

**TRI-COUNTY HUMAN SERVICES, INC.**

**AUXILIARY AIDS AND SERVICE PLAN  
FOR PERSONS WITH DISABILITIES  
AND LIMITED-ENGLISH PROFICIENCY**

**June 30, 2023**

AUXILIARY AIDS PLAN FOR PERSONS WITH DISABILITIES  
AND LIMITED-ENGLISH PROFICIENCY PLAN

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## **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 Tri-County Human Services, Inc. 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,

This resource guide will assist staff in identifying appropriate auxiliary aids to afford such persons an equal opportunity to participate in or benefit from Tri-County Human Services, Inc. programs and services.

Staff can contact the Tri-County Human Services, Inc. 504/ADA Coordinator/Single Point of Contact, or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with our clients, customers and companions.

## **MISSION STATEMENT**

Tri-County Human Services provides help and hope to all persons affected by behavioral health, substance abuse, and other life challenges.

## **NON-DISCRIMINATION POLICY**

The agency endeavors through philosophy and practice to assure that all of its programs, facilities and governance authorities are accessible to all persons. The removal of architectural, environmental, attitudinal, financial, communication, transportation, employment and other barriers to persons served, stockholders and employees of the agency is a major goal of Tri-County. Tri-County will establish and maintain standards of access for all of its services and facilities by the general public. These procedures will meet the minimum standards of 65D30 and CARF Standards.

## **EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY**

Tri-County Human Services, Inc. strives to provide services to all persons without regard to race, ethnicity, color, creed, national origin, age, gender, religion, sexual orientation, physical, emotional disability, and/or mental health or co-occurring disorder.

## **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 Administrative Director of Operational Compliance 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 Administrative Director of Operational Compliance is designated as the Tri-County Human Services, Inc. Single Point of Contact and is also designated as the Tri-County Human Services, Inc. Section 504 Coordinator and is responsible for developing programmatic and local procedures for the implementation of the Tri-County Human Services, Inc. Auxiliary Aids and Service 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 or 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 Administrative Director of Operational Compliance is responsible for the coordination, development and implementation of Tri-County Human Services, Inc. procedures ensuring the non-discriminatory delivery of equally effective and equally accessible quality services.

d. The Administrative Director of Operational Compliance serves as the Section 504 Coordinator and the Single Point of Contact and oversees Tri-County Human Services, Inc. Programmatic Point of Contacts who are responsible for delivering health and human services to the public. Listed below are their responsibilities:

(1) Ensure effective communication with customers or companions who are deaf or 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 and send confirmation email to Central Florida Behavioral Health Network,

(4) Ensures that information is provided to any agency to which a customer or companion who is deaf or hard of hearing is referred, about the person's requested auxiliary aid or service.

e. All Tri-County Human Services, Inc. employees are responsible for ensuring equal accessibility and equally beneficial services to all clients, customers and companions of the Agency.

## **2. Dissemination.**

A copy of the Tri-County Human Services, Inc. Auxiliary Aids and Service Plan will be maintained at the Agency's Administrative Office and posted on the Agency'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 June 30 each year. Staff shall be notified of all changes/updates to Agency operating procedures, and Auxiliary Aids and Service Plans within sixty days of such changes.

## **4. Notification.**

The Agency's Non-discrimination Policy, Limited English Proficient and Interpreter Services for the deaf or 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 will be listed on the poster for the deaf or 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 Agency

## **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. New employees will be required to complete and sign the "Support to the Deaf and Hard-of-Hearing Form".

All staff will receive training annually on how to provide assistance to persons with disabilities and who are Limited English Proficient. Also, annually, employees will be required to complete and sign the "Support to the Deaf and Hard-of-Hearing Form". This training is mandatory and will be tracked. 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 or 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 by Central Florida Behavioral Network annually to assess compliance with providing services to persons with disabilities and 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).

The Section 504 Coordinator/Single Point of Contact will be the Point of Contact for the Central Florida Behavioral Health Network monitoring process.

The Section 504 Coordinator/Single Point of Contact will ensure that the following requirements are internally monitored annually for compliance through surveys, Quality Assurance and Improvement process and peer reviews:

(1) Review Single Point of Contact Job Description to ensure that the individual has the expertise necessary to serve in this role and also that the position fulfills the requirements of the Settlement Agreement.



- (2) Review the following in the client file:
  - \* Customer/Companion Communication Assessment and Auxiliary Aid Service Record
  - \* Customer/Companion Request for free Communication Assistance or Waiver of Free Communication Assistance
  - \* Entry in the client file about distribution of Customer/Companion Feedback Form (the actual form is to be mailed by client to Tallahassee)
  - \* File entry about the auxiliary aid services provided
  - \* Verification of the interpreter's certification.
- (3) Review for the following in the employee HR file:
  - \* Attestation of "Support to the Deaf and Hard of Hearing Form"
  - \* Certificate of Auxiliary Aids training within 60 days of hire
  - \* Annual Auxiliary aids refresher training.
- (4) Review complaints/grievances regarding the provision of auxiliary aids.
- (5) Ensure monitoring for the submission of Auxiliary Aid Record Monthly Summary Reports and that e-mail receipt from HHS is kept as proof of monthly report submission.
- (6) Review record retention relating to the auxiliary aids and services provided to ensure that the original and all documents are retained until January 6, 2020 (per the Settlement Agreement the five (5) year term of the Settlement Agreement signed on January 6, 2010 and an additional 5 years).
- (7) Review the inspections and maintenance of auxiliary aid equipment.

## **8. Documentation/Record Retention.**

Records relating to the auxiliary aids and services provided shall be retained by each 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 and Tri-County Human Services, Inc.. 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. Includes qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard of hearing; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual 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 Limitations.

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 to access it. 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 or 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. 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".

k. Companion. As defined in the HHS Settlement Agreement, is any individual who is deaf or hard of hearing (including LEP who has low vision or blind, deaf or hard of hearing) and is one of the following:

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

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

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

l. Customer or Customers. This is any individual who is seeking or receiving services from the Agency. This may also be referred to as "client or clients".

m. 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.

n. 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.

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

p. 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.

q. Employee. This refers to all persons working for Tri-County Human Services, Inc.

r. 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)

s. 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.

t. 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.

u. Interpreters for Persons who are Deaf or Hard of Hearing.

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

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

(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 or 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.

v. 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.

w. 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.

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

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

z. Mobility Disability. 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.

aa. Non-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.

bb. Physical Disability. 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.

cc. 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. (See also: "Undue Burden".)

dd. 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.

ee. Single Point of Contact. An individual charged with coordinating services to customers and companions who are deaf or hard-of-hearing according to their obligations under Section 504 and/or the ADA. (Appendix A)

ff. Staff. As used in this plan, defines all employees of Tri-County Human Services, Inc. other than managers.

gg. 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.

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

ii. Undue Burden. This term, used in conjunction with programs and services (ADA Title II), means an unreasonably excessive financial cost or administrative inconvenience in altering building or facilities in which programs, services or activities are conducted, in order to ensure equal benefits to persons with disabilities.

**NOTE:** Program access requirements of ADA Title II should enable individuals with disabilities to participate in and benefit from the programs, services and activities of public entities in all but the most unusual cases. Determination of undue burden can be made only by the agency head or his/her designee, after considering all resources available for use in the funding and operation of the program.

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

kk. 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.

ll. 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).

mm. Visual Disability. A generic term used to describe any loss of vision.

## PART I - PERSONS WITH DISABILITIES

### 1. **General.**

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

### 2. **Policy.**

Tri-County Human Services, Inc. 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 Tri-County Human Services, Inc. programs and services.

All qualified and potential customers are entitled to an equal opportunity to use and benefit from the programs and services of Tri-County Human Services, Inc.. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities

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.

### 3. **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.

#### **4. Ensuring Accessibility for the Provision of Services Provided.**

The following procedures are to be followed by employees of Tri-County Human Services, Inc. to ensure accessibility of programs and services to customers or companions with disabilities.

##### **A. For Persons who are Deaf or 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 or hard of hearing may include but not limited to the CART, Florida Relay Service, 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 8.

(4) The Tri-County Human Services, Inc. employee 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 or hard of hearing shall be provided a Customer 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 ensure 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. (Appendix D)



**B. For Persons who have Low Vision or Blind (Except those that are deaf or 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 or 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.

**5. 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 Agency.

**6. Competency of Interpreters and Translators.**

Agency employees who are utilized to interpret for the deaf or 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 or 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.

**7. Provision of Interpreters in a Timely Manner.**

Staff shall provide interpreters for customers and companions who are deaf or 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 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 or hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

## **8. Other Means of Communication.**

Staff shall continue to try to communicate with the customer or companion who is deaf or 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) and Appendix G (Interpreter and Translation Services Posters) as guides.

a. Sign language interpreters must be certified, unless they are an Agency 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 Tri-County Human Services, Inc. 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. 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.

## **9. 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, Tri-County Human Services, Inc. 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.

## **10. Denial of Auxiliary Aids and Services.**

a. If Tri-County Human Services, Inc. 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, Tri-County Human Services, Inc. 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. 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 (Appendix B). Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, 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 can only be made by Tri-County Human Services, Inc. Section 504 Coordinator.**

**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.

## **PART II - PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

### **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. Policy.**

Tri-County Human Services, Inc. will provide, **at no cost to the client**, appropriate auxiliary aids, including qualified or certified<sup>3</sup> 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 Tri-County Human Services, Inc. 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. Tri-County Human Services, Inc. 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.

### **3. 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.

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

<sup>3</sup>Term used by the U.S. Department of Justice to mean the existence of formal accreditation or certification.

#### **4. Ensuring Language Access for the Provision of Services Provided.**

It is important to understand how individuals who are Limited English Proficient (LEP) interact with Tri-County Human Services, Inc. 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 Tri-County Human Services, Inc. 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:

- a. 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.
- b. Stating in outreach documents that language services are available from the agency. Announcements could be in brochures, booklets, and in outreach and recruitment information.
- c. 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.

#### **5. Competency of Interpreters and Translators.**

(1) 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:

- a. 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);
- b. 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;
- c. 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;

d. 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),

e. Be able to show sensitivity to the person's culture.

(2) 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.

(3) 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.

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

(5) 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 F)

## **6. 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.

## **7. 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.

## **8. 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.

## **9. 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.

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William Camp  
Administrative Director of Operational Compliance

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Date Signed

**APPENDIX A - 504 COORDINATORS**

**Carolyn Dudley, Assistant Staff Director for Civil Rights  
1317 Winewood Boulevard – Building 1, Room 110 – Tallahassee, Florida 32399-0700  
Phone: 850-487-1901 Work Cell: 850-445-6704 Fax: 850-921-8470 TDD: 850-922-9220**

| <b><u>Location</u></b>          | <b><u>Civil Rights</u></b> | <b><u>Contact Information</u></b> | <b><u>Mailing address</u></b>                                    |
|---------------------------------|----------------------------|-----------------------------------|--|
| Tri-County Human Services, Inc. | William Camp               | (863) 709-9392                    | 1815 Crystal Lake Drive<br>Lakeland, Florida 33801               |
| Suncoast Region                 | Romina Artaza              | (727) 373-1758                    | 11351 Ulmerton Road,<br>Suite 439B<br>Largo, Florida 33778       |
| Central Region                  | Christopher Judson         | (407) 317-7552                    | 400 W. Robinson Street<br>#S-936K<br>Orlando, Florida 32801-1782 |

**APPENDIX B (Form 300.001.2B)**  
**Tri-County Human Services, Inc.**  
**CUSTOMER OR COMPANION**  
**COMMUNICATION ASSESSMENT**  
**AND**  
**AUXILIARY AID AND SERVICE RECORD**

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

|  |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| <b>Region/Circuit/Institution:</b>   | <b>Program:</b> | <b>Subsection:</b> |                  |
| <input type="checkbox"/> Customer <input type="checkbox"/> Companion<br><b>Name:</b>   | <b>Date:</b>    | <b>Time:</b>       | <b>Case No.:</b> |
| <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 and Blind<br><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"/> Non-Scheduled Appointment <input type="checkbox"/> No Show   |                 | <b>Date/Time:</b>  |                  |
| <b>Name of Staff Completing Form:</b>  |                 |                    |                  |

**Section 1: Communication Assessment**

|   |
|---|
| <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Subsequent Appointment            |
| <b>Individual Communication Ability:</b>  |
| <b>Nature, Length and Importance of Anticipated Communication Situation(s):</b>   |
| <br><br><br>  |
| <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 |
| <b>Number of Person(s) Involved with Communication:</b>   |
| <b>Name(s):</b>   |
| <b>Individual Health Status for Those Seeking Health Services:</b>  |

**Section 2: Auxiliary Aid/Service Requested and Provided**

|   |
|---|
| <b>Type of Auxiliary Aid/Service Requested:</b>   |
| <b>Date Requested:</b> _____ <b>Time Requested:</b> _____   |
| <b>Nature of Auxiliary Aid/Service Provided:</b>  |
| <b>Sign Language Interpreter:</b> <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print<br><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: |
| <b>Interpreter Service Status:</b> <input type="checkbox"/> Arrival Time: _____ <input type="checkbox"/> Met Expectations of Client <input type="checkbox"/> Met Expectations of Staff<br><input type="checkbox"/> No Show <input type="checkbox"/> Cancellations   |
| <b>Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:</b>  |
| <br><br>  |
| <b>Date and Time Provided:</b>  |

**Section 3: Additional Services Required**

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

What action (s) was taken to ensure effective communication?

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**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 or their 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 Director or the Contracted Client Services Provider or their Designee.**

**Communication Plan for Ongoing Services**

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

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

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

**\*This form shall be maintained in the customer's file.**

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## INSTRUCTIONS FOR CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD

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

### **HEADER:**

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

**Indicate your Region/Circuit/Institution:** For Example:

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

**Program:**

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

**Subsection:**

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

**You must identify if the individual being served is a Customer or a Companion.**

- A **Customer** is any individual seeking or receiving services from the Department or any of its' Contracted Service Providers.
- A **Companion** is any individual who is deaf and hard-of-hearing and communicates with the Department or any of its' Contracted Service Providers on the behalf of the Customer.

**Include their name, date and time of contact, and their case number or other identifier:**

- Exclude social security number, date of birth, driver's license, etc.

**Indicate if the individual is: Check one box only.**

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

**Identify if it is a scheduled appointment or if it is a non-scheduled appointment:**

- **Scheduled Appointment** – Must have a certified interpreter available at the time of the schedule appointment. If interpreter fails to appear, staff shall take whatever additional actions are necessary to make a certified interpreter available to the Customer or Companion as soon as possible, but in no case later than **two (2) hours** after the scheduled appointment.
- **Non-Scheduled Appointment** – **In emergency situations** an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the Customer or Companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an



appointment (and provide an interpreter when necessary for effective communication) as convenient to the Customer or Companion, **at least by the next business day.**

- **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 appropriate box.

**Individual Communication Ability:**

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

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

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

**Individual Health Status or Medical Concerns:**

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

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

- The communication plan for ongoing services is typically used in Mental Health Treatment Facilities, and other Direct Client Service Facilities where customers reside for long periods of time and or have numerous communications with personnel of varying length and complexity, which are determined as **Aid-Essential Communication Situations.**
- The term **Aid-Essential Communication Situation** shall mean any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as **Aid-Essential**, meaning that the requested auxiliary aid or service is always provided.

- Communication situations will differ from program to program, therefore you will need to identify all situations where you will have contact with a Customer or Companion and develop the plan on how you will communicate with them.

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- 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

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- 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.


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**WAIVER FOR FREE INTERPRETER SERVICES (#300.001.2A)**

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

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

Federal law requires Tri County Human Services, Inc. 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 (Form #300.001.2C)**



## 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.***

|   |                                      |
|---|--------------------------------------|
| 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 (County Human Services maintained in the Customer's file. 300.001.2C

**APPENDIX D – CUSTOMER OR COMPANION FEEDBACK FORM**





## CUSTOMER OR COMPANION FEEDBACK FORM

The Department of Children and Families is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. You may remain anonymous, unless you wish to be contacted. When the form is completed, please mail it to: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700. If you need assistance completing this form, please contact the Office of Civil Rights at (850) 487-1901 or TDD (850) 922-9220.

*For instructions in ASL on how to complete this form, please visit the following link:*

<http://www.dcf.state.fl.us/admin/servicedelivery/VideoCustomerFeedbackForm.shtml>

DCF Program Office or Agency Name: \_\_\_\_\_

Location: \_\_\_\_\_

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

Comments:

**Please complete and return to: Office of Civil Rights  
1317 Winewood Boulevard  
Building 1, Room 110  
Tallahassee, Florida 32399**

## APPENDIX E – MONTHLY SUMMARY REPORT



### APPENDIX E AUXILIARY AID SERVICE RECORD MONTHLY SUMMARY REPORT

| Region/Circuit/Institution/Contracted Client Services Provider:<br>Contract No. |  | Reporting Period: |       |
|---|--|-------------------|-------|
| Name of Program & Address:  |  | Subsection:       |       |
| Single-Point-of-Contact:  |  | Telephone:        | Date: |
| Name of Person Completing Form:   |  | Telephone:        |       |
| 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, 4 & 5 equals the sum of 1 & 2)  |                   |       |
| 4.  | Number of signed Waivers (The total of 3, 4 & 5 equals the sum of 1 & 2)   |                   |       |
| 5.  | Number of non-signed Request for Services forms due to client's refusal or lack of capacity (The total of 3, 4 & 5 equals the sum of 1 & 2)          |                   |       |
| 6.  | Number of completed Initial Assessments (The total of 6, 7 & 8 equals the sum of 1 & 2)  |                   |       |
| 7.  | Number of completed Reassessments (The total of 6, 7 & 8 equals the sum of 1 & 2)  |                   |       |
| 8.  | Number of Subsequent Appointments (The total of 6, 7 & 8 equals the sum of 1 & 2)  |                   |       |
| 9.  | Number of Determined Aid-Essential Communications (The total of 9 & 10 equals the sum of 1 & 2)  |                   |       |
| 10.   | Number of Determined Non-Aid-Essential Communications (The total of 9 & 10 equals the sum of 1 & 2)  |                   |       |
| 11.   | Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.                     |                   |       |
| 12.   | Number of times the interpreter service did not meet the expectations of the customer.   |                   |       |
| 13.   | Number of times the interpreter service did not meet the expectations of the staff.  |                   |       |
| 14.   | Number of times communication was not effective.   |                   |       |
| SECTION II. COMPANIONS  |  |                   |       |
| 15.   | Number of Scheduled Appointments   |                   |       |
| 16.   | Number of Non-Scheduled Appointments   |                   |       |
| 17.   | Number of Auxiliary Aids/Services Requested (The total of 17, 18 & 19 equals the sum of 15 & 16)   |                   |       |
| 18.   | Number of signed Waivers (The total of 17, 18 & 19 equals the sum of 15 & 16)  |                   |       |
| 19.   | Number of non-signed Request for Services forms due to companion's refusal or lack of capacity. (The total of 17, 18 & 19 equals the sum of 15 & 16) |                   |       |
| 20.   | Number of completed Initial Assessments (The total of 20, 21 & 22 equals the sum of 15 & 16)   |                   |       |
| 21.   | Number of completed Reassessments (The total of 20, 21 & 22 equals the sum of 15 & 16)   |                   |       |
| 22.   | Number of Subsequent Appointments (The total of 20, 21 & 22 equals the sum of 15 & 16)   |                   |       |
| 23.   | Number of Determined Aid-Essential Communications (The total of 23 & 24 equals the sum of 15 & 16)   |                   |       |
| 24.   | Number of Determined Non-Aid-Essential Communications (The total of 23 & 24 equals the sum of 15 & 16)   |                   |       |
| 25.   | Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.                     |                   |       |

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|  |  |  |
|--|--|--|
| 26.  | Number of times the Interpreter service did not meet the expectations of the companion.  |  |
| 27.  | Number of times the Interpreter service did not meet the expectations of the staff.  |  |
| 28.  | Number of times communication was not effective.   |  |
| <b>SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED BY CONTRACTED CLIENT SERVICES PROVIDERS</b><br>(This section is completed by Contracted Client Services Providers only)   |  |  |
| 29.  | Number of Certified Sign Language Interpreters   |  |
| 30.  | Number of Language Interpreter Services  |  |
| 31.  | Number of Video Relay/Remote Interpreter Services  |  |
| 32.  | Number of CART services  |  |
| 33.  | Number of times staff used Florida Relay Services/TTY  |  |
| 34.  | Number of times staff used Assistive Listening Devices (ALDs)  |  |
| 35.  | Number of timely Auxiliary Aids/Services Provided (Within 2 hours for emergency, at time of scheduled appointment or within 24 hours for nonscheduled).        |  |
| 36.  | Number of Appointment Cancellations within 24 hours  |  |
| 37.  | Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)   |  |
| 38.  | 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. |  |
| 39.  | Number of times the Interpreter failed to appear or arrive to a scheduled appointment.   |  |
| <b>SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED BY DCF STAFF</b><br>(This section is completed by Department of Children and Families staff only)  |  |  |
| 40.  | Number of Certified Sign Language Interpreters   |  |
| 41.  | Number of Qualified Sign Language Interpreters   |  |
| 42.  | Number of Language Interpreters (LEP)  |  |
| 43.  | Number of Video Relay/Remote Interpreter Services  |  |
| 44.  | Number of CART services  |  |
| 45.  | Number of times staff used Florida Relay Services/TTY  |  |
| 46.  | Number of times staff used Assistive Listening Devices (ALDs)  |  |
| 47.  | Number of timely Auxiliary Aids/Services Provided (Within 2 hours for emergency, at time of scheduled appointment or within 24 hours for nonscheduled).        |  |
| 48.  | Number of Appointment Cancellations within 24 hours  |  |
| 49.  | Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)   |  |
| 50.  | 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. |  |
| 51.  | Number of times the Interpreter failed to appear or arrive to a scheduled appointment.   |  |
| <b>SECTION V. COMMUNICATION PLANS</b><br>(This section is completed for Institutions and Residential Settings only)  |  |  |
| 52.  | Number of Developed Communication Plans (The total of 53, 54, 55, & 56)  |  |
| 53.  | Number of Communication Plans Lasting 30 Days or Less  |  |
| 54.  | Number of Communication Plans Lasting 30 to 45 Days  |  |
| 55.  | Number of Communication Plans Lasting 45 to 90 Days  |  |
| 56.  | Number of Communication Plans Lasting 90 Days or More  |  |
| <b>SECTION VI. OUTSIDE AGENCY REFERRALS</b>  |  |  |
| 57.  | Number of Referrals Made   |  |
| <b>SECTION VII. COMMENTS/OBSERVATIONS</b>  |  |  |
| 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. |  |  |

To locate instructions for completing the Monthly Summary Report click on link:

<http://www.dcf.state.fl.us/admin/servicedelivery/docs/HHSMonthlySummaryReportwithInstructions.pdf>

Note: To locate Haitian/Creole and Spanish Versions of Customer/Companion forms click on link:

<http://www.myflfamilies.com/about-us/services-deaf-and-hard-hearing/forms-publications>

## 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 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, hard of hearing or late-deafened 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 a 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 Yes-or-No questions, 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 Deaf or hard of hearing 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 IMPAIRMENTS

- The means of communication with a person with dual sensory impairments 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 or 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/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 Limited-English Proficiency person 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 Limited English Proficiency person.

## 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.

| <b>Inappropriate language</b>   | <b>Appropriate language</b>  |
|---|--|
| <p>The disabled<br/>The blind<br/>The deaf<br/>Deaf people<br/>Legally blind person<br/>Disabled person</p> | <p>People with disabilities<br/>The disability community (“disabled” is an adjective, so must be accompanied by a noun)<br/>The blind community<br/>The Deaf community,<br/>People who are deaf or who are hard of hearing<br/>Person who is blind<br/>People who are blind or who have low vision</p> |
| <p>Crippled<br/>Suffers from<br/>Afflicted with<br/>Stricken with<br/>Victim of<br/>Invalid</p>             | <p>Has a disability<br/>Is a person with a disability<br/>Is physically disabled<br/>Walks with a cane<br/>Uses leg braces</p>   |
| <p>Normal person<br/>Healthy<br/>Whole</p>  | <p>Non-disabled<br/>Person without disabilities</p>  |
| <p>Impaired<br/>Impairment</p>  | <p>Has a disability</p>  |
| <p>Hearing impaired<br/>Hearing impairment</p>  | <p>Person who is deaf,<br/>Person who is hard of hearing<br/>People who are deaf and hard of hearing</p>   |
| <p>Wheelchair bound<br/>Confined to a wheelchair<br/>Wheelchair person</p>                                  | <p>Wheelchair user<br/>Person who uses a wheelchair</p>  |
| <p>Handicap parking<br/>Disabled parking</p>  | <p>Accessible parking<br/>Disability parking</p>   |
| <p>Dumb<br/>Mute</p>  | <p>Person who cannot speak<br/>Has difficulty speaking<br/>Uses synthetic speech<br/>Is non-vocal or Non-verbal</p>  |
| <p>Stutterer<br/>Tongue-tied</p>  | <p>Person who has a speech or communication disability</p>   |







| <b>Inappropriate language</b>  | <b>Appropriate language</b>   |
|--|---|
| CP victim, Spastic   | Person with cerebral palsy  |
| Epileptic  | Person with epilepsy<br>Person with seizure disorder  |
| Fit<br>Attack  | Seizure<br>Epileptic episode or event   |
| Crazy<br>Lunatic<br>Insane, Nuts<br>Deranged, Psycho                                 | People with emotional disorders<br>Mental illness<br>A mental disability<br>A psychiatric disability                              |
| Retard<br>Mentally defective<br>Moron, Idiot, Imbecile<br>Down's person<br>Mongoloid | People who are developmentally disabled<br>Developmentally delayed<br>Person with mental retardation<br>Person with Down syndrome |
| Slow learner<br>Retarded   | Has a learning disability<br>Person with specific learning disability   |
| Dwarf, Midget  | Person of small stature or small stature<br>Little person   |
| Paraplegic<br>Quadriplegic   | Man with paraplegia<br>Women who is paralyzed<br>Person with spinal cord injury   |
| Birth defect   | Person who has a congenital disability<br>People who have congenital disabilities<br>Disabled from birth                          |
| Post-polio<br>Suffered from polio  | Person who has polio  |

|           |   |
|-----------|---|
| Homebound | A person who stays at home<br>It is hard for the person to get out. |
|-----------|---|

**APPENDIX G - INTERPRETER AND TRANSLATION SERVICES POSTERS**



## DEPARTMENT OF CHILDREN & FAMILIES

| ATTENTION   | AVISO   | ATANSYON   |
|---|---|--|
| <p><b>INTERPRETER SERVICES FOR THE DEAF OR HARD OF HEARING</b></p> <p>IF YOU ARE DEAF OR HARD OF HEARING YOU ARE ENTITLED TO INTERPRETER SERVICES AT NO COST TO YOU.</p>  <p>PLEASE INFORM STAFF OF THE TYPE OF AUXILIARY AID OR SERVICE YOU NEED.</p>   | <p><b>SERVICIOS DE INTERPRETE PARA PERSONAS CON SORDERA O PROBLEMAS AUDITIVOS</b></p> <p>SI USTED ES SORDO O NO OYE BIEN USTED TIENE DERECHO A SERVICIOS DE INTERPRETE GRATIS.</p>  <p>POR FAVOR INFORMAR AL PERSONAL SI NECESITA ESTE SERVICIO.</p>   | <p><b>ENPEWETE POU MOUN KI BEBE OUBIYEN MOUN KI MAL POU TANDE</b></p> <p>SI OU PA PAL ANGLE, SI OU BEBE (SOUD) SI OU MAL POU TANDE, SI JE OU PA DON, OU KA JWEN MOUN POJ EDE-W TRADWI EPJ ENPEWETE POU OU GRATIS.</p>  <p>TANPRI MANDE POU YO EDE-W.</p>  |
| <p>IN ADDITION, SERVICES MAY BE ACCESSED THROUGH HIRIDA 311 by dialing 7-1-1 or calling toll free:</p>  <p>1-800-955-8770 (Voice)<br/>1-800-955-8771 (TTY)<br/>1-877-955-8773 (Spanish)<br/>1-877-955-8707 (French-Creole)</p>   | <p>ADEMAS, PUEDE USAR LOS SERVICIOS DE ESTOS LLAMADOS AL 7-1-1 o las siguientes numeritos gratis:</p>  <p>1-800-955-8770 (Ingles)<br/>1-800-955-8771 (TTY)<br/>1-877-955-8773 (Español)<br/>1-877-955-8707 (Creole Frances)</p>  | <p>Ou Kapab jwenn lal sèvis<br/>Ou Kapab rele nimewo 7-1-1 (nan tout eta-<br/>La/kurid la)</p> <p>Ou byan rele telefòn gratis sa yo:</p>  <p>1-800-955-8770 (Vwa)<br/>1-800-955-8771 (TTY)<br/>1-877-955-8773 (Español)<br/>1-877-955-8707 (Français oubyen Creole)</p>   |
| <p>Any person who believes that he/she has been discriminated or retaliated against in violation of Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990 may file a complaint by writing or calling:</p> <p>Department of Children &amp; Families<br/>Office of Civil Rights<br/>1317 Wirewood Blvd., Building 1, Room 110<br/>Tallahassee, Florida 32399-0700<br/>(850) 487-1901<br/>TTY: (850) 922-9220</p> | <p>Cualquier persona que crea que él/ella ha sido discriminado en violación de la Sección 504 del Acta de Rehabilitación de 1973 y/o de la Ley de Americanos con Discapacidades del 1990 pueden archivar una queja escribiendo o llamando:</p> <p>Department of Children &amp; Families<br/>Office of Civil Rights<br/>1317 Wirewood Blvd., Building 1, Room 110<br/>Tallahassee, Florida 32399-0700<br/>(850) 487-1901<br/>TTY: (850) 922-9220</p> | <p>Nanpri moun, ki sanb ka li te vekt m diskriminasyon oubyen entimidè nan Seksyon 504 lwa 1973 sou Rehabilitasyon an (Rehabilitation Act of 1973) oubyen lwa 1990 sou American with Disabilities Act of 1990. Pou ou enregistre yon plent, kontakte:</p> <p>Department of Children and Families<br/>Office of Civil Rights<br/>1317 Wirewood Blvd., Building 1, Room 110<br/>Tallahassee, Florida 32399-0700<br/>(850) 487-1901<br/>TTY: (850) 922-9220</p> |

United States Department of Justice (USDJ)  
Civil Rights Division  
Office of the Assistant Attorney General  
950 Pennsylvania Avenue, N.W.  
Washington, D.C. 20531  
(202) 514-4809 (voice) (202) 514-0711 (TDD)  
(202) 307-2839 (Fax)

United States Department of Health and Human Services (HHS)  
Attention: Office for Civil Rights  
Atlanta Federal Center, Suite 9B70  
81 Forsyth Street, S.W.  
Atlanta, Georgia 30303 8808  
(404) 662-7881 or TDD (404) 331-2867



# DEPARTMENT OF CHILDREN & FAMILIES

| ATTENTION   | AVISO  | ATANSYON   |
|---|--|--|
| <b>LIMITED ENGLISH PROFICIENT CLIENT</b>  | <b>CLIENTE CON PROFICIENCIA LIMITADA DE INGLES</b>   | <b>MOUN ANGLE YO LIMITE</b>  |
| Do you have trouble with English? Are you unable to speak, read, write, or understand English well? If so, you are Limited English Proficient (LEP). Federal agencies and organizations that get money from the federal government have to take reasonable steps to help people who have trouble with English. Sometimes, when a government agency or an organization does not help you because you are LEP, they violate the law. This is called National Origin Discrimination.   | ¿Se le hace difícil el inglés? ¿Tiene dificultad para hablar, leer, escribir o comprender bien el inglés? Si es su caso, usted tiene un estatus limitado de este idioma (LEP) por sus siglas en inglés. Las agencias federales y aquellas que reciben fondos del gobierno federal tienen que tomar medidas adecuadas para ayudar a las personas que tienen dificultades con el inglés. Algunas veces, cuando una agencia o el gobierno u otra organización no le brinda ayuda debido a su dificultad para comprender en inglés, está violando la ley y discriminándolo por su origen nacional.   | ¿Le es difícil hablar en inglés bien? ¿O no puede leer, escribir o comprender bien el inglés? Si es su caso, usted tiene un estatus limitado de este idioma (LEP) por sus siglas en inglés. Las agencias federales y aquellas que reciben fondos del gobierno federal tienen que tomar medidas adecuadas para ayudar a las personas que tienen dificultades con el inglés. Algunas veces, cuando una agencia o el gobierno u otra organización no le brinda ayuda debido a su dificultad para comprender en inglés, está violando la ley y discriminándolo por su origen nacional. |
| You are entitled to receive services and participation in appropriate language, other than English, to ensure effective communication and participation in all program, services and activities administered by the Department of Children & Families and its contracted services providers.<br><br>Please inform staff of your language needs and interpreter services will be provided at no cost to you.   | Para asegurar la comunicación efectiva y participación en todo programa, servicio o actividad administrada por el Departamento de Niños y Familias y sus proveedores de servicios bajo contrato, usted tiene el derecho de recibir servicios e información en su lengua.<br><br>Tendrá a su disposición servicios de intérpretes gratuitos.<br><br>Si está interesado, por favor solicite ayuda a la programación.   | Usted tiene el derecho de recibir servicios e información en su lengua.<br><br>Tendrá a su disposición servicios de intérpretes gratuitos.<br><br>Si está interesado, por favor solicite ayuda a la programación.  |
| Any person who believes that he/she has been discriminated or retaliated against in violation of Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990 may file a complaint by writing or calling:<br>Department of Child & Family Office of Civil Rights<br>1317 Winwood Blvd., Building J, Room 110<br>Tallahassee, Florida 32399-0700<br>(904) 487-1901 (850) 927-9220 TTY  | Cualquier persona que crea que éste le ha sido discriminado o violación de la Sección 504 del Acta de Rehabilitación del 1973 y/o de la Ley de Estadounidenses con Discapacidades del 1990 pueden archivar una queja escribiendo o llamando:<br>Department of Children & Families Office of Civil Rights<br>1317 Winwood Blvd., Building J, Room 110<br>Tallahassee, Florida 32399-0700<br>(850) 487-1901 (850) 927-9220 TTY   | Meripó moun, si cam lo li pase anse diskriminasyon o represalyon kontra Sección 504 de la Ley de Rehabilitación del 1973 o la Ley de Estadounidenses con Discapacidades del 1990, Pocu puede archivar una queja llamando:<br>Department of Child & Family, Office of Civil Rights (Law Dept.) 1317 Winwood Boulevard Building J, Room 110, Tallahassee, Florida 32399-0700. Telephone (850) 487-1901.  |
| In accordance with Federal law and U.S. Dept of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibitions based apply to all programs.)<br><br>To file a complaint of discrimination, write the USDA, Director, Office of Civil Rights, Room 929-A, Whitten Building 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-6884 (voice) and TDD. USDA is an equal opportunity provider and employer. | De acuerdo a lo establecido por las leyes Federales y el Dept. de Agricultura de los EE.UU., USCA, según la política, es prohibido para esta organización discriminar por raza, color, origen nacional, sexo, edad, religión, creencias políticas, o discapacidades de las personas. (No todas las prohibiciones se aplican a todos los programas.)<br><br>Para presentar una queja sobre discriminación, escribir a USDA, Director, Office of Civil Rights, Room 929-A, Whitten Building 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llamar al (202) 720-6884 (voz) y TDD. USCA es un proveedor y empleador con igualdad de oportunidades. | Depatman Agrikiltamerikan (USDA) emesti prohibi diskriminasyon base sou ras, koulè, nasyonalite, sèks, laj, relijyon, opinyon politik, o defansibilite. (Tout restriksyon ki baze sou ras pa aplike pou tout program yo.)<br><br>Pou pote present ou diskriminasyon ekri USDA, Director, Office of Civil Rights, Room 929-A, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, USA.<br><br>ou ka rele (202) 720-6884 (telefon) ou ka aplike pou diskriminasyon pou USCA si ou gen defansibilite ou defansibilite.   |

United States Department of Justice (USDJ)  
Civil Rights Division  
Office of the Assistant Attorney General  
950 Pennsylvania Avenue, N.W.  
Washington, D.C. 20531  
(202) 614-4608 (voice) (202) 614-0711 (TDD)  
(202) 307-3839 (Fax)

United States Department of Health and Human Services (HHS)  
Attention: Office for Civil Rights  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303-8909  
(404) 584-7881 or TDD (404) 531-2887



# APPENDIX H - FLORIDA RELAY



**discover/ver communication freedom**

## 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 (ASCII) • 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.

**Florida Telecommunications 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](http://www.ftri.org)

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

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)
- 1-800-955-1339 (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 "FL 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 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:

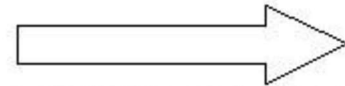
1. The voice user calling you should first dial 1-877-243-2823 (toll free).
2. Once connected, the voice user then enters your area code and phone number followed by the # symbol.
3. Whether it's an incoming or outgoing call, everything the voice user says to you is transcribed into captions that display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



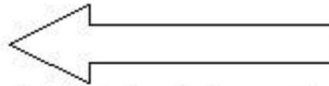
CapTel User



1. You talk to the other party...



2. ...who talks back to you to hear.

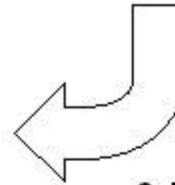


Voice User

Captioning  
Service

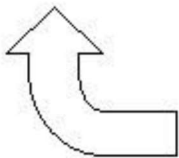


3. Everything  
they say also  
goes  
through a  
Captioning  
Service...



4. ...who re-voices what is said to a  
powerful voice recognition system  
which transcribes the words into  
captions...

5. ...for you  
to read on  
the CapTel  
display.



## APPENDIX I - 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

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.

Tri-County Human Services, Inc. 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.

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

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 or Hard of Hearing section.



## APPENDIX J - STRATUS OVER-THE-PHONE INTERPRETATION (OPI)

Stratus Video, 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 Stratus Video, Inc. Each program will be charged for their use of the telephone interpreter services. Telephone interpreter services can be accessed 24 hours a day.

### How to access over-the-phone interpretation.

#### Before the call:

- Know the language that is needed.
- Be prepared to brief the interpreter about the nature of the call before he or she speaks with the limited English proficiency (LEP) patient.
- If you receive a call from a LEP patient, call Stratus Audio and connect a three way call.
- For outbound calls, provide the operator with a dial out number. He or she will make a three way conference call.
- Provide the operator with a message to leave if there is no answer.
- Use a dual handset to aid in communication when the patient is on-site or you may communicate over speakerphone if in a HIPAA compliant area.

#### How to call:

- Dial

YOUR NUMBER HERE

#### During the call:

- Speak in short phrases or sentences.
- Avoid slang, jargon, and technical terms.
- Check for understanding from your LEP patient throughout the call.
- When speaking to the interpreter, do not give and/or ask too much information at one time.
- Ask questions in the first person.
- Make sure to pause to allow the interpreter time to interpret and the LEP patient time to respond.

#### Ending the call:

- Before ending the call, ensure that both the LEP patient and the interpreter know the session is about to end.

---

StratusVideo.com | 727.451.9766 | 33 Garden Ave. Ste 1000, Clearwater, FL 33755



## 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:

| <u>AGENCY</u>  | <u>TELEPHONE</u> | <u>TDD/TTY/ 800</u> | <u>URL/Email/Address</u>               |
|--|------------------|---------------------|--|
| Barbara Ledford<br>Inspired Interpreting, Inc.<br>P. O. Box 2711<br>Lakeland, Florida 33806<br>(Certified per the Registry of Interpreters for the Deaf, Inc. website) | (863) 255-8144   |                     | inspiredinterpretinginc@gmail.com      |
| Deaf Services<br>Unlimited<br>6925 Hickman Road<br>Des Moines, IA 50322<br>Deafservicesunlimited.com   | (800) 930-2580   |                     | coordinators@deafservicesunlimited.com |

## APPENDIX L - CAPTIONING IN REAL TIME (CART) PROVIDER LIST



<http://www.ncrasourcebook.com/>

### CART Provider Directory for Tri-County Human Services, Inc. Area

#### AREA

#### PROVIDER

**Lakeland**

**Susan D. Wasilewski**

1525 South Florida Avenue, Lakeland, Florida 33803  
863-686-9898  
863-701-2880 (FAX)  
Susan@WasilewskiCourtReporting.com

**Lakeland**

**Linda S. Blackburn, RPR, CRR, CCP**

Blackburn Court Reporting. Lakeland, Florida 33810-4828  
863-853-3650  
lsblackburn@gmail.com

**Lakeland**

**Joan Pitt, RMR, CRR**

Lakeland, FL 33803-5132  
863-686-9898  
jpitt1230@aol.com

**Bartow**

**Linda McGill, RPR**

Bartow, FL 33830  
863-533-4642  
lam@mcgillreporting.com

## APPENDIX M - VIDEO RELAY/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 Stratus Video, Indemand Interpreting at <https://www.stratusvideo.com>. (Services available 24/7/365). Contact the Compliance Officer for login information prior to use.



### Access to Video Remote Interpreting on Any Device, Anywhere

Video Remote Interpretation (VRI) combines the benefits of face-to-face interpretation with the on-demand nature of Over-the-Phone Interpretation (OPI). VRI is an effective solution for language barriers because it is instant, mobile and cost-effective. As the industry leader in VRI, our interpreters are available around the clock, are medically qualified and have an average connection time of 30 seconds. Today, we have 35 languages available over video. Our application holds a security certification from CA Veracode.



## **APPENDIX N - MULTILINGUAL STAFF DIRECTORY**

Contact Single Point of Contact for Current Information

Erica Velazquez – Spanish

Deila Rivera - Spanish