placing a call to a non-English speaker, begin at step 2:

When receiving a call:

1. Place the non-English speaker on hold.
- 2. Dial: 866-874-3972**
3. This is an automated answering system. Please have your 6-digit client ID available as well as the language needed, and your name.
4. Once an interpreter has been added to your call, provide your information in three to four sentences in a logical order so the interpreter can retain the information and interpret it accurately to your LEP client.
5. Please inform the interpreter if you are using a hand held phone, versus a speakerphone, so they will allow time for the phone to be passed back and forth, before relaying the information.

Note: To access the Language Line Tutorial: <http://www.languageline.com/training>.

If you are not a language line Customer, you can contact them at:

- **Call them** at 1-800-752-6096 option 4
- 1-831-648-7548 (International)
- See their [Frequently Asked Questions](#)
- [Open an Account](#)

**APPENDIX M
CART PROVIDER LIST**



<http://www.ncra.org/Membership/content.cfm?ItemNumber=9039&navItemNumber=11459>

CART Provider Directory – Florida

AREA	PROVIDER	PRIMARY AREA
Fort Lauderdale	Tanya Ward English, CRR, CCP, CBC Florida Realtime/Caption Crew 5571 SW 94th Avenue Ft. Lauderdale, FL 33328 954-684-1259 Tanya@floridarealtime.com www.captioncrew.com	Miami, Florida West Palm Beach, Florida Statewide Florida
	Lew Balaban Lew Balaban 621 S.W. 14th Court Ft. Lauderdale, FL 33315 954-767-0361 954-767-0381(fax) lbababan@bellsouth.net	New York
Hollywood	Gina P. Garcia, RPR, CRR, CCP A La CART Services 6420 Thomas St. Hollywood, FL 33024 305-484-4862 ginarpr@bellsouth.net	Miami, Florida Fort Lauderdale, Florida West Palm Beach, Florida
Lithia	Phyllis DeFonzo, RPR 6028 Sandhill Ridge Drive Lithia, FL 33547 732-547-5592 813-662-3842(fax) clarke.csr@verizon.net	
Odessa	Mike J. Cano, RMR, CRR, CBC, CCP Alternative Communication Services 9236 Brindlewood Dr. Odessa, FL 33556	International

	800-335-0911 813-926-7855 info@acscaptions.com	
Oldsmar	Tammy Milcowitz, RMR, CRR, CCP SignWrite Reporting Services, Inc. 4958 Turtle Creek Trail Oldsmar, FL 34677 727-422-6758 727-781-7141(fax) tmilcowitz@yahoo.com	
Orlando	Rita G. Meyer, RDR, CRR, CBC, CCP All Good Reporters, LLC P.O. Box 536084 Orlando, FL 32853-6084 800-208-6291 Toll Free/Fax 407-325-0281 Mobile rgm@allgoodreporters.com	
Oviedo	Katy J. Hanbury, RMR, CRR, CCP 1030 Catfish Creek Court Oviedo, Florida 32765 407-359-9143 407-359-1580 (fax) cfcaption@bellsouth.net	Orlando, Florida Central Florida
Palm Bay	Lisa B. Johnston, RMR, CRR, CCP 1070 Hoyt Court NE Palm Bay, FL 32907 321-698-9050 Cell 321-951-7722 Home 321-951-7723(fax) LJohnston27@cfl.rr.com	Orlando, Florida Melbourne, Florida Vero Beach, Florida
Pinellas Park	Gayl Hardeman RDR, CRR, CCP, FAPR Hardeman Realtime, Inc. (HRI) CART and Video Services 7901 42nd Street Pinellas Park, FL 33781 727-547-9409 813-404-2488 (cell) 727-547-0896 (fax) TampaGayl@aol.com	
Plantation	Lynn D. McCulloch, RPR 251 SW 62 nd Terrace Plantation, FL 33317 954-830-4935 954-585-8345 LynnDMcCulloch@aol.com	College Classes

Rockledge	Debra M. Arter, RDR, CRR Arter Reporting Services P.O. Box 560368 Rockledge, FL 32956-0368 321-632-5806 321-632-0386(fax) arterreporting@cfl.rr.com	Orlando, Florida
Sarasota	Deanna C. Boenau, RDR, CRR, CBC, CCP AmeriCaption, Inc. P.O. Box 50653 Sarasota, FL 34232 941-359-8100 americaption@comcast.net	
Tampa	Theresa Marie Crowder, RPR, CRR, CCP TMT Reporting, Inc. 7809 Bay Drive Tampa, FL 33635 813-814-7736 813-814-7746(fax) TMT.Tess@Verizon.net	

APPENDIX N VIDEO REMOTE INTERPRETING

A video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. This is done through a remote or offsite interpreter, in order to communicate with persons with whom there is a communication barrier. It is similar to a slightly different technology called video relay service, where the parties are each located in different places. Contact Language People at www.langugaepeople.com or (707) 538-8900 for additional information.

