



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.