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| DCF Logo New 2012 - circle version in black only | **REQUEST\* BY CUSTOMER OR COMPANION  WHO IS DEAF OR HARD OF HEARING FOR  FREE COMMUNICATION ASSISTANCE** |

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

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I want a free interpreter. I need an interpreter who signs in:

America 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.)***

**WAIVER OF FREE COMMUNICATION ASSISTANCE**

I do not want a free interpreter because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I choose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to act as my own interpreter. He/she is over the age of 18. ***This 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.***

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| Customer’s or Companion’s Signature: | Date: |
| Customer’s or Companion’s Printed Name: | |
| Interpreter’s Signature: | Interpreter’s Printed or Typed Name: |
| Witness’s Signature: | Date: |
| Witness’s Printed Name: | |

\*This form shall be attached to the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761) and shall be maintained in the Customer’s file.