

# Accessibility Plan

2015 - 2016



Revised July, 2015 by:

*Signature on File*

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J. Jay Flicker, PsyD  
Director of Quality Assurance

Approved for Dissemination by:

*Signature on File*

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John Fowler, B.S., C.A.P., I.C.A.D.C.  
President & Chief Executive Officer



## ACCESSIBILITY PLAN

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## Section I

### Introduction

This Accessibility Plan was developed in an effort to unify agency/community mechanisms and methods into one integrated plan and to describe the processes that are involved for the organization, consumers, and other stakeholders (i.e., families, referral sources, etc.) when attempting to identify and eliminate barriers to treatment services. In addition, this plan addresses architectural, environmental, attitudinal, financial, employment, communication, transportation and other agency “identified” barriers to the person served. Through the agency’s performance improvement and annual strategic planning processes/initiatives, the organization’s leadership has a working knowledge of what must be done to promote an accessible setting. The agency is dedicated to accomplishing this goal, continues to monitor all aspects of the items set forth in this plan to ensure that it is maintained and that there is action taken with follow through with those barriers identified. As a direct result of this process, the agency identifies key goals and objectives to monitor. These goals and objectives are reviewed by leadership, mid-management, relevant committees, and program staff in order to sustain achieved goals and to prepare for the future. This plan is reviewed at least annually and updated as needed.

It is the intention of The Drug Abuse Treatment Association (DATA) to eliminate all barriers, *actual or perceived*, when the consumer is trying to access services. This not only includes architectural barriers, but also those barriers that can present when a client is trying to access the service itself. Barriers are defined as obstacles that keep people apart or hinder communication. If this should occur, client progress or success will not occur. The easy accessibility of services to our clients and their families is of the utmost importance. DATA is committed to do everything in its power to ensure that every program offers expedient delivery of service(s), or will immediately assist the client and family in finding a service that best meets their needs. It is critical to meet these demands during times of crisis and high stress and afford the client/family the opportunity to seek services that will help bring a balance in all life areas that can restore the family and all of its values. No DATA client, on the basis of race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, pregnancy status, AIDS/HIV status, Sickle Cell trait, genetic information, marital status, age or disability is excluded from the opportunity to participate in our services.

In 1978, Congress passed the Rehabilitation Act of 1978 which specifically states in Section 504 that “no otherwise qualified handicapped individual in the United States...shall solely by reason of its handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.” In 1990, President Bush signed the Americans with Disabilities Act (ADA), which guaranteed federal civil right protection to 43 million disabled Americans. This law made not only programs, but also physical location accessible to the disabled. According to the ADA, discrimination of programs and services provided by the state and local governments, goods and services provided by private companies and in commercial facilities is prohibited. Integration of individuals with disabilities into the mainstream of society is fundamental to the purpose of the Americans with Disabilities Act. While the ADA has five separate titles, Title II is the section specifically applicable to “public entities” (state and local governments) and the programs, services, and activities they deliver. Title II of the

Americans with Disabilities Act provides comprehensive civil rights protections for "qualified individuals with disabilities." An "individual with a disability" is a person who has a physical or mental impairment that substantially limits a "major life activity", or has a record of such an impairment, or is regarded as having such an impairment. DATA recognizes these standards and runs its business accordingly.

### **People First Language:**

People with disabilities are “People First” and want the same things in life as people who do not have disabilities. All too often their gifts and abilities are not appreciated because our society has focused on their disability. Their disability is only part of who they are – not WHO they are. Our language reflects our attitudes toward diversity. A first step to changing attitudes is changing the way we speak about people. The Disability Rights Movement is following in the footsteps of the Civil Rights Movement of the 1960s and the Women’s Movement of the 1970s. While people with disabilities and advocates work to end discrimination and segregation, we must all work to eliminate the prejudicial language that creates an invisible barrier to inclusion in the mainstream of life. Labels are extremely powerful and often are used in ways that promote negative feelings. When we misuse words, we reinforce the barriers created by negative and stereotypical attitudes. When we refer to people with disabilities by medical diagnoses, we devalue and disrespect them as members of the human race. The way a society refers to its members who have disabilities shapes its beliefs and ideas about them. Using people-first language terms can foster positive attitudes towards individuals with disabilities. People-first language emphasizes the person, not the disability. It is easy to get trapped in old language habits. However, a few adjustments can ensure all of us, regardless of our abilities and disabilities, use language that is accurate and shows respect for individual differences. For example:

- Put the person first in word and thought
- Tell the truth without adding judgment
- Don’t include a person’s differences if they are not relevant to the information you are sharing

<b>People-First Language</b>	<b>Language <u>Not</u> to Use</b>
People with disabilities	The handicapped or disabled
He has a learning disability	He’s learning disabled
She uses a wheelchair	She’s wheelchair bound or confined to a wheelchair
Typical kids or kids without disabilities	Normal and/or health kids
He receives special education services	He’s in special education

### **Solicitation of Input by Staff, Clients, and Stakeholders** *(Person Centered Philosophy):*

It is essential to gain continuous input from the person served, personnel and other stakeholders in order to determine if services and sites are easily accessible and to assist the agency in the identification of any other barrier. DATA makes every effort to respect the client’s and/or companion’s preference in selecting the appropriate auxiliary device or service. However, issues such as cost and timely availability of resources may result in the client’s and/or companion’s first choice of aid or service not being fulfilled. The agency obtains such information from client questionnaires, satisfaction and follow up surveys, suggestion boxes, etc. and reviews all on a monthly basis at the Consumer Care/Satisfaction Committee Meetings. These mechanisms provide all a way to inform the agency of what

problems/barriers, if any, they may have encountered while trying to access our services or throughout the course of treatment. This, in turn, allows the agency to make necessary changes to policies and procedure and provide the client with the best possible care.

### **Staff Training:**

DATA strongly believes that a trained staff is a productive staff. Therefore, the training plan below mirrors that of the training requirements of the Florida Department of Children and Families.

New employee orientation will include training on CFOP 60-10 (*Auxiliary Aids and Services for People Who are Deaf or Hard of Hearing*), Chapters 1, 3 and 4, Title II of the Americans with Disabilities Act of 1990, CFOP 60-16 (*Methods of Administration: Equal Opportunity in Service Delivery*), and Section 504 of the Rehabilitation Act of 1973. Staff are also trained on the Ease of Access software installed on all agency computers. Ease of Access provides voice and visual amplification. This will be accomplished within 60 days of commencing employment for all staff and will be documented in the staff member's Human Resources file.

Annually, all staff will receive training on how to provide assistance to persons with disabilities and persons who are Limited English Proficient. At a minimum, this training will consist of:

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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.
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This training will be documented in the staff member's Human Resources file.

### **Record Retention:**

Records relating to the auxiliary aids and services provided shall be retained by the Single Point of Contact and the original document shall be retained in the client's file. All files are kept for a minimum of seven years prior to documented document destruction.



## Section II

### Administrative, Outpatient & Residential Facility Assessment

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#### Administrative Offices:

1016 North Clemons Street, Suite #200  
Jupiter, Florida, 33477

The building structure at DATA's Administrative Offices (Jupiter, Florida) lends itself to an environment that allows easy access to persons with disabilities. Handicap parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the building allowing easy access if the person served, personnel or other stakeholder is in a wheelchair/mobility aid. The route of travel does require the use of stairs, however, an elevator is available in the lobby of the building. In addition, the route of travel is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of an individual using a mobility aid. Waiting rooms are large and hallways and offices are wide enough to accommodate the disabled to move about comfortably without restriction. The restrooms located in the building are handicap accessible with at least one restroom dedicated for persons with disabilities. The restrooms are large with the appropriate grab bars for transfer from mobility aid, if necessary. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

#### Outpatient –Circuit 15:

1720 East Tiffany Drive, Suite #102  
Mangonia Park, Florida, 33407

The building structure at the outpatient (Circuit 15) facility lends itself to an environment that allows easy access to persons with disabilities. Disabled parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the facility allowing easy access if the client/staff member is in a wheelchair/mobility aid. The route of travel does not require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, and hallways and counselor offices are wide enough to accommodate the person served/staff member to move about comfortably without restriction. The restroom located in the outpatient facility is primarily utilized for clients, however, it is not handicap accessible nor equipped with the appropriate grab bars for transfer from mobility aid, if necessary. The building, however, does have male and female handicap accessible restrooms that are located in the hallway right next to the office. In the event that an individual (a client, family member, and/or staff member) was in need of these restrooms they are readily available at all times. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

#### Outpatient – Circuit 19:

4590 Selvitz Road, Building B  
Ft. Pierce, Florida, 34981

The building structure at the outpatient (Circuit 19) facility lends itself to an environment that allows easy access to persons with disabilities. Handicap parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the facility allowing easy access if the client/staff member is in a wheelchair/mobility aid. The route of travel does not require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, and hallways and counselor offices are wide enough to accommodate the person served to move about comfortably without restriction. The restrooms located in the outpatient facility are utilized for clients and staff and are handicap accessible with at least one restroom dedicated for persons with disabilities. The restrooms are large with the appropriate grab bars for transfer from mobility aid, if necessary. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

**Residential – Circuit 15:**

1041 45th Street  
West Palm Beach, Florida, 33407

The building structure at the residential (Circuit 15) facility lends itself to an environment that allows easy access to persons with disabilities. Handicap parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the facility allowing easy access if the client/staff member is in a wheelchair/mobility aid. The route of travel does not require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, hallways, counselor offices, and client dorms are wide enough to accommodate the person served to move about comfortably without restriction. The dining areas in the residential facilities are easily accessible. The Kelly Center has fastened tables and chairs, however, the end of the dining table allows for enough space to adequately accommodate the individual during meals. The restrooms located in the client's dorms are handicap accessible with at least one restroom dedicated for persons with disabilities. The restrooms are large with the appropriate grab bars for transfer from the client's mobility aid, if necessary.

The facility has an on-site school program provided through the Palm Beach County School Board. The program has ramp access into facility classrooms. In addition, transportation is provided to all clients in agency vehicles. The program has two 12 passenger vans. These vans do not have lift equipment to accommodate individuals with wheelchairs/mobility aids. Facility grounds are equipped with sidewalks for easy mobility.

**Residential – Circuit 19:**

4590 Selvitz Road  
Ft. Pierce, Florida, 34981

This residential (Circuit 19) facility is the agency's oldest structure and is the least accessible to accommodate an individual who is bound to a mobility aid. Handicap parking spaces are allotted near doorways. Entry ways are not equipped with the required ramps into the interior of the facility, however, the facility does have a portable ramp that is located in the rear of the facility that could be utilized in the event that a disabled person presents for treatment or a staff member is employed at this facility. The route of travel does not require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, hallways, counselor offices, and client dorms are wide enough to accommodate the person served to move about comfortably without restriction. The dining area in the residential facilities is easily accessible. The Hayslip Facility is equipped with detached table and chairs which allows the person served to pull up to the dining area without difficulty during meals. The restrooms located in the client's dorms are not handicap accessible. There is a step down into the restroom/shower area that does not allow for easy access into this area. In addition, staff restrooms are not accessible. It is a goal within the next few years to renovate the client/employee restroom areas and make them ADA compliant.

The facility has an on-site school program provided through the St. Lucie County School Board. The program has ramp access into facility classrooms. In addition, transportation is provided to all clients in agency vehicles. The program has two 12 passenger vans. These vans do not have lift equipment to accommodate individuals with wheelchairs/mobility aids. Facility grounds are equipped with sidewalks for easy mobility.

**NOTE:** According to the Americans with Disabilities Act, regulations require that architectural barriers must be removed in public areas of existing facilities when their removal is readily achievable, in other words, easily accomplished and able to be carried out without much difficulty or expense. The agency realizes that barrier removal is an ongoing obligation and is prepared to remove obstacles in the future as situations present and as resources become available. It is the agency's hope to continue to renovate agency facilities and provide an up to date accessible facility, as well as, a homelike, comfortable, and respectable atmosphere for the clients and families we serve. The agency acknowledges that these renovations are necessary in accommodating all populations requiring services.





## Section III

### Access to Care Barriers

#### Client Services and Referrals Barriers:

Clients are able to access initial services through DATA's Outpatient Programs (Circuit 15 & 19) Monday-Thursday from 9:00 A.M. - 8:00 P.M. and Fridays 9:00 A.M. - 5:00 P.M. DATA's outpatient program screens all potential clients that are requesting treatment services. If they are found appropriate, attempts are made to offer assessment services within 24 hours of the client's first contact to the agency. Clients found to be inappropriate for our services and not meeting admission criteria will be assisted through the agency's referral process to a suitable provider. If the client is in need of residential services they will immediately be scheduled to meet with the treatment team/designee and if the client meets admission criteria, they will be placed as soon as a bed is available. If outpatient therapist caseloads are maximized and/or residential beds are unavailable, client waiting lists may be utilized. If the client is in immediate crisis, or wait lists are exorbitant the agency will assist the client/family with an appropriate referral immediately.

**Circuit 15 only:** The Drug Abuse Foundation (DAP) provides detox services to adolescents and adults. In addition, outpatient and residential services are offered, if appropriate. This provider is located at 400 South Swinton Avenue, Delray Beach, FL 33444, Telephone: (561) 732-0800. **Circuit 19 only:** New Horizons, 4500 West Midway Road, Ft. Pierce, Florida, Telephone: (888) 468- 5600. Circuit 15 & 19: Baker Act Services are offered through New Horizons, (888) 468-5600, West Palm Hospital (561) 842-6141, and Jerome Golden Center (561) 383-8000.

DATA will extend every effort possible to accommodate those individuals with disabilities who meet the agency's admission criteria for services (*See Appendix A: Ensuring Accessibility for the Provision of Services Provided*). Requests can be made to the agency's Single Point of Contact (Director of Human Resources) via the Customer or Companion Communication Assessment and Auxiliary Aid and Service Record Form. This form identifies the need (s) of the client/family or personnel for accessing reasonable accommodations while accessing our services/or while employed. A reasonable accommodation is defined as a modification or adjustment that would assist the person served or personnel to access benefits and privileges that are equal to those enjoyed by others. When possible, accommodations will be made. However, in the event that we are unable to provide services to an individual, the agency will assist the client in every way possible and link them to an appropriate provider that could best meet their needs. Such providers include: the Drug Abuse Foundation, New Horizons, Columbia Hospital, and Jerome Golden Center. In addition, agency facilities are equipped with Community Resource Lists and Florida Alcohol and Drug Abuse Association (FADAA) Directories. A comprehensive guide to health and human care resources can be acquired by calling 211 and/or accessing their website – [www.211.palmbeach.org](http://www.211.palmbeach.org). It contains descriptions of treatment programs, support groups, medical resources.

#### Architectural Barriers:

DATA offers a wide range of services that include prevention, intervention, aftercare, outpatient and residential programming. These services are offered to the client throughout Palm Beach, Martin, St. Lucie, Okeechobee, and Indian River Counties. Architectural or “physical” barriers are generally easy to identify. Individuals with disabilities must be able to arrive on the site, approach the building, and enter as freely as everyone else. Providing physical access to a facility from parking lots and sidewalks is basic to making goods and services available to people with disabilities. Having architectural barriers to your facility will prevent people from returning for that service. DATA continually assesses all sites and their surroundings to ensure that we eliminate as many architectural barriers as possible.

The following areas have been thoroughly assessed at each of DATA’s locations.

- **Parking**

Self-parking is provided at all facilities. According to the ADA Standard - total space versus accessible spaces required, each of DATA’s facility parking allowances is adequate to meet this standard. In addition, parking allows for van accessibility for those who use lift-equipped vans or need room to transfer from vehicle to mobility aid (wheelchairs, walkers, crutches). All parking spaces are located on level ground, closest to the lobby entrance and are clearly marked with the appropriate signage.

- **Entryways/ Walkways**

All facilities have easy access for persons who use mobility aids. Facility grounds are neat and clean. Parking lots, walkways and entryways are consistently maintained and are clear and free from cracks, chips, potholes, and debris at all locations. If grounds become cluttered or need repair, (i.e., debris as a result of a severe storm/hurricane), the program supervisor immediately notifies maintenance and has the items cleared and/or repaired. Client’s route of travel does not require the use of steps/stairs and is stable, firm, and slip-resistant. In addition, all facilities have easy access within facility locations (those areas that are not ADA compliant are outlined below). Residential facilities have ramp access into facility classrooms.

- **Light Alarms & Braille**

None of our sites is equipped with light alarms to assist the hearing impaired. In addition, only those facilities that have undergone major renovation (Kelly Center) are equipped with signage that has Braille to assist the visually impaired.

- **Additional Access**

When amenities such as drinking fountains are provided, they are accessible to people with disabilities. There is at least one fountain with clear floor space. In addition, cup dispensers are available if needed.

### **Environmental Barriers:**

Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. When assessing environmental barriers at each location, consistent client and staff interviews are conducted in order to obtain such information. In addition, environmental barriers are assessed through ongoing facility

inspections by the Safety/Risk Facility Management Committee. No trends were identified at any of our sites, however, occasionally information was obtained regarding the type of furnishings/décor, office size/utilization of space, etc. that may impact the comfort level of the person served and personnel. Significant work has been accomplished in this area during the last few years. Our goal is to continue in this general direction. Improvements have included new furnishings for various programs. Resources are also continuously assessed in order to best meet each facilities' needs. We are committed to this goal and feel that it is essential to keep the environment healthy, clean, up-to-date and respectful in order to promote a sense of well-being for our clients and staff. This, in turn, creates an accommodating, home-like environment that all are comfortable in and proud of.

### **Communication Barriers:**

Communication barriers can arise for a number of reasons. The agency may be unable to accommodate a specific population because they do not have on-site access to certain assistive devices (TDD), they do not have staff members to accommodate those clients whose first language is not English, etc. DATA has established a single point of contact, the Director of Human Resources. Program Directors and Supervisors are required to submit the customer or companion waiver for free interpreter service form to DATA's single point of contact once the client/companion has completed the form (*See Appendix A: Ensuring Accessibility for the Provision of Services Provided*). As previously mentioned, DATA does not exclude any individual or their family treatment services solely based on their disability, culture, etc. DATA will afford every person served the opportunity to receive treatment services and will make every effort to assist the client and/or family to receive additional services that may benefit them while they are in treatment. Additionally, the agency will assist all clients with continuity of care services while attempting to integrate them back into their community. Program directors/designees will link clients to the most appropriate provider/services to assist them with this process. If the agency, however, is not able to meet the needs of a particular population or the needs of a client are beyond the scope of our programs, the agency will follow written policy and procedure regarding referral. One such referral source is the Center for Independent Living (1.800.683.7337). This program assists the client in a community-based, nonresidential center for independent living designed to maximize the quality of life for all people with disabilities. The agency provides a focal point to which all persons, agencies, and support groups can turn for such services as adaptive technology, outreach, ADA consulting, advocacy, information and referral, peer counseling, support groups and independent living skills training.

Expressive and receptive communication with or without the use of auxiliary aids provides clients and staff an equal opportunity to participate in or benefit from agency programs, services, and/or activities. As a part of this plan, how to access these devices is conveyed effectively and accurately. As a Florida Department of Children and Families (DCF) contracted provider, DATA will ensure that clients, applicants and employees who are deaf, hard of hearing, disabled and/or who are limited in English proficiency are notified of their right to submit a request for an accommodation for auxiliary aid(s) to ensure equal opportunity while involved in our services. In addition, in accordance with DCF Equal Opportunity in Service Delivery Amendment, any meeting, conference, workshop, hearing, training, session, seminar, or other similar functions sponsored by the department must be scheduled in an accessible facility. This includes any training done through contracts.

**NOTE:** Any publicity or invitation for any of the above described events shall include a statement in **bold** print that states the following: ***"Persons needing special accommodations to attend this training,***

***should contact the Director of Human Resources at 561.743.1034 at least seven days in advance of the training so that appropriate arrangements can be made.”***

### **Limited English Proficiency – Translators and Interpreters:**

It is the policy of DATA, Inc. to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals who may become clients in any of the agency programs. The policy is to ensure that language will not prevent staff from communicating effectively with LEP clients or their families and that limited English proficiency will not prevent them from accessing important programs and information.

LEP individuals do not speak English as their primary language and have a limited ability to read, write, speak, or understand English. Many LEP persons are in the process of learning English and may read, write, speak, and/or understand some English, but not proficiently. LEP status may be context-specific. For example, an individual may have sufficient English language skills to communicate basic information (name, address etc.) but may not have sufficient skills to communicate detailed information (e.g., medical information, eyewitness accounts, information elicited in an interrogation, etc.) in English.

**Federal Statutes and LEP:** Federal laws particularly applicable to language access include Title VI of the Civil Rights Act of 1964, and the Title VI regulations, prohibiting discrimination based on national origin, and Executive Order 13166 issued in 2000. Many individual federal programs, states, and localities also have provisions requiring language services for LEP individuals. Federal law prohibits national origin discrimination and requires meaningful access to LEP persons in federally assisted programs and activities.

Our client population is predominantly English speaking; however, we may encounter a client or family member whose sole language is Haitian Creole or Spanish. We have had to utilize interpretative services in these instances and have called upon DATA Inc. staff to assist in special situations. If a foreign language is needed on a daily basis (i.e., residential services) we would not be able to accommodate this need and would attempt to find an agency which might be able to do so. Some of our forms are translated into Spanish if needed, usually by a family member. The current agency Accessibility Plan is to attempt to recruit more staff that is multilingual.

**NOTE:** Circuit 19 is able to contact their DCF contract manager who will arrange for interpreters and provide them at no cost to the agency. Circuit 15 may have the same policy and should be called.

### **Deaf/Hard of Hearing Barriers:**

Any client who may be seeking treatment services and who may be deaf and/or hard of hearing will be assisted any way possible to meet their needs while receiving treatment services and post discharge, if applicable (*See Appendix A: Ensuring Accessibility for the Provision of Services Provided*). All families are assisted by the program director/designee and will contact the agency's Single Point of Contact (Director of Human Resources), who will submit a request to the Department of Children and Families for communication assistance. Families residing in Circuit 15 needing services are also referred to Deaf Service Center of Palm Beach County (3111 S. Dixie Highway, Suite 237, West Palm Beach, Florida, Telephone (561) - 802-3353) and those clients residing in Circuit 19 are referred to Deaf Service Center of The Treasure Coast (1016 NE Jensen Beach Boulevard, Jensen Beach, FL 34957, Telephone (772) -334-

2233). This provider advocates for the equal rights of deaf and hard of hearing people with regard to laws such as the Americans with Disabilities Act. Client specialists meet with these individuals and/or their families to evaluate needs, identify appropriate services, provide guidance (including crisis intervention), make assisted referrals, and offer training to promote greater independence.

In approved circumstances, DATA may be able to provide a sign language interpreter for a client or companion who is deaf or hard of hearing on a 24/7 basis. This must be arranged by the Single Point of Contact and approved by the Chief Financial Officer or Chief Executive Officer.

Auxiliary aids, such as Ease of Access software installed on all agency computers, are available to ensure effective communications for individuals with visual and/or hearing impairments. This includes equipment that is necessary to make information available to individuals with hearing, speech, or visual impairments and cognitive disabilities. Local providers that can help assist us with these resources include the Deaf Services Center. This agency provides TDD/TTY equipment (Telecommunication Devices for the Deaf), FAX, amplified telephones from the Florida Telecommunications Relay, Inc. for eligible hearing-impaired individuals, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, or a combination of these. Application and distribution by appointment are available through this provider. TTYs and closed-caption television decoders are available for a short term loan at a nominal fee to individuals or groups. These auxiliary aids are provided to individuals with impaired skills when necessary to afford such persons with an equal opportunity to participate in or benefit from our programs and services. Needs are assessed through consulting with the client and /or family to determine their preferred communication mode. The client's requested method of communication should be sought and considered first. Staff will notify the Single Point of Contact should they be unfamiliar with a requested auxiliary aid or service.

An additional service that can be utilized is the Florida Relay Service 711 (FRS). They can be contacted by dialing **711**. The following numbers for FRS may also be of assistance:

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-1339 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-877-955-5334 (STS)
- 1-877-955-8773 (Spanish)

This service provides a dual party relay system which is an accessible telephone communication relay system that allows the deaf to talk to those with no hearing or speech problems and vice versa. Employers and service providers are able to telephone a job applicant or client who is hearing impaired; and applicants or clients who are hearing impaired are able to call and speak to Human Resource Officers or their counselors.

### **Visual Disability Barriers**

Consumers who may be visually impaired are assisted to receive necessary services that would benefit them while in treatment and post-discharge, if applicable. Training is provided by the Lighthouse for The Blind, Inc. Circuit 15 & 19 - Telephone (561) 586-5600). This provider offers individual training in daily living skills. Instructional areas include personal and home management, communication skills,

counseling, and orientation to mobility techniques. Training in use of computers, technological and/or adaptive equipment for the blind/visually impaired is also available through this provider. Home instruction is provided when appropriate to assure proper use of skills and for individuals unable to attend classes. Services to family members, such as counseling, support, and training, are also available.

### **Community Integration Barriers:**

Barriers to community integration include any barrier that would keep the person served from returning to full participation in their community. The most likely community integration barrier experienced by DATA clients is returning to their homes which are frequently in neighborhoods with elevated rates of drug sales and use. Therefore, clients are encouraged to participate in self-help groups or aftercare programs to maintain resilience in their sobriety.

### **Technology Barriers:**

Technology barriers could include the evolving technology, the upkeep of equipment, assistive technology and issues more specific to the populations served. In order to address this barrier, DATA encourages clients to report when they are having issues with the use of technology such that a resolution can be collaboratively developed.

### **Cultural and Language Barriers:**

DATA acknowledges the high degree of cultural and ethnic diversity in its employee and client base, which includes a myriad of customs, beliefs, languages, knowledge and values. The goal of DATA is to promote and support behavioral change to clients, to facilitate responsible behaviors and life styles that benefit the community and society as a whole. DATA exemplifies those high ideals which are supportive of an environment focused on cooperation, teamwork, respect and mutual understanding among all of its clients and staff. DATA's client base primarily includes: Caucasian, African-American, and Hispanic Cultures. The agency strives to recruit employees and board members who make up these cultures. It is our belief that by having a multi cultured staff composition helps to assist the client /family and staff with specific cultural / language barrier issues. By doing so, DATA recognizes individual differences and is sensitive to these specific cultural differences. It is DATA's practice to maintain a list of employees who are bilingual so that they may be utilized if situations are presented and their services are needed throughout the agency. The Director of Human Resources maintains all such lists. In addition, no client is turned away from any DATA Service solely based on their cultural background. Instead, the agency would strive to find all resources available, including utilization of current staff members, to assist them through the treatment process.

In addition, to the above identified language barriers/resources, DATA makes every attempt to communicate agency documents in people first languages and in a language that is age appropriate and understood by the client/family. When possible, we also attempt to obtain materials, surveys, signage, etc. that is communicated in multiple languages in order to meet the population base we serve.

### **Gender Barriers:**

DATA recognizes that often the person served may have specific issues that would be more appropriate for a specific therapist (i.e., female client to female therapist). Also, it is recognized that clients may

specifically request the same sex therapist because of situations they have experienced. DATA makes every attempt to make the client and therapist relationship as compatible as possible.

#### **Transportation Barriers:**

- **Residential Services:** DATA's residential treatment services are offered at standing sites in their respective districts. Employees are able to transport clients in agency vehicles only, providing the employees possess a valid Florida driver's license for the class of vehicle (s) he is operating. Agency vehicles are not for personnel use and use must follow agency policy and procedure. These vehicles are only to be used on behalf of our clients (i.e., client outings). All employees driving agency vehicles must submit a copy of their driver's license to the Director of Human Resources prior to driving any agency vehicle. The Director of Human Resources verifies driving records on an annual basis. Family therapy is a major component in the agency's residential programs. The client's parent and/or legal guardian are expected to participate in activities/therapy on-site. If transportation is a problem, the program director/designee will assist the family with public transit options (i.e., - Palm Tram, Tri-Rail, local taxi services, Medicaid taxis, etc.). In addition, some clients may be in need of ancillary services while they are participating in treatment. The parent and/or legal guardian is required to transport these clients in these instances, however, if an emergency or situation arises and the parent cannot transport, the program will make the necessary arrangements to make sure the client makes their scheduled appointment.
- **Outpatient Services:** DATA's outpatient treatment services are offered at standing sites throughout the community in their respective districts. It is the policy of DATA that therapists do not transport clients. If transportation issues are a problem, and the client is not able to make it to the facility to receive services, the programs are equipped to send therapists out into the field to meet with clients in their schools, homes, Department of Juvenile Justice Sites, etc. (supervisor's approval is needed prior to the transportation of all clients). The agency affords every opportunity to the client to receive the services or assist with an appropriate referral if we are not able to accommodate their needs/schedules.
- **All Other Services:** It is the policy of DATA that staff (*except residential services*) do not transport clients. If transportation issues are a problem, and the client is not able to make it to the facility to receive services, the programs are equipped to send staff out into the field to meet with clients in their schools, homes, Department of Juvenile Justice Sites, etc. (supervisor's approval is needed prior to the transportation of all clients). The agency affords every opportunity to the client to receive the services or assist with an appropriate referral if we are not able to accommodate their needs/schedules.

#### **Financial Barriers:**

DATA is a private, nonprofit organization. It is our intention to provide high quality/cost effective substance abuse treatment. The cost of ALL services, as appropriate, are based on a sliding fee scale. No one is ever turned away due to the inability to pay for our services. Although DATA does not accept third party billing, DATA will assist those families with this process. Also, some clients may be eligible for financial assistance (i.e., TANF, Medicaid, etc.). It is required that proof of income be presented at the

time of admission in order to determine eligibility requirements for financial assistance and/or their sliding fee scale range. This information is maintained in the client record.

#### **Attitudinal Barriers:**

DATA has developed a range of treatment services that are designed to address the client as an integral part of his/her family and community. DATA does not exclude treatment services to any individual or their family solely based on race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, pregnancy status, AIDS/HIV status, Sickle Cell trait, genetic information, marital status, age or disability, as well as, other classifications protected by applicable state or local laws. In addition, services are provided in an age and culturally appropriate setting.

- **Staff Barriers:** Attitudinal barriers consist of staff or others who show disregard or prejudice(s) against those persons with disabilities, cultural differences, etc. DATA is devoted to providing ongoing staff competency training and feels that it is necessary to provide ongoing communication, education and training to create awareness and understanding of these sensitive issues. In some instances, training may be centered on areas such as: cultural barriers, disability awareness/education, and/or situational training. DATA recognizes that individuals come from a wide variety of backgrounds. As a result, some employees are often unaware of certain customs and rituals that take place in that setting. It is imperative to consistently educate staff so that they become aware of these differences and become culturally sensitive to the clients we serve. The Drug Abuse Treatment Association provides our employees with ongoing education in this area to benefit our consumers and their careers. All employees are required to undergo mandatory cultural competency training on an annual basis. In addition, all clinical staff are required to meet with their supervisor on a regular basis to staff clients for appropriateness and/or to identify problematic treatment areas. This gives the employee an opportunity to discuss specific situations with their immediate supervisor and allows for ongoing feedback with difficult or unfamiliar situations. In addition, if a clinical situation arises and falls beyond the scope of the employee, they are required to immediately address this with their supervisor and obtain consultation to decide treatment direction and to provide treatment referrals as appropriate.
- **Community of Choice/Client Stigma Barriers:** Attitudinal barriers can also consist of the general public being prejudice against the substance abusing population. The drug addict is often stigmatized and to admit that one has a problem that is out of their control is not easy. Unfortunately, the public has taken on this prejudice which contributes to how these people feel. That is why it is imperative that substance abuse providers get out into their communities and educate the public about this disease and all that it entails. Our agency is committed to accomplish this goal and provides ongoing public interaction and positive relations within the communities we serves (i.e., community service projects, trainings and seminars to students, /United Way Meetings/tours, active in substance abuse coalitions, etc.). In addition, our residential facilities may allow clients to attend these activities with staff if permission is approved. This exposure serves two purposes: (1) allowing the client to participate in positive community activities, and (2) allowing the community to observe teens in a favorable light despite their drug addiction. A community relations scrapbook is maintained in each district of all such activities.



It is our commitment to evaluate our accessibility plan(s) consistently and focus on integrating the persons served into their communities of choice whenever possible. This strongly correlates with the mission of the agency in that we are committed to provide program which foster the skills necessary for individuals to be responsible, productive members of their communities. A sense of community investment is essential for all persons because it creates purpose, responsibility and ownership for that individual in the areas where they live, work and play.

#### **Employment Barriers:**

- **Diversity Policy Statement:** DATA maintains an environment that is challenging based on freedom from discrimination and absence of cultural barriers. DATA fairly and equitably provides its entire staff with the opportunity to develop, participate, contribute and to exercise their full creativity and expertise directed toward DATA's goals.

DATA's Board of Directors and Executive Staff work together to cultivate an environment which values differences and individuality and encourages the full development of all professional potentials. DATA promotes and encourages trust, enhances communication, encourages cooperation and teamwork and nurtures respect and concern for the welfare of DATA staff and clients. DATA feels that it best accomplishes this policy statement by its employee base. The organization's employees, including the Board of Directors, reflect the community it serves.

- **Goals:**
  - Encourage an environment and opportunity for all employees to develop and contribute to the agency by equitable distribution of resources and responsibilities.
  - Encourage career enhancement with all employees consistent with the individual's abilities, interest and the requirements of the agency.
  - Cultivate an attitude toward multiculturalism that will pervade all policies, processes, procedures, and practices where such an attitude is applicable.
  - The agency will nurture all employees and clients to have a clear understanding of diversity and multiculturalism.
- **DATA's Work Environment (*Awareness and Sensitivity*)**
  - All employees are trained in diversity and the concepts surrounding multiculturalism. Such training occurs as part of a new employee's orientation and annually thereafter.
  - Employees and supervisors are encouraged to become skilled in cultural competency and to use this knowledge in matching clients and employees, as well as, in interpersonal relationships.
- **Individual Involvement:**
  - DATA's board and staff work to cultivate an environment, which values differences and individuality, and encourages the full development of professional potentials and talents.
  - DATA's management has the responsibility to promote trust, enhance communication, encourage cooperation and constructive criticism, and nurture respect and concern for the welfare of all employees and clients.

- All employees are encouraged to exercise their full creativity and expertise toward achieving their full potential.
- Encourage membership in organizations and attendance at meetings and workshops that have as their focus a better understanding of diversity and multiculturalism.
- Seek out, identify and remove barriers that inhibit the full utilization and inclusion of all employees.
- **Management Accountability:**
  - DATA's management is expected to proactively foster any endeavors that enhance the cultural climate of the workplace. This includes assuring that employees feel valued, are allowed to participate fully and are provided the opportunity to develop his or her maximum potential.
  - In part, the above is accomplished by demonstrating a management style that accepts and appreciates the uniqueness of individuals.
  - DATA's management identifies and eliminates barriers that are perceived as prohibiting employees from participating fully in the organization.
  - DATA's management fosters open communication that builds trust between management and employees.
  - DATA's management includes employees in communication and deliberation processes, so that employees' views are heard without fear of retribution.
  - DATA's management encourages employees to treat co-workers, as individual's (not based on stereotypes) in day-to-day interactions and vigorously pursues any allegations that actions based on cultural differences are interfering with any employee or their ability to do their job. Any such allegations that are founded are dealt with through disciplinary processes.

DATA Staff are encouraged to fully participate in agency activities that contribute to positive change and which foster communication among all levels of management. Examples include participation on agency Management/Performance Improvement Committees. This process has proven to be a unique opportunity for employees to fully participate in agency functions and development and for individuals to openly communicate, evaluate and develop processes for implementation, and build trust between management and program components.

#### **Equal Employment Opportunity Barriers:**

DATA maintains a strong policy of equal employment opportunity for all employees and applicants for employment. We hire, train, promote, and compensate employees on the basis of personal competence and potential for advancement without regard for race, color, religion, sex, sexual orientation, national origin, age, marital status, disability or citizenship, as well as, other classifications protected by applicable state or local laws.

Our equal employment opportunity philosophy applies to all aspects of employment with DATA including recruiting, hiring, training, transfer, promotion, job benefits, pay, dismissal, and social and recreational activities.

No person will 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 the following federal laws:

- Titles VI and VII of Civil Rights Act of 1964, as amended.
- Titles IX of the Education Amendments of 1972, as amended.
- Section 504 of the Rehabilitation Act of 1973, as amended.
- Omnibus Budget reconciliation Act 1981.
- Age Discrimination Act of 1975, as amended.
- Age Discrimination in Employment Act of 1967, as amended.

#### **Affirmative Action Barriers:**

The Drug Abuse Treatment Association recognizes the importance of eliminating employment barriers by establishing a nondiscriminatory policy for its employees and applicants for employment. It has been and will continue to be, the policy of DATA to be an equal employment opportunity employer. In keeping with this policy, the agency will continue to:

- Recruit, hire and train;
- Establish rates of pay in terms, conditions or privileges of employment;
- Promote, upgrade and transfer into all job levels the most qualified persons, without regard to race, color, religion, sex, natural origin, age, veteran status, or qualifies individuals with disabilities. It is equally the practice and policy of this agency to comply with all applicable federal, state, and local labor laws.

An applicant or employee who feels that he or she has been discriminated against because of race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, pregnancy status, AIDS/HIV status, Sickle Cell trait, genetic information, marital status, age or disability, or because due process has been denied them, may file a complaint with the Director of Human Resources. Any such complaint must be filed in writing thirty (30) calendar days of the alleged incident of discrimination.

The procedure will be as follows:

1. The Director of Human resources will be responsible for conducting a fair and impartial investigation and making a finding of fact to all interested parties.
2. Should a complainant so request in writing, an appeal in the form of a hearing before the Chief Executive Officer will be granted.
3. This request must be made within ten (10) calendar days of receipt of the Director of Human Resource's written decision.
4. If the complainant is dissatisfied, a request may be made to the Personnel Committee of the Board of Directors for review of the grievance. This request must be made within ten (10) calendar days of receipt of the Chief Executive Officer's written decision.
5. Decisions of the Personnel Committee will be submitted to the Board of Directors for ratification.
6. Grievances against the Chief Executive Officer will be submitted to the Personnel Committee of the Board of Directors.

#### **All Other Barriers:**

DATA strongly encourages clients to report any barriers to accessing or maintaining treatment services, or barriers that they anticipate may affect their sobriety post-discharge. In addition, staff, clients, and stakeholders should notify a DATA's Single Point of Contact or any member of management should a barrier be identified such that it can be addressed appropriately.



## Section IV

### Request for Reasonable Accommodation –

#### Auxiliary Aids/Other Services

A reasonable accommodation is a modification or adjustment that would assist the persons served or personnel to access benefits and privileges that are equal to those enjoyed by others (*See Appendix I: Ensuring Accessibility for the Provision of Services Provided*). If at any time a client and/or personnel makes a request for a reasonable accommodation to be made, this is documented via the “Customer or Companion Communication Assessment and Auxiliary Aid and Service Record” form (*See Appendix I, Attachment B*). This service is available to both our clients and personnel. All are oriented to this process upon admission/hire, as appropriate. In addition, the procedure for accessing this service is addressed in the client handbook and personnel practices manual, as appropriate. Clients requesting this service may obtain the form from the program supervisor. Personnel may access these forms through the Human Resources Department.

The individual making the request is to list the identified need(s), services requested, equipment requested, etc. in the appropriate space on the form. The form is then submitted to the Agency’s Single Point of Contact (Director of Human Resources). In addition, the form is copied to the Chief Executive Officer so that he/she is aware of the situation/request. All information is documented on the form and forwarded to the Chief Executive Officer for approval. Because a request is made for a reasonable accommodation does not automatically require that the organization meet the request. We may be unable to do so because resources are not available at that time. If the organization is unable to fulfill a request, the agency is committed to assist each individual who may have a request and will follow written policy and procedure regarding referral for the use of other resources that are accessible in order to meet their needs.

**NOTE:** It should be noted that because there are a variety of requests that can be made at any given time, decision making criteria is determined on a case by case basis. The organization will make every attempt to accommodate each and every request when possible. If the request is not able to be met, it the reasons denying the request are thoroughly documented on the “Request for Auxiliary Aid / Other Assistance” form.

#### Status Reports, Action Plans, and Timelines:

When a barrier is identified, an “accessibility” status report/action plan is developed by the Safety Committee/designee that address the identified barrier(s), goal(s), an action plan to remove the barrier and realistic timelines for the removal of the barrier(s). A status report is completed by the Risk Management Committee and presented to the Management/ Performance Improvement Committee addressing the progress or lack of progress made in the removal of the identified barrier and any area that needs improvement. In addition, this information is communicated to leadership / governance authority so that they are aware of what needs to be accomplished in order to promote an accessible setting. This information is communicated by the Chief Executive Officer. All reports are maintained in committee manuals and as an attachment to the current plan.

**Client/Companion Feedback:**

All clients and companions are provided the Department of Children and Families Customer/Companion Feedback Form (*See Attachment D*) for completion following the initial assessment. Included in this form is an opportunity for clients/companions to provide feedback on whether or not they felt the service (i.e. interpretive, auxiliary aid, etc.) was effective. If the client/companion was not satisfied with the quality of the service, other options for services are reviewed (i.e. a different translator, a different auxiliary aid device, etc.). As previously indicated, all attempts are made to honor the client/companion request, but cannot be guaranteed.



## Ensuring Accessibility for the Provision of Services Provided

### For Persons who need Auxiliary Aids:

1. DATA staff will conduct an assessment, prior to services, to determine the customer or companion's preferred method of communication. If necessary, staff may use the approved Language Identification Flashcard (*See Attachment A*). 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 (*See Attachment B*) and the Request for or Waiver of Free Communication Assistance Form (*See Attachment C*).
2. Staff will notify DATA's Single Point of Contact of the request for interpretive services. Staff will provide a copy of the completed Customer Companion Communication Assessment Form and the Waiver of Free Communication Assistance Form to the Single Point of Contact and the Director of Quality Assurance.
  - a. The SPOC will determine, based on the documents submitted and a conversation with the referral sources (supervisor and/or staff) if (1) it is an emergency situation, and (2) if the auxiliary aid is essential.
  - b. If the auxiliary aid is deemed essential, the SPOC will inquiry specifically what is being requested by the client (attempting to secure the client's preference), and what appointment times will be convenient to the client.
  - c. The SPOC will then contact the ADA/Section 504 Coordinator for consultation if needed.
  - d. The SPOC may also contact Florida Relay (711).
3. 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.
4. If an interpreter is needed, the Single Point of Contact shall contact a certified interpreter from their listing of interpreter services. The Single Point of Contact shall obtain verification of the interpreter's certification. DATA uses Translations USA (772.344.5930). Translations USA is located in Palm City, Florida, and centrally located to DATA's programs. They are contracted with DCF and are in compliance with DCF requirements.

5. DATA's Chief Financial Officer (or designee) with budget approval has the responsibility for approving the request and obtaining the appropriate auxiliary aid and service.
6. The use of auxiliary aids, certified sign language interpreters, or translators will be at no cost to the customer or Companion.
7. Documentation of Customer Companion Communication Assessment form shall be recorded in the case file or record. An initial communication assessment form must be completed and maintained for every deaf or hard of hearing customer even if the customer or companion completes the waiver form.
8. Each customer or companion who are deaf or hard of hearing shall be provided a Customer Companion Feedback form (*See Attachment D*) by the Single Point of Contact, or designee, following their visit. The Customer Companion Feedback form is provided to the customer or companion to determine the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Staff shall document in the case notes indicating the form was provided. Staff will provide assistance, if requested, in completing the form.
9. Department supervisors are to submit a completed Auxiliary Aid Service Record Monthly Summary Report (*See Attachment E*) to the Single Point of Contact by the 5<sup>th</sup> of every month detailing the use/non-use of any auxiliary aid services.

**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. However, 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 the client determines the best method of communication. 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.

**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 DATA.

**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:

1. 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.
2. If it is a non-scheduled appointment or non-emergency situation, you must provide a certified interpreter within two (2) hours of the request, or at least by the next business day. In emergency situations an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the customer or companion requests an interpreter, whichever is earlier.
3. 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.
4. 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.

#### **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.

1. Sign language interpreters must be nationally certified.
2. 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.
3. 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. The use of this form does not waive DATA's responsibility to ensure effective communication; meaning the client's right to waive services does not void DATA from obtaining an interpreter to ensure effective communication is occurring.
4. Minor children should never be used as an interpreter.

5. 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.

### **Identification of Ineffective Auxiliary Aids:**

If the client determines that the auxiliary aid originally agreed upon is ineffective, staff must notify the SPOC immediately. Staff should also work with the client to identify alternatives that may be better to assist in communication.

### **Denial of Auxiliary Aids and Services:**

***Only the Single Point of Contact and/or the President/CEO can approve denying auxiliary aids and services!***

1. If DATA 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, he/she must immediately seek consultation with their supervisor.
2. The supervisor and the staff member will contact the Single Point of Contact within 24 hours to discuss the case.
3. The Single Point of Contact will be responsible for consulting the 504/ADA Coordinator prior to issuing a decision to the client. This consultation shall be documented by the Single Point of Contact, with a copy provided to the staff member for dissemination to the client.
4. If it is been determined that the client has been denied these requested services, the staff member shall advise the client 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. DATA staff shall provide the customer (and companion, if applicable) with a copy of the denial.
5. Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record
6. Staff shall also record the denial of requested service in the client's chart.
7. Notwithstanding the denial, DATA staff shall nonetheless ensure effective communication with the Customer or Companion by providing an alternate aid or service which must be documented and recorded in the client's file.

# Language Identification Flashcard ✓

☐**Arabic**

أنا أتحدث اللغة العربية

☐**Armenian**

Ես խոսում եմ հայերեն

☐**Bengali**

আমি বাংলা কথা বলতে পারি।

☐**Cambodian**

ខ្ញុំនិយាយភាសាខ្មែរ

☐**Chamorro**Motka i kahhon ya yangin ûntûngnu' manaitai pat  
ûntûngnu' kumentos Chamorro☐**Dinka**Rinṗ ëkënë yic të yïjam në thunjäy ye tök, ku kor raan  
Bï yï geer thok.☐**Simplified Chinese**

如果你能读中文或讲中文，请选择此框。

☐**Traditional Chinese**

如果你能讀中文或講中文，請選擇此框。

☐**Croatian**

Govorim hrvatski

☐**Czech**

Mluvím česky

☐**Dutch**

Ik spreek het Nederlands

☐**English**

I speak English

☐

Farsi

من فارسی صحبت می کنم

☐

French

Je parle français|

☐

German

Ich spreche Deutsch|

☐

Greek

Μιλώ τα ελληνικά

☐

Haitian Creole

M pale kreyòl ayisyen

☐

Hindi

मैं हिंदी बोलता हूँ ।

☐

Hmong

Kuv has lug Moob

☐

Hungarian

Beszélek magyarul|

☐

Ilocano

Agsaonak ti Ilokano

☐

Italian

Parlo italiano|

☐

Japanese

私は日本語を話す

☐

Korean

한국어 합니다

☐ **Laotian**

ຂ້ອຍປາກພາສາລາວ

☐ **Polish**

Mówię po polsku

☐ **Portuguese**

Eu falo português do Brasil  
(for Brazil)

☐ **Portuguese**

Eu falo português de Portugal  
(for Portugal)

☐ **Romanian**

Vorbesc românește

☐ **Russian**

Я говорю по-русски

☐ **Serbian**

Ja govorim српски

☐ **Slovak**

Hovorím po slovensky

☐ **Spanish**

Yo hablo español

☐ **Somali**

Waxaan ku hadlaa af-Soomaali

☐ **Tagalog**

Marunong akong mag-Tagalog

☐ **Thai**

พูดภาษาไทย



**Tongan**

Maaka 'i he puha ni kapau 'oku ke lau  
pe lea fakatonga



**Ukrainian**

Я розмовляю українською мовою



**Urdu**

میں اردو بولتا ہوں



**Vietnamese**

Tôi nói tiếng Việt



**Yiddish**

איד רעד יידיש



**American Sign Language**



\*This form is completed by DCF 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 <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 <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>
<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 <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 <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>	
<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?

#### 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/Circuit Administrator/Hospital Administrator or their Designee or the Contracted Client Services Provider or their Designee.**

#### Communication Plan for Ongoing Services

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

☐ Intake/Interview:

☐ Medical:

☐ Dental:

☐ Mental Health:

☐ Safety and Security:

☐ Programs:

☐ Off Campus trips:

☐ Legal:

☐ Food Service / Dietician



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

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

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

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

### **HEADER:**

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

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

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

**Program:**

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

**Subsection:**

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

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

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

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

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

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

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

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

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

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

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

- Please print or ensure your handwriting is legible.

## **SECTION 1: COMMUNICATION ASSESSMENT:**

### **Initial assessment:**

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

### **Reassessment:**

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

**Subsequent Appointment:** Check the appropriate box.

### **Individual Communication Ability:**

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

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

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

### **Individual Health Status or Medical Concerns:**

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



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

- The communication plan for ongoing services is typically used in Mental Health Treatment Facilities, and other Direct Client Service Facilities where customers reside for long periods of time and or have numerous communications with personnel of varying length and complexity, which are determined as **Aid-Essential Communication Situations.**
- The term **Aid-Essential Communication Situation** shall mean any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as **Aid-Essential**, meaning that the requested auxiliary aid or service is always provided.
- Communication situations will differ from program to program, therefore you will need to identify all situations where you will have contact with a Customer or Companion and develop the plan on how you will communicate with them.

- During follow-up visits or long term care, subsequent requests for the appropriate auxiliary aids and services by the Customer or Companion is not required because this is already captured in their communication plan.
- In each situation requiring an Auxiliary Aid (**whether Aid-Essential or Non-Aid Essential**), you **must** identify in the plan **the name and title of the person responsible for ensuring the auxiliary aid is provided**.
- You must also provide a description of the information being communicated to the customer or companion.

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

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

#### Intake/Interview:

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

#### □ Medical:

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

#### □ Dental:

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

#### □ Mental Health:

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

#### □ Safety and Security:

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

#### □ Programs:

- **Presentation** of educational classes concerning DCF programs and/or other information related to treatment and case management plans;

☐ **Off Campus trips or Recreational Activities:**

- Shopping
- Theme Parks

☐ **Legal:**

- **Court proceedings**
- **Appeal Hearings**
- **Complaint and grievance process**
- **Investigation** by child protective services involving interviews, and home visits/inspections
- **Investigation** adult protective services involving interviews, and home visits/inspections

☐ **Food Service / Dietician**

- **Discussion** of food restrictions and preferences

**SECTION 2: AUXILIARY AID/SERVICE REQUESTED AND PROVIDED:**

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

**Alternative Auxiliary Aids or Services Provided:**

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

**SECTION 3: ADDITIONAL SERVICES REQUIRED:**

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

**SECTION 4: REFERRAL AGENCY NOTIFICATION:**

- Provide advance notice to referral agencies of the Customer or Companion's requested auxiliary aid or service.
- This section must be documented with a statement indicating that staff notified the referral agency of the Customer or Companion's requested auxiliary aid or service.

**SECTION 5: DENIAL OF AUXILIARY AID/SERVICE:**

- A denial of an auxiliary aid and service should only be done when it is a **non-aid essential** communication
- Staff must still ensure that effective communication is achieved through whatever alternative means are provided.
- DCF Personnel and DCF Contracted Client Services Providers must provide a reason for denial of service.
- Denials can only be made by designated personnel.
- Provide the name and title of person that made the denial determination, along with the time and date.

**WAIVER FOR FREE INTERPRETER SERVICES**

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



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

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



## 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 (form CF 761) and shall be maintained in the Customer's file.



# Department of Children and Families **Customer/Companion Feedback Form** (To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)

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

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

**Please provide a response to the following:**

1	Are you a: Client/Customer <input type="checkbox"/> Companion <input type="checkbox"/> who is deaf or hard-of-hearing?
2	<p>Were you provided any assistive services and technologies? (Please check all that were provided.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Certified Interpreter</div> <div style="width: 50%;"><input type="checkbox"/> Qualified Staff</div> <div style="width: 50%;"><input type="checkbox"/> VRS</div> <div style="width: 50%;"><input type="checkbox"/> Pocket Talker</div> <div style="width: 50%;"><input type="checkbox"/> Motiva</div> <div style="width: 50%;"><input type="checkbox"/> CART</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>
3	Were the assistive services and technologies effective? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain.)
4	<p>Were you denied assistive services and technologies? <input type="checkbox"/> Yes (If yes, please complete #5) <input type="checkbox"/> No</p> <p>a. What was requested? _____</p> <p>b. What was provided? _____</p>
5	If you answered yes to #4, please provide the reason you were given for denial of the requested assistive services and technologies?
6	Did you agree with the agency's decision given for the denial of the requested assistive services and technologies? If no, why?
7	<p>The request for assistive services and technologies was made:</p> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Before the Appointment</div> <div><input type="checkbox"/> Onsite</div> </div>
8	<p>Provide date(s) assistive services and technologies were requested and provided.</p> <p>a. My request for assistive services and technologies was made to the agency on: _____ (MM/DD/YYYY)</p> <p>b. Date assistive services and technologies were provided by the agency: _____ (MM/DD/YYYY)</p>
9	Were the assistive services and technologies provided within two hours of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No



**Department of Children and Families**  
**Customer/Companion Feedback Form**  
 (To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)

	If no, what was the timeframe after the request was made? _____
10	Were you aware or informed that all assistive services and technologies were at no cost to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	At what DCF location or Contract Agency did you receive services?
12	Were services provided to you in a fair manner? <input type="checkbox"/> Yes <input type="checkbox"/> No  a) If no, please explain.  b) Do you feel you were discriminated against?  If so, please provide your contact information. (This is optional)
13	Did staff treat you with respect? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, please explain.
14	What assistance did you receive in completing this form, if any?
15	Additional Comments:

**Department of Children and Families**  
**Customer/Companion Feedback Form**  
(To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)

<b>Region/Circuit/Institution/Contracted Client Services Provider: Contract No.</b>		<b>Reporting Period:</b>	
<b>Name of Program &amp; Address:</b>		<b>Subsection:</b>	
<b>Single-Point-of-Contact: Name of Person Completing Form:</b>		<b>Telephone: Telephone:</b>	<b>Date:</b>
<b>SECTION I. CUSTOMERS</b>			
1.	<b>Number of Scheduled Appointments</b>		
2.	<b>Number of Non-Scheduled Appointments</b>		
3.	<b>Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)</b>		
4.	<b>Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)</b>		
5.	<b>Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)</b>		
6.	<b>Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)</b>		
7.	<b>Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)</b>		
8.	<b>Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)</b>		
9.	<b>Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)</b>		
10.	<b>Number of Appointment Cancellations within 24 hours</b>		
11.	<b>Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)</b>		
12.	<b>Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)</b>		
13.	<b>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.</b>		
14.	<b>Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.</b>		
15.	<b>Number of times the interpreter service did not meet the expectations of the customer.</b>		
16.	<b>Number of times the interpreter service did not meet the expectations of the staff.</b>		
17.	<b>Number of times communication was not effective.</b>		
<b>SECTION II. COMPANIONS</b>			
18.	<b>Number of Scheduled Appointments</b>		
19.	<b>Number of Non-Scheduled Appointments</b>		
20.	<b>Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)</b>		
21.	<b>Number of signed Waivers (Waivers signed by the Companion) (The total of 20 and 21 equals the sum of 18 and 19)</b>		
22.	<b>Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)</b>		
23.	<b>Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)</b>		
24.	<b>Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)</b>		
25.	<b>Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum</b>		

	of 18 and 19)	
26.	Number of Determined Non- Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)	
27.	Number of Appointment Cancellations within 24 Hours	
28.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
29.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	
31.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	
32.	Number of times the interpreter service did not meet the expectations of the companion.	
33.	Number of times the interpreter service did not meet the expectations of the staff.	
34.	Number of times communication was not effective.	
<b>SECTION III. Auxiliary Aids and Services Provided</b> <b>(This section is completed by Contracted Client Services Providers only)</b>		
35.	Number of Certified Sign Language Interpreters	
36.	Number of Language Interpreter Services	
37.	<i>Number of times staff used CART Providers</i>	
38.	Number of Video Relay/Remote Interpreter Services	
39.	Number of times staff used Florida Relay Services/TTY	
40.	Number of times staff used Assistive Listening Devices (ALDs)	
41.	Number of timely Auxiliary Aids/Services Provided	
42.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
<b>SECTION IV. Auxiliary Aids and Services Provided</b> <b>(This section is completed by Department of Children and Families staff only)</b>		
43.	Number of Certified Sign Language Interpreters	
44.	Number of Qualified Sign Language Interpreters	
45.	Number of Language Interpreters (LEP)	
46.	Number of Video Relay/Remote Interpreter Services	
47.	<i>Number of times staff used CART Providers</i>	
48.	Number of times staff used Florida Relay Services/TTY	
49.	Number of times staff used Assistive Listening Devices (ALDs)	
50.	Number of timely Auxiliary Aids/Services Provided	
51.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
<b>SECTION V. COMMUNICATION PLANS</b> <b>(This section is for Institutions and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)</b>		
52.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
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	
57.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
<b>SECTION VI. OUTSIDE AGENCY REFERRALS</b>		
58.	Number of Referrals Made	

### SECTION VII. COMMENTS/OBSERVATIONS

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

### INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD MONTHLY SUMMARY REPORT

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

#### HEADER

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

#### Example 1

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

**Example 2**

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

**Example 3**

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

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

<b>SECTION I. CUSTOMERS</b>
-----------------------------

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

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

## SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is

obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
  - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
  - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**



### SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

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

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

### SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

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

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

49. **Number of times staff used Assistive Listening Devices (ALDs).**  
 50. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.  
 51. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

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

52. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.  
 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.**  
 57. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

**SECTION VI. OUTSIDE AGENCY REFERRALS**

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

**SECTION VII. COMMENTS/OBSERVATIONS**

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

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

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

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

**REPORTING GUIDELINES**

The reporting period will follow the guidelines listed below:

- Reporting period will cover the 1<sup>st</sup> through the 30<sup>th</sup> or the 31<sup>st</sup> of each month.
- DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10<sup>th</sup> of each month.
- Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5<sup>th</sup> business day of each month.
- Contract Managers will submit reports to the Civil Rights Officers by the 15<sup>th</sup> of each month.

- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20<sup>th</sup> of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25<sup>th</sup> of each month.

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

**\* Effective October 2011, reports will be submitted on Formsites via  
<http://fs16.formsite.com/DCFuser/form3/index.html>,**

**\*Effective April 1, 2012, reports will be submitted on Formsites via  
<http://fs16.formsite.com/DCFuser/form3/index.html>, by DCF Contracted Client Services Providers and  
their Subcontractors.**



## Improving Your Interactions with People with Disabilities

You can avoid feeling uncomfortable and interact effectively with someone who has a disability by learning some basic guidelines and professional courtesies. Today, approximately 20 percent of people in the United States have a disability; and chances are you'll interact professionally with someone with a disability, either as a co-worker or as a client. Examples of basic guidelines and professional courtesies include:

- Ask before providing any help. Help only if the person asks for it, or if you see danger. Remember, everyone, including people with disabilities, wants to be treated with respect.
- To guide someone who is visually impaired, let them hold your arm. Never guide by pulling a white cane or a guide dog's harness. When showing a chair to someone who does not see, put their hand on the back of the chair.
- Sit when talking to someone who uses a wheelchair. Keep the area free of obstacles. Never push someone's wheelchair unless they ask you to.
- Someone with a hearing impairment may want to read your lips. Speak slowly and carefully. Try to learn some sign language; it's a courtesy. Remember, you can also use a pen and paper.
- If someone has a speech impairment, don't be afraid to ask them to repeat what they've said. Be flexible with your language; if one word doesn't work, try another.
- People with mental impairments can respond to questions and follow directions. Speak in a normal voice. Don't use complex sentences.
- Don't be afraid to ask questions. It's the only way to learn. People with disabilities are generally used to questions and don't mind answering them.

*“My advice to other disabled people would be, concentrate on things your disability doesn’t prevent you from doing well, and don’t regret the things it interferes with. Don’t be disabled in spirit as well as physically.” Stephen Hawking, English Physicist*

## APPENDIX L DIRECTORY OF AGENCIES AND ORGANIZATIONS

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

Agency/Provider	Telephone	TDD/TTY/ 800	URL/Email/Address
Ability1st Interpreter Listing Services <sup>6</sup>	(850) 575-9621 ext.120 (850) 298-8793 video phone or voice calls)	TDD/TTY (850) 576-5245	<a href="http://www.ability1st.info/splash">www.ability1st.info/splash</a>
AbleData Assistive Technology		(800) 227-0216	<a href="http://www.abledata.com">www.abledata.com</a>
Absolute Quality Interpreting (AQI) <sup>7</sup> Contact: Lisa Schaefermeyer Certified; Suncoast Region	(813) 785-1214 voice/text (813) 200-3469 fax *Provides video remote interpreting services.		<a href="mailto:infor@AQIservices.com">infor@AQIservices.com</a>
Accessible Communication for the Deaf; Lisa Gauntlett	(854) 347-5749 (954) 578-3081	(954) 347-5749	
Access On Time [Language & Logistics]	888-748-7575		<a href="http://www.accessontime.com">www.accessontime.com</a> 3210 Lake Emma Road, Suite 3090 Lake Mary, Florida 32746
Access Transport Service	(407) 330-9113		
ADA Help (Broward)	(954) 484-3539		
Advocacy Center for Persons with Disabilities	(850) 488-9071 (800) 342-0826	(800) 346-4127	<a href="http://www.advocacycenter.org">www.advocacycenter.org</a>
A La CART Services Gina P. Garcia, RPR, CRR, CCP	(305) 484-4862		<a href="mailto:ginarpr@bellsouth.net">ginarpr@bellsouth.net</a>
Albors and Associates Language (Face to Face) Interpretation (LEP) & Translation	(800) 785-8634		5971 Brick Ct. Suite 200 Winter Park, FL 32792
American Foundation for the Blind	(212) 620-2000	(800) 232-5463	
Audiology – Easter Seals	(386) 255-4568		
Birnbaum Interpreting Services (BIS) <sup>8</sup>	(301) 587-8885 (301) 565-0366 fax	(800) 471-6441	8555 16 <sup>th</sup> Street, Suite 400 Silver Springs, MD 20910 <a href="http://www.bisscheduling.com">www.bisscheduling.com</a>

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

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

<sup>8</sup> Southeast Region and Southern Region has a contract with this agency.

Bureau of Braille and Talking Book Library	(800) 226-6075		
Canine Companions for Independence	(407) 834-2555	(800) 572-2275	
Center for Assistive Technology Services (CATS)	(386) 255-4568 (386) 736-9849		
Center for Hearing & Communication, Kim Schur	(954) 731-7200	(954) 731-7208	
Center for Independent Living of Broward	(954) 722-6400		
Center for Independent Living of North Central Florida	(352) 378-7474	(800) 265-5724	www.cilncf.org
Center for Independent Living of Northwest Florida	(850) 595-5566	(877) 245-2457	www.cilncf.org
Center for Independent Living of South Florida (Auxiliary Aids and Services for persons with disabilities)	(305) 751-8025		http://www.soflacil.org/
Center for the Deaf and Hard of Hearing of Manatee/Sarasota (Sarasota) Covering Manatee and Sarasota Counties	(941) 366-0260		dcarlton@ccdhh.org
Center for the Visually Impaired	(386) 253-8879	(800) 227-1284	
Center on Deaf Awareness of Jacksonville	(904) 779-0957		
Coalition for Independent Living Options, Inc	(772) 485-2488 (866) 506-4510 Fax		Martin County
Coalition for Independent Living Options, Inc	(772) 878-3500 (772) 878-3344 Fax		Saint Lucie / Okeechobee Counties
Coalition for Independent Living Options, Inc	(561) 966-4288 (561) 641-6619 Fax		West Palm Beach
Coda Link Sign Language for Deaf/Hard of Hearing	(954) 423-6893 (954) 423-2315		Fort Lauderdale
Collier County Foundation for the Hearing Impaired, Inc.	(239) 793-3613		
Conklin Center for the Blind	(386) 258-3441		
Command Technologies, Inc. <sup>9</sup>	(850) 894-5023		1535 Killearn Center Boulevard, Suite A-5 Tallahassee, Florida 32309

<sup>9</sup> Telephone interpretation, document translation, and interpreter training for refugee customers.

Deaf and Hearing Connection for Tampa Bay (Seminole) covering Pinellas and Hillsborough County	(727) 399-9983 (866) 282-5375 Fax	TTY (727) 399-9422	hlisowski@dhctb.org
Deaf and Hard of Hearing Interpreter Services of Jacksonville	(904) 797-2020 (904) 377-2020		
Deaf and Hard of Hearing Services of Northwest Florida	(850) 433-7128		www.dhhsnwfl.org
Deaf and Hard of Hearing Services of Volusia County	(386) 257-1700	TDD (386) 257-3600 (800) 643-2447	Dbdeafhh@aol.com
Deaf Communications Specialists Center	(850) 433-1130		www.edcsc.com
Deaf Service Bureau of West Central Florida, Inc. (New Port Richey)	(727) 861-7015 Fax	Voice or TDD (727) 861-7074	
Deaf Service Bureau of West Central Florida, Inc. (Tampa)	(813) 930-7682	(813) 930-7586 (813) 930-7678	www.deafservicebureau.org/
Deaf Service Center of Florida (Venice)	(941) 758-2539 (941) 758-3565 Fax	(941) 758-3057	
Deaf Service Center of Manatee (Bradenton)	(941) 758-2539	(941) 758-3057	
Deaf Svcs Ctr of PBC Delray Beach	(561) 278-1444 TDD	TDD (561) 278-1444	
Deaf Svcs Ctr of PBC West Palm Beach	(561) 802-3353	TDD (561) 802-3351	
Deaf Service Center of Pinellas (Pinellas Park)	(727) 541-4488		
Deaf Service Center of SW Florida Fort Myers	(239) 461-0334	TTY (239) 461-0438	www.dsc.us
Deaf Talk, LLC [Nationally Certified Interpreter/Trilingual Interpreters and Interpreters]	(407) 233-0889		www.deaftalkllc.com Winter Garden, Florida Serving Central Florida
Division of Blind Services	(850) 488-1330 (386) 254-3800	(800) 342-1828	www.state.fl.us/dbs
Division of Vocational Rehab.	(850) 488-6210	Voice or TDD (800) 451-4327	www.rehabworks.org
Family Center on Deafness (Pinellas Park) Covering families in Pinellas County	(727) 549-6664 (727) 547-7837 Fax	TTY (727) 549-6664	caurand@familycenterondeafness.org

Florida Alliance for Assistive Services and Technology	(850) 487-3278	TDD (850) 487-2805	<a href="http://faast.org">http://faast.org</a>
Florida Clearing House on Disability Information	(850) 414-8908 Fax	TDD (877) 232-4968	Simcokp@dms.state.fl.us
Florida Division of Blind Services	(305) 377-5339		<a href="http://www.soflacil.org/">www.soflacil.org/</a>
Florida Governors' Alliance for the Employment of Disabled Individuals	(850) 224-4493	Voice or TDD (888) 838-2253	<a href="http://www.abletrust.org">www.abletrust.org</a>
Florida Keys, Center for Independent Living	(305) 453-3491		<a href="http://www.soflacil.org/">www.soflacil.org/</a>
Florida Real-time/Caption ERR, CCP, CBC Tanya Ward English (CART)	(954) 767-6363 (954) 680-776(FAX)		<a href="mailto:tanya@floridarealtime.com">tanya@floridarealtime.com</a>
Florida Registry for Interpreters for the Deaf	(813) 996-9644		<a href="http://www.fridcentral.com">www.fridcentral.com</a>
Florida Relay Services 7-1-1	(800) 955-8770	TDD (800) 995-8771	<a href="http://www.ftri.org">www.ftri.org</a>
Florida School for the Deaf & the Blind	(904) 827-2200		<a href="http://www.fsdb.k12.fl.us">www.fsdb.k12.fl.us</a>
Florida Vocational Rehabilitation	(850) 245-3399	(800) 451-4327	
Glades Initiative Julio Mariaca, Sign Language & Language Interpreter	(561) 996-3310		
Hearing Impaired Persons Center of Charlotte County	(941) 743-8347	TTY (941) 743-9286	
Independence for the Blind of West Florida, Inc.	(850) 477-2663		<a href="http://www.ibwest.org">www.ibwest.org</a>
International Institute of Northeast Florida	(904) 993-1885		
Institute For Cultural Competency	(800) 654-7064		
Institute For Cultural Competency Language only	(800) 654-7064		*Call Center use assigned code
Interpreters Network (American Sign Language, Translation and Interpretation)	(305) 381-9555		



Jackson Memorial Hospital Mental Health Hospital Center Outpatient Program for Deaf/Hard of Hearing Individuals	(305) 355-8059	TDD (305) 355-8066	
Language Line, Inc.	(866) 874-3972		<a href="http://www.language.com">www.language.com</a>
Language Speak Inc. (Translation, Interpreters, C.A.R.T, and ASL)	(305) 668-9797		<a href="http://www.languagespeak.com">www.languagespeak.com</a>
LeChateau (Court Translation)	(239) 274-5700		
Lew Balaban (CART)	(954) 767-0361 Phone & Fax		<a href="mailto:ibalaban@bellsouth.net">ibalaban@bellsouth.net</a>
Light House of the Big Bend (formerly FIRE) <sup>10</sup> Contact: Wayne Warner	(850) 942-3658 ext. 210	(888) 827-6033	<a href="http://www.firesight.org">www.firesight.org</a> <a href="mailto:Info@lighthousebigbend.org">Info@lighthousebigbend.org</a> 3071 Highland Oaks Terrace Tallahassee, Florida 32301
Lighthouse for the Blind	(954) 463-4217		<a href="mailto:vision@lhob.org">vision@lhob.org</a>
Lighthouse for the Blind of Miami-Dade	(305) 856-2288		
Link Translations and Interpretation, Inc. (Translation & Interpretation Services)	(305) 790-9071		
MacDonald Training Center (Tampa)	(813) 870-1300		<a href="http://www.trac_tampa.homestead.com/macdonald.html">www.trac_tampa.homestead.com/macdonald.html</a>
MB Interpreting – National ASL [Molly Bartholomew]	(239) 980-1192		<a href="mailto:molly.bartholomew.nic@gmail.com">molly.bartholomew.nic@gmail.com</a> / Lake county
McNeil Technologies/Telelanguage, Inc.	(800) 514-9237		<a href="http://www.telelanguage.com">www.telelanguage.com</a>
Miami Dade City Disability Svc. & Independent Living	(305) 547-5444 (305) 547-7355 Fax		
Miami Lighthouse for the Blind Visually Impaired, Inc.	(305) 856-2288		<a href="http://www.miamilighthouse.com">www.miamilighthouse.com</a>

<sup>10</sup> This is a nonprofit agency dedicated to guiding people through vision loss. This organization's primary benefit to DCF is translating documents to Braille.

Nationwide Interpreter June Backer Sign Language for Deaf/Hard of Hearing	(888) 647-9788 (561) 715-2346 Cell		PO Box 272142 Boca Raton, FL 33427-2142
Pacific Interpreters	(503) 445-5500		www.pacificinterpreters.com
Pacific Interpreter Service (Refugees)	(800) 311-1232		
Partners In Communications Post Office Box 15454 Tallahassee, Florida 32317-5454	(850) 942-6882 or after hours (850) 531-7452		
Professional Interpreting Consultants (PIC) Hillsborough, Pinellas, Pasco & Hernando Counties	(813) 948-9225		
Professional Interpreting Services for the Deaf, Inc.	(850) 477-2876	72.215.139.66 Video phone/VP	stacysigns@yahoo.com pisdinc@yahoo.com
Purple Language – (Hearing Impaired) (Tampa) Contact: Kimberly Shank	(813) 793-4034		
Registry of Interpreters for the Deaf [RID]	(703) 838-0030 (703) 838-0454 Fax	TTY (703) 838-0459	http://www.rid.org (Search for a list of all Certified Interpreters in Florida) 333 Commerce Street Alexandria, VA 22314
Russ Tech Language Services. <sup>11</sup> 1338 Vickers Drive Tallahassee, Florida 32303	(850) 562-9811 (850) 562-9815 Fax		www.russtechinc.com
Seven Languages Translating (Translation, Interpreters and audio equipment)	(305) 374-6761		
Sign Language Interpreter Services Line	(877) 629-8840		
Sign Language Services, Inc	(850) 232-3538 (850) 356-4101		
Signs of Interpreting, LLC	(904) 207-0290		www.signsofinterpreting.com

<sup>11</sup> This agency translates forms to other languages, as well as provides interpreter services for meetings, training, and during telephone/video conference calls.

Sign Language Associates (Brandon)	(800) 752-5777	TTY (301) 946-9710	SLATampaBay@ signlanguage.com
Sign Language Interpreters Jacksonville	(904) 502-6593		www.sliagency.com/request. htm
SignOnVRI – Video Remote Interpreting	(206) 632-7100 Voice (206) 632-0405 Fax (206) 445-7434 VP	(866) 688-7100	130 Nickerson Street Suite 107 Seattle, WA 98109 info@signonasl.com www.signonasl.com
Sorenson Communications (Video Relay)	(801) 287-9400	Sorenson Communication (Video Relay)	801-287-9400
Speech Therapy – Easter Seals	(386) 255-4568		
Tavi Mays Nationally Certified Sign Language	(772) 240-8655		Fort Lauderdale
The Center for Independent Living	(850) 575-9621	(850) 575-5740	
TICO Translating (conference call)	(866) 876-7025		
Visually Impaired Persons of SW FL	(941) 997-7797		



## Internal Agency Interpreters

*As of February 26, 2015*

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Name	Language	Location	Supervisor	Phone Number
Mia, Mohamed	Arabic	TASC	Carolyn Thomas	772.595.3322
Dorilus, Rosa	Creole	Kelly	Walton Stoudenmire	561.844.9661
Massena, Arlande	Creole	Kelly	Walton Stoudenmire	561.844.9661
Pinette, Yola	Creole	SBI	Kathy Florack	561.844.3556
Guillaume, Charline	Creole	SBI	Kathy Florack	561.844.3556
Pinette, Yola	Creole	SBI	Kathy Florack	561.844.3556
Playton, Nicole	Greek	OPWPB	Carol Fiddis	561.844.3556
Yuge, Tomomi	Japanese	Admin	Micheleen Hughes	561.743.1034
Ordosgoitti-Mendoza, Oriana	Spanish	OPWPB	Linda Preston	561.844.3556
Velasquez, Marisol	Spanish	OPFTP	Linda Preston	561.844.3556
Vazquez, Dora	Spanish	SBI	Kathy Florack	561.844.3556
Utria-Fernandez, Flor	Spanish	SBI	Kathy Florack	561.844.3556
Ibarra, Nathaly	Spanish	SBI	Kathy Florack	561.844.3556

## ABOUT FLORIDA RELAY 711

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

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

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

### ***Types of Florida Relay Calls***

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

#### **Voice (for a hearing caller)**

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

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



### TIPS FOR HEARING CALLERS:

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

### Text Telephone (TTY)

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

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



## Voice Carry-Over (VCO)

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

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



## Hearing Carry-Over (HCO)

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

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



### Speech-to-Speech (STS)

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

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



### CapTel

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



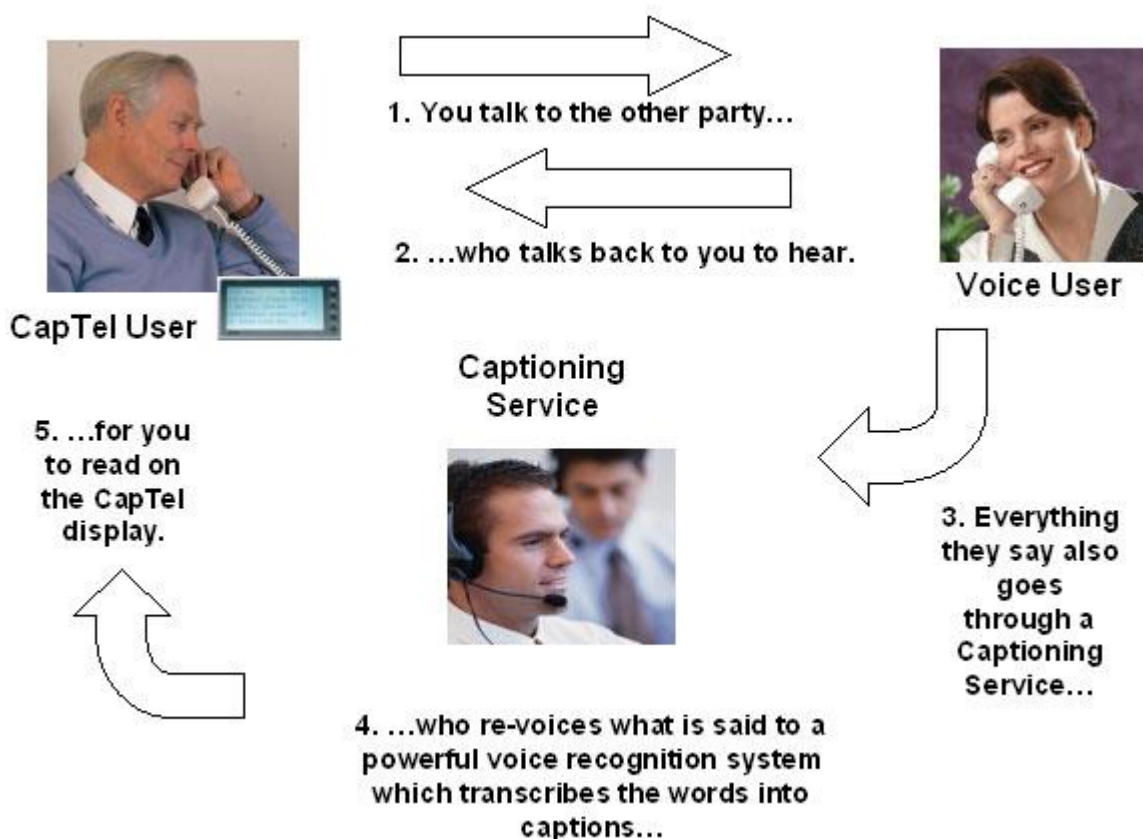
traditional phone - by dialing the number directly. The CapTel™ phone automatically connects to the Captioning Relay Service when the number is dialed. When the person answers, you hear everything that he/she says, just like a traditional phone call.

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

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

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

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





**Accessibility Improvement Plan  
FY 2015 – 2016**

<b>Barrier Description</b>	<b>Program Site</b>	<b>Identified Barrier</b>	<b>Action Plan</b>	<b>Target Date</b>	<b>Comments/Status Updates</b>
Architectural	Kelly Center	Roof leaking during significant rainfall	Replace roof	10/01/15	Completed 9/1/15
		Parking lot pavement has significant wear (i.e., potholes)	Fill potholes or repave parking lot	12/01/15	Soliciting bids 10/15
Environmental	Outpatient Ft. Pierce	Lobby area needs upgraded (i.e., chairs)	Purchase new furniture for the lobby area	12/01/15	Soliciting bids 10/15
	Kelly Center	Beds are uncomfortable and old	Purchase new beds for the dormitories	12/01/15	Completed 8/1/15
Attitudinal	All Programs	Limited knowledge on working with the LGBT community	Conduct trainings on clinical issues staff should know when working with clients that identify as LGBT	6/30/16	As of 10/15, school-based and OPWPB staff have received training on working with the LGBT community
Financial	--	No financial barriers were identified	--	--	--
Employment	Admin.	Difficulty recruiting, engaging, and retaining qualified staff	Develop and implement a Human Resources Plan that addresses this issues and monitor progress in the Performance Improvement Committee	12/1/15	Plan developed 8/15
Communication	All Programs	Key clinical documents not translated into Spanish and Creole	Translate key documents (i.e., consent to release, consent to obtain, consent to treatment, etc.) into Spanish and Creole	3/1/16	School-based consents translated 10/15
	All Programs	Limited devices to assist clients who are deaf or hard of hearing	Purchase assistive listening devices and disseminate to all programs	10/1/15	Purchased and distributed 8/15

Barrier Description	Program Site	Identified Barrier	Action Plan	Target Date	Comments/Status Updates
Technological	Agency Wide	Antiquated website	Update website to be more user-friendly, modern, and contain various client forms and agency policies	1/31/16	Increased IT staff to fulltime in 9/15  Added client documents 10/15
Transportation	Kelly Center	The 2008 van is in need of replacement	Purchase new van	12/31/15	Soliciting bids 10/15
Community Integration	--	No community integration barriers were identified	--	--	--