

Serving Participants Who are Deaf and Hard-of-Hearing

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Overview

Aid to Victims of Domestic Abuse, Inc. (AVDA) shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA).

This plan is available in alternative formats at the request of staff and participants. This plan will be disseminated to persons working with people living who are Deaf or hard-of-hearing and will be posted on AVDA's website.

Single Point of Contact

The Single Point of Contact (SPOC), Residential Services Manager, will ensure effective communication with Deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA. The Single Point of Contact shall ensure that employees are aware of the requirements, roles, responsibilities, and contact points associated with compliance with Section 504 and the ADA.

Provision of Auxiliary Aids and Services

AVDA will, at all times, recognize that the participant's preference is the primary consideration in determining what auxiliary aids or services to provide. If communication through a specific auxiliary aid or service is deemed to be ineffective, staff will ask the participant or companion to determine a more effective auxiliary aid or service for communication. Documentation shall be made in the participant's file regarding the attempt to improve the effectiveness of auxiliary aids and services.

If a participant or companion is Deaf or hard-of-hearing, AVDA's staff shall obtain auxiliary aids according to the communication assessment and service requested. All American Sign Language interpreters' certifications shall be verified.

Staff that is 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 the participant or companion.

Provision of Interpreters

AVDA shall provide an interpreter for all services provided by AVDA that the participant is requesting to participate in and receive, including but not limited to intakes, individual advocacy, and support groups.

AVDA has an account with Nationwide Interpreter Services. To access services from Nationwide:

- a. Complete an *Authorization for Release of Information* form with the participant. Be sure to review all aspects of safety and informed consent with participant.
- b. Complete and fax the *Nationwide Interpreter Request* form as soon as services are requested or when services need to be scheduled.
- c. Complete AVDA's *Payment Request* form and attach a copy of the Nationwide Request form.
- d. Submit the completed paperwork to a Residential Services Manager for residential participants or the Program Services Director for outreach participants.
- e. Interpreters arriving on AVDA's residential campus need to be pre-posted on the Visitor/Vendor Board.
- f. Interpreters need to sign a confidentiality agreement and sign-in upon arrival.

AVDA staff shall provide interpreters for participants and companions who are Deaf or hard-of-hearing in a timely manner in accordance to the following standards:

- a. **Non-Scheduled Interpreter Requests:** For any emergency situation that is not a scheduled appointment, staff shall make an interpreter available as soon as possible but no later than two (2) hours from the time the participant, companion, or staff member requests an interpreter. If the situation is not an emergency, staff shall offer to schedule an appointment to provide an interpreter for effective communication as convenient to the participant or companion, but at least by the next business day.
- b. **Scheduled Interpreter Requests:** For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the participant or companion who is deaf or hard-of-hearing as soon as possible but no later than two (2) hours after the scheduled appointment.

Nationwide Interpreter Resource, Inc.

PO Box 272142
Boca Raton, Florida 33427-2142
561-362-0594
561-715-2346 cell
561-362-9785 fax
NIR@InterpreterResource.com
www.NationwideInterpreterResource.com

Interpreter Request Form

Please fax requests to: 561-362-9785
Copy this blank form for future requests

Today's Date: _____

Your Company/Office/Practice Name _____

Doctor/Attorney Name (if applicable) _____

Billing Address _____ City _____ Zip _____

Phone _____ Ext _____ Fax _____

Your Name _____ E-mail _____

Your Phone (if different) _____ Ext _____ Alt Fax _____

Date Needing Service _____ Mon Tue Wed Thu Fri Sat Sun (circle one)

Start Time _____ End Time _____ Deaf Client/Patient _____

Situation (Dr Appt, Meeting, Surgery) _____

Location Name (if different from above) _____

Location Address _____ City _____

Contact Person at Site _____ Phone/cell (if different) _____

Directions (from I-95) _____

NIR Use Only Below (if you do not receive a faxed confirmation, contact NIR at 561-362-0594)

Interpreter Confirmed _____

Auxiliary Aids Documentation

AVDA shall document the participant or companion's preferred method of communication and any requested auxiliary aids and services provided in the customer's program file. Documents and forms evidencing when and how AVDA provided auxiliary aids and services to customers or companions shall be retained within the customer's corresponding file for seven years. Forms include but are not limited to:

- Customer or Companion Assessment and Assessment and Auxiliary Aid and Service Record
- Customer or Companion Request for Free Communication Assistance or Waiver
- Customer or Companion Feedback form
- Auxiliary Aid Service Record Monthly Summary Report

Monthly reporting documentation related to serving participants who are Deaf and hard-of-hearing will be kept with program service files and stored for seven years.

Denied Auxiliary Requests

Documentation, with supporting justification, must also be made if any request was not honored. AVDA's President & CEO is the only person that can deny auxiliary aid requests made by a participant or companion. If a staff person is not familiar with an auxiliary aid request, please contact AVDA's SPOC for additional support. Staff may also ask the survivor for any information that we may need to secure the requested auxiliary aid but be sure to explain to the participant that the cost of any auxiliary aid is AVDA's responsibility, not the participant.

Referrals

If participants or companions are referred to other agencies, AVDA will notify the receiving agency of the participant or companion's preferred method of communication and any auxiliary aid or service needs. In order to accommodate this, AVDA will ensure that the participant desires the referral and that he or she signs an *Authorization for Release of Information* form prior to staff making the referral.

Customer Feedback Form

The provider shall distribute Customer/Companion Feedback Forms to participants or companions that are Deaf or hard-of-hearing and provide assistance in completing the forms if requested by the customer or companion. The original Customer/Companion Feedback Form shall be mailed to DCF, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room110, Tallahassee, FL 32399-0700 by the participant or by AVDA, if requested. A copy of the Customer Feedback Form **shall not be kept in the participant's file.**

Signage

The SPOC will ensure that prominent notices that provide information about the availability of appropriate auxiliary aids and services at no-cost to Deaf or hard-of-hearing participants or companions are posted near where people enter or are admitted within AVDA locations. The SPOC's name and contact information should be on the Deaf and hard-of-hearing Poster as well as the name and contact information for the local ADA 504 Coordinator.

The approved notices can be downloaded through the Internet at: <http://www.dcf.state.fl.us>

Department of Health and Human Services (HHS) Reports

AVDA's SPOC shall submit HHS reports monthly, no later than the 3rd day of each month, to AVDA's FCADV Contract Manager, AVDA's Program Services Director, and AVDA's Business Operations Director.

Event Accommodations

AVDA shall ensure accessibility to meetings, conferences and seminars to persons who are Deaf or hard-of-hearing by placing the following statement on all event notices and advertisements prior to the event:

AVDA will provide accommodations, including American Sign Language interpreters, assistive listening devices, alternative formats of printed materials and real-time captioning upon request for persons who are deaf, hard of hearing or are living with disabilities. To ensure accommodations, please make your request within 7 days prior to the event to (Insert name of event coordinator and their phone number and email address).

Staff Training

The staff shall receive training on how to provide auxiliary aids and services for persons with disabilities within 60 days of commencing employment. AVDA's staff shall receive annual refresher training on auxiliary aids and services for persons who are Deaf and hard-of-hearing. AVDA's staff shall be trained to use the TTY phone and video relay call. Training documentation shall be maintained in each employee's training file.

Auxiliary Aids

WebCam

AVDA's WebCam is stored with the Program Analyst.

This can be used to provide a participant with an opportunity to communicate by sign language. Skype or another similar system would also be need. If you receive a request for this accommodation, please complete the necessary paperwork and request AVDA's Program Analyst assist with installing the webcam where needed and testing the technology for video and audio functionality.

Sign language interpretation services via Video Relay Service (VRS) or Video Remote Interpreting (VRI) are useful in the present-day where one of the parties is deaf, hard-of-hearing, or speech-impaired. In such cases, the interpretation flow is normally within the same principal language, such as French Sign Language (LSF) to spoken French, Spanish Sign Language (LSE) to spoken Spanish, British Sign Language (BSL) to spoken English, and American Sign Language (ASL) also to spoken English (since BSL and ASL are completely distinct to each other), and so on.

With video interpreting, sign language interpreters work remotely with live **video and audio** feeds, so that the interpreter can see the participant and converse with the staff member, and vice versa. Much like telephone interpreting, video interpreting can be used for situations in which no on-site interpreters are available. However, video interpreting **cannot** be used for situations in which all parties are speaking via telephone alone. VRS and VRI interpretation requires all parties to have the necessary equipment. Some advanced equipment enables interpreters to control the video camera remotely, in order to zoom in and out to point the camera toward the party that is signing.

Video Relay Service (VRS)

Through the Video Relay Service, individuals who are Deaf and hard-of-hearing that have specialized telephone equipment can communicate with individuals who use standard telephone equipment (audio only). Individuals may use Video Relay Services to connect with AVDA's hotline or AVDA staff via phone.

Video Remote Interpreting

Through a video remote interpreter people can use an interpreter via technology to communicate with a participant, face-to-face, instead of an in-person interpreter. This is a good resource for emergency situations with limited time to get an in person interpreter as well as if there are few local community resources for certified interpreters.

In a typical VRI situation, the two parties are located together at one location with a videophone or web camera, and a television or computer screen. The interpreter works from another location—either an office, home-based or call center—also using a videophone or web

camera and television or computer screen. The equipment must provide video and audio connectivity or a separate telephone line can be used for audio.

The video interpreter facilitates communication between the participants who are located together at the other site. In the case of sign language interpretation, the interpreter hears the voices of the hearing people through the microphone or telephone, and renders the message into sign language via video cameras and vice versa.

Please note that it is illegal to use Video Relay Service for face-to-face contact. Video Remote Interpreters should be used in these circumstances.

Contact the ***Registry of Interpreters for the Deaf*** to connect with certified video remote interpreters.

(703) 838-0030 (Video Remote Interpreters)

Pocket-talker

The pocket-talker is stored in ES File Cabinet #3

A Pocket-talker works best for one-to-one conversation and is completely portable (about the size of a cell phone). The Pocket-talker 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 Pocket-talker:

- Check the Pocket-talker before you meet a customer to see that it is working properly
- Insert the batteries
- Connect the ear buds or headset cord to the Pocket-talker
- Once your customer has agreed to use the Pocket-talker, show them how to use it
- Turn it on
- Adjust the volume to the lowest setting
- Have your 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

Other Auxiliary Aids

1. TTY Machines for answering hotline calls.
2. Hard wired flashing fire alarms throughout the residential campus and in Admin/Outreach hallways.
3. Gentex Smoke alarm for persons with hearing impairments (ES File Cabinet #3)
 - a. Requires a 9 volt battery and electrical outlet
 - b. Needs to be mounted on the wall
 - c. Directions are included
 - d. Tested on August 12, 2015
4. Sonic Alert Alarm Clock with Super Shaker Bed Vibrator (ES File Cabinet #3)
 - a. Requires a 9 volt battery and electrical outlet
 - b. Directions are included
 - c. Tested on August 12, 2015
5. Sonic Alert Telephone Signaler (ES File Cabinet #3)
 - a. Use the signaler to connect a phone to a lamp so light goes on if phone rings
 - b. Directions included
6. Ameriphone Handset Amplifier (ES File Cabinet #3)
 - a. 9 volt battery needed
 - b. Directions are included
 - c. Tested on August 12, 2015

Phone Communication Etiquette for TTY and VRS Calls

TTY and Relay Calls on the 24–Hour Crisis Hotline

AVDA's 24-hour Domestic Violence Hotline is accessible via TTY and relay services.

Deaf survivors and other survivors using TTY may dial the 24-hour domestic violence hotline TTY line directly at 1-800-355-8547. Survivors using relay services, dial 711 and provide the hotline number 1-800-355-8547 or 561-265-2900 to the relay operator.

FCADV provides instructional technical assistance for using a TTY and for placing a relay call in order to assist AVDA hotline staff in preparing to receive calls via telecommunication devices, such as a TTY, or telecommunication services, such as relay services.

The following information is provided for domestic violence advocates.

Answering TTY Calls

Receiving a Hotline Call in the TTY

1. Recognizing a TTY call - Listen for TTY tones, silence on the line, or an announcer stating this is a hearing impaired caller use TTY.
2. Transfer the call to the extension listed on the TTY Machine at the desk you are located and the TTY Machine will automatically turn on, then press any key to begin the call.
3. Begin typing and briefly identify yourself. (Ex. "2900. Kim here. Are you safe QQ GA")
4. Remember to use the proper abbreviations. See abbreviations guide below.
5. GA lets the caller know when to begin to type. (Stacy here GA)
6. It is essential to ask safety related questions immediately (Ex. "Are you safe QQ" or "Do you need medical attention QQ")
7. As you finish the conversation, let the caller know you are ready to sign off by typing "GA to SK".
8. Sign off by saying "Bye SK SK."
9. Turn the TTY off by holding "CTRL and F1."

Calling a TTY User

1. Turn on the TTY with by pressing "F1." (Check the light on the TTY to be certain the power is on.)
2. Press the Power key to turn ON the Q90D. The opening screen reads AMERIPHONE Q90D DIGITAL TTY/VCO. If no other Function keys are pressed for two (2) seconds, the display changes to OFF LINE.
3. Press F1 and type the phone number. As you type the number, the screen reads PRESS RETURN TO DIAL.
4. If you make a mistake while typing, press Backspace to delete one space at a time. To abort an entire sequence, press ESC.
5. The message DIALING ENTERED NUMBER 1234567 is displayed on the screen.
6. If the line is not busy, SILENCE!!!! and RINGING will be displayed alternately while it is ringing.

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7. If the other party answers by TTY, the SIGNAL light brightens and a greeting message is displayed on the screen.
8. You will begin type when the TTY user types "GA."
9. Be aware that impersonation is very easy on such technology. Contact FCADV or Abused Deaf Women's Advocacy Services if you would like to learn more about safety planning strategies.
10. As you finish the conversation let the caller know you are ready to sign off by typing "GA to SK."
11. Sign off by typing "Bye SK SK."
12. Turn the TTY off and return the handset to the phone.

TTY Abbreviations

Abbreviation	Definition
CA	Stands for communication assistant (relay operator)
GA	Go Ahead, signals the other person to talk, type
GA to SK	The person is ready to sign off and hang up
SK	Stop keying, means you're going to sign off
XXX	Signals a typing error in place of using the backspace
PLS	Please
QQ	Used instead of a question mark (?)
TMR	Tomorrow
U	You
HD	Hold
UR	Your
MSG	Message

Making and Receiving Video Relay Service Calls

To contact a participant whom we know utilizes VRS call Florida Relay at **711** or the appropriate toll free numbers below. Provide the operator with the number you are calling. The Relay operator will process your call, relaying exactly what you say to the survivor and vice versa.

1-800-955-8771 (TTY)	1-800-955-8770 (Voice)
1-877-955-8773 (Spanish)	1-877-955-8707 (French Creole)

Communication Tips for VRS Calls

- Speak directly to your caller, not the interpreter.
- Ask essential safety questions early in the call.
- Avoid saying, “tell her” or “tell him” to the interpreter; again speak directly to the caller.
- Say “Go Ahead” at the end of your response so the interpreter knows when to type that for the caller.
- Say, “Signing Off” to end the call.

In-Person Communication Etiquette

Interacting with Individuals who are Deaf

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

Lip-reading ability varies greatly from person to person and from situation to situation. It is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not look directly at the person, or who speak with accents that affect the way the words appear on the lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in good light source, and keep your hands, gum and food away from your mouth while you are speaking.

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

In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, department policy is to use nothing less than a 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.

Interacting with Individuals who are Hard-of-Hearing

Persons who are hard of hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard of hearing, etc. A person who is hard of hearing may or may not wear a hearing aid. 19

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 with a hearing impairment – 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 with hearing impairments 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 them and their problems.
- Write notes back 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.

Additional Assistive Resources

CART-Captioning Real Time and Providers

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 or hard-of-hearing that do not use sign language or for whom assistive listening devices and systems are ineffective.

CAPTION CREW Florida Realtime Reporting 954.767.6363 Tanya Ward English, CRR-CCP-CBC tanya@floridarealtime.com	Marianne E. Sayers, RPR, CRR Fort Myers Court Reporting 2231 First Street Fort Myers, FL 33901 Phone: 941-334-1411 Fax: 941-334-1476
Kaptions4U, LLC 352-456-7890 352-671-3732	

Certified Sign Language Interpreter

Nationwide Interpreters
Attn: June Backer
Sign Language for the Deaf/Hard of Hearing
Main: 888-647-9788
Cell: 561-715-2346

Deaf Service Center of Palm Beach County, Inc.

3111 S. Dixie Highway #237
West Palm Beach, Florida 33405
Voice 561-802-3353 TTY 561-802-3351
Fax 561-802-3356

Coalition for Independent Living Options

6800 Forest Hill Blvd
West Palm Beach, Florida 33413
561-966-4288
www.cilo.org

National Association of the Deaf

Voice/VP 301-587-1788
TTY 301-587-1789
Fax 301-587-1791

Registry of Interpreters for the Deaf

(703) 838-0030

Telecommunications for the Deaf and Hard of Hearing

TTY 888-202-1120

Voice 301-589-6836

CART Services of Florida

Creative Interpreting Resources 407-954-4210

Florida Realtime 954-767-0450

Florida Domestic Violence Hotline

800-500-1119

TTY 800-621-4202

Helpful Websites

Abused Deaf Women's Advocacy Services

www.adwas.org

Located in Seattle, Washington, ADWAS provides comprehensive services to Deaf and Deaf-Blind victims/survivors of sexual assault, domestic violence, and stalking. ADWAS believes that violence is a learned behavior and envisions a world where violence is not tolerated. ADWAS also provides a 24-hour TTY domestic violence hotline at 1-800-787-3224.

Florida Telecommunications Relay, Inc.

www.ftri.org

Florida Telecommunications Relay, Inc. (FTRI) is a statewide nonprofit 501(c)3 organization that administers the Specialized Telecommunications Equipment Distribution Program for citizens of Florida who are Deaf, Hard of Hearing, Deaf/Blind and Speech Impaired. FTRI is also responsible for the education and promotion of the Florida Relay Service. The Florida Relay Service is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired. Through the Florida Relay Service, people who use specialized telephone equipment can communicate with people who use standard telephone equipment. To call Florida Relay, dial 711, or use the appropriate toll free numbers.

Florida Alliance for Assistive Technology

www.faast.org

Increasing access to and acquisition of assistive services and technology in order to improve the quality of life for all Floridians with disabilities. Assistive Technology allows individuals to overcome barriers to independence education and employment by providing them with the tools and technology that would allow them to experience the highest degree of inclusion possible. FAAST Provides an equipment loan program and hosts "AT Bay" providing an opportunity to buy, sell or trade used assistive technology. FAAST partners with banking institutions to provide loans to purchase Assistive Technology. Borrowers can receive from \$500 to \$20,000 for vehicle or home modifications, adaptive computer equipment, scooters, etc.

Florida Association of Centers for Independent Living

www.floridacils.org

Centers for Independent Living (CILs) empower persons with disabilities to take charge of their lives and guide their own destinies. In addition, CIL staff, boards, and consumers work together to remove barriers and prejudices in society so that all individuals can live and work and enjoy all that their communities have to offer. Select this link to find the Center for Independent Living serving your community.

Florida Registry of Interpreters for the Deaf

www.fridcentral.org

Florida Association of the Deaf, Inc.

www.fadcentral.org

The Florida Coordinating Council for the Deaf and Hard of Hearing

www.fccdhh.org

Registry of Interpreters for the Deaf

www.rid.org

Federal Video Relay Service

www.federalrelay.us/vri

American Association of the Deaf-Blind

www.aadb.org

Association of Late-Deafened Adults, Inc.

www.alda.org

National Association of the Deaf

www.nad.org

Participant Complaints

If a participant believes they were wrongfully denied access to services or discriminated against:

1. Assist them in reporting their concerns related to being wrongfully denied access to services and why they believe this is the case to a Residential Services Manager.
2. Report this information, with the participant if possible, to the President & CEO or Program Services Director, immediately.
3. They may submit their complaint/grievance in writing or verbally. They should be informed to include the following information:
 - a. What service were you denied?
 - b. What were you told was the reason you were denied service?
 - c. What person denied you services?
 - d. What was the date you were denied service?

In addition to the above actions, discrimination complaints may also be filed externally with the state and federal government.

Assistant Staff Director for Civil Rights 1317 Winewood Boulevard Building 1, Room 110 Tallahassee, FL 32399-0700 850-487-1901	Executive Director Florida Commission on Human Relations 2009 Apalachee Parkway, Suite 100 Tallahassee, FL 32301-4857 850-488-7082
US Department of Health & Human Services Office for Civil Rights Atlanta Federal Center, Suite 3B70 61 Forsyth Street, SW Atlanta, GA 30303-8909 404-562-7881	US Department of Justice Coordination & Review Section Civil Rights Division P.O. Box 66118 Washington, DC 20035-6118 202-514-0301

Department of Health and Human Services (HHS) Documentation

Quick Reference Sheet

Forms that need to be completed when working with deaf or hard of hearing survivors

These forms should be only filled out if the survivor falls into one of the following categories:

- a) Deaf or hard of hearing
- b) Deaf or hard of hearing and blind
- c) Deaf or hard of hearing and has limited English proficiency
- d) Deaf or hard of hearing and has limited English proficiency and blind

1. *The Customer or Companion Waiver for Free Communication Assistance or Waiver of Free Communication Assistance Form*
 - a) This form MUST BE signed by the participant or companion, the interpreter and a witness. The space is limited on the form. Please have the person note if they are the participant, the interpreter or the witness when signing.
 - b) Maintain in participant file
2. *Customer/Companion Communication Assessment and Auxiliary Aid/ Service Record (pages 3 – 7 are instructions)*
 - a) This form MUST be completed for each service date.
 - b) Maintain the original form in the participant form.
 - c) Provide a copy to AVDA's SPOC.
3. *The DCF Customer/Companion Feedback Form*
 - a) This form must be provided to the participant each time a service is provided.
 - b) This form is to be completed by the participant and sent directly to DCF by the participant.
 - c) If requested, please provide them with an envelope that they can return to us sealed for mailing.

Instructions for Completing the Auxiliary Aid and Service Record

MONTHLY SUMMARY REPORT INSTRUCTIONS

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

HEADER

- Indicate the **Region or Headquarters Office**: There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- Indicate the **Circuit**: There are 20 Circuits: Indicate the Circuit number of where your program is located. *(AVDA is Circuit 15)*
- Indicate the **Institution, if applicable**: Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDAV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable**: If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period**: Is always the 1st through the 30th or 31st of the month.
- **Program**: Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection**: If the program falls under ACCESS, then the **subsection** may be Food Stamps. If the program falls under Mental Health, then the **subsection** may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

Example 1

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

Example 2

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

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

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

SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2)
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s

communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.

7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2
10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when DCF or Contracted Service Provider secured an interpreter.**
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. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**

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

29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when DCF or Contracted Service Provider secured an interpreter.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

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

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a [video telecommunication](#) service that allows individuals who are [deaf](#), [hard-of-hearing](#) and has a [communication \(speech\) disability](#) (D-HOH-SI) to communicate over [video telephones](#) and [similar technologies](#) with hearing people in real-time, via a [sign language interpreter](#). **Note:** See instructions for Number 25 above for reporting multiple uses.
38. **Number of times staff used Florida Relay Services/TTY.**
39. **Number of times staff used Assistive Listening Devices (ALDs).**

- 40. Number of timely Auxiliary Aids and Services Provided: This is the total for both the customer and companion.
- 41. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

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

- 42. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
- 43. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
- 44. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
- 45. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a [video telecommunication](#) service that allows individuals who are [deaf](#), [hard-of-hearing](#) and has a [communication \(speech\) disability](#) (D-HOH-SI) to communicate over [video telephones](#) and [similar technologies](#) with hearing people in real-time, via a [sign language interpreter](#). **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
- 46. **Number of times staff used Florida Relay Services/TTY.**
- 47. **Number of times staff used Assistive Listening Devices (ALDs).**
- 48. Number of timely Auxiliary Aids and Services Provided: This is the total for both the customer and companion.
- 49. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

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

- 50. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.
- 51. **Number of Communication Plans Lasting 30 Days or Less.**
- 52. **Number of Communication Plans Lasting 30 to 45 Days.**

- 53. **Number of Communication Plans Lasting 45 to 90 Days.**
- 54. **Number of Communication Plans Lasting 90 Days or More.**
- 55. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

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

SECTION VII. COMMENTS/OBSERVATIONS

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

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

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

The reporting period will follow the guidelines listed below:

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

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

Required Civil Rights and Auxiliary Aid Forms

1. Reasonable Accommodation Request Form
2. Customer or Companion Communication Assessment and Auxiliary Aid and Service Record
3. DCF Customer/Companion Feedback Form
4. Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance Form
5. HHS Reporting Form

REASONABLE ACCOMMODATION REQUEST FORM
(Americans with Disabilities Act and Section 504 of the Rehabilitation Act)

Requester's Name _____ **Date Request Received** _____

Home Phone: () _____ Work/Cell Phone: () _____

Address: _____
 Street Apt.# City State Zip Code

_____ I am currently employed by Aid to Victims of Domestic Abuse, Inc. and request a reasonable accommodation. My current job title is: _____

_____ I am applying for employment. The accommodation requested will allow me to participate in the interviewing process or assessment for (position title) _____

_____ I am requesting accommodation that will allow me to participate in the AVDA's program activity or service. Activity/Service: _____

Please answer the following questions to assist the agency with understanding the basis and nature of your request for an accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis.

1. Describe the accommodation needed which will enable you to perform the essential functions of the position, participate in the interviewing process/assessment or the Agency's program activity/service.

2. Describe the disability that limits one or more of your major life activities. _____

3. Describe how this accommodation will assist you. _____

The attached documentation provided by my health care provider (if necessary) certified the need for the requested accommodation.

Requester's Signature

FOR AVDA'S USE ONLY

Accommodation provided: _____

Date accommodation was provided: _____ By: _____
Position Title: _____ Phone Number: _____

Date and method requester was notified of approved accommodation _____

If accommodation was not provided, please explain. _____

I, _____ notified Civil Rights Officer prior to denial of accommodation request on _____.

Program Administrator/Institution

Date

Date copy of request sent to Civil Rights Officer _____