



Partnering with Families to Build Healthy Communities

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

NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by Success 4 Kids & Families, Inc. ("S4KF").

EQUAL EMPLOYMENT OPPORTUNITY POLICY

S4KF assures each applicant and employee Equal Opportunity without regard to age, race, color, sex, religion, national origin, political opinions or affiliations, marital status or disability, except when such requirement constitutes a bona-fide occupational qualification necessary to perform tasks associated with the position. Equal Employment Opportunity is attained using both objective and subjective merit principles and applies to recruitment, examination, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and other employment practices at S4KF.

NON-RETALIATION POLICY

No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing, or for opposing alleged unlawful discriminatory practices prohibited by state and federal laws.

Auxiliary Aids and Service Plan For Persons with Disabilities and Limited English Proficiency

- 1. General.** This plan provides for the implementation of S4KF procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with disabilities and foreign-language interpreters for persons with Limited English Proficiency (LEP).
- 2. Scope.** The provisions described in this plan apply to all S4KF programs and contract providers who provide direct services to Customers or potential Customers.
- 3. Plan.** S4KF and its contracted providers of client services will provide, at no cost to the Client/Customer or Companion, appropriate auxiliary aids, including qualified/certified American Sign Language (ASL) interpreters, to persons with disabilities and qualified foreign-language interpreters to persons with LEP where necessary to afford such persons an equal opportunity to participate in or benefit from S4KF's programs and services. Auxiliary aids include, but are not limited to, Braille and taped materials, qualified interpreters, readers, assistive listening devices and systems, and other assistive devices.
 - a. All qualified and potential Customers are entitled to an equal opportunity to use and benefit from the programs and services of S4KF and its contracted service providers.
 - (i) This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities who are deaf or hard of hearing, vision or mobility impaired.
 - (ii) S4KF and its contracted service providers will take reasonable steps to provide services and information in appropriate language, other than English to ensure that LEP persons are effectively informed and can effectively participate in and benefit from its programs, services and activities.
 - (iii) S4KF embraces and requires that the customer or companion's preference is the primary consideration in what auxiliary aid or service to provide.
 - b. Auxiliary aids or language interpreters will be available for use by Customers and potential Customers with impaired sensory, manual or speaking skills in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, and training, etc.) This service will be at no cost to the Client/Customer or Companion.
- 4. References.**
 - a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80.
 - b. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 USC 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 41 of the Civil Rights Restoration Act of 1987.
 - c. Section 508 of the Rehabilitation Act of 1973, as amended.

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- d. The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259.
 - e. The Americans with Disabilities Act (ADA) of 1990, Title I and II as amended.
 - f. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.
 - g. CFOP 60-10, ADA Accommodation Procedures for Applicants/Employees/General Public.
 - h. U.S. Department of Health and Human Services (HHS), Office of Civil Rights, Policy Guidance – Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited-English Proficiency, Executive Order 13166.
 - i. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.

5. Definitions.

- a. ADA/Section 504 Coordinators. Any individual charged with implementing the requirements of Titles I and II of the ADA and Section 504 of the Rehabilitation Act, ensuring the provision of auxiliary aids and services for deaf or hard-of-hearing, LEP customers, and customers with disabilities requiring aid essentials.
- b. Aid Essential Communication Situation. Any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as an aid essential communication situation, meaning that the requested auxiliary aid or service is always provided.
- c. Assistive Listening Devices and Systems (ALDS). Amplification systems to improve hearing ability in large areas and in interpersonal communications systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, thus overcoming the negative effects of noise, distance and echo. Four main types are available: hard wire, loop, infrared, and FM radio.
- d. Auxiliary Aids and Services. Includes qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard-of-hearing; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable clients to fully benefit from and participate in S4KF's programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.
- e. Blind. See Visual Impairment.
- f. Captioning (Closed). Refers to converting the spoken word to text displayed in the visual media (video, television, etc.) in a way that it is available only to individuals whose televisions are equipped with captioning decoders.

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- g. Captioning (Open). Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone who watches the film (i.e., it cannot be turned off).
 - h. Captioning (Real Time). The simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen. This communication service is beneficial to individuals who are deaf or hard-of-hearing that do not use sign language or for whom assistive listening devices and systems are ineffective.
 - i. Certified Interpreter. A person who is certified by the National Registry of Interpreters for the Deaf or other national or state interpreter assessment and certification program.
 - j. Client. As used in this plan, this term includes anyone applying for or participating in the services provided by S4KF and its contracted services providers. It includes persons making general inquiries or in any way seeking access to or receiving information from S4KF, and it's contracted services providers, either in person, in writing or via telecommunications. May also be referred to as "customer or customers".
 - k. Companion or Companions. Any individual who is deaf or hard-of-hearing and is one of the following: (a) a person whom the Customer indicates should communicate with S4KF staff about the Customer, such as a person who participates in any treatment decision, a person who plays a role in communicating the Customer's needs, condition, history, or symptoms to S4KF staff, or a person who helps the Customer act on the information, advice, or instructions provided by S4KF staff; (b) a person legally authorized to make healthcare or legal decisions on behalf of the Customer; or (c) such other person with whom the S4KF staff would ordinarily and regularly communicate about the Customer.
 - l. Contracted Services Provider. Any public, private or nonprofit agency or corporation that has entered into a contractual agreement with S4KF to provide services directly to the public.
 - m. Customer or Customers. Any individual who is seeking or receiving services from the S4KF and its contract providers. May also be referred to as "client or clients".
 - n. Deaf. A term used to describe a person having a permanent hearing loss and being unable to discriminate speech sounds in verbal communication, with or without the assistance of amplification devices.
 - o. Disability. A condition that substantially limits a major life activity, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.
 - p. Discrimination. The failure to treat persons equally because of their race, sex, color, age, religion, national origin, political beliefs, or disability.

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- q. Dual Sensory Impairment. A term used to describe a person having both a visual impairment and a hearing impairment. The term includes all ranges of loss, which would necessitate the use of auxiliary aids and services for communication.
 - r. Employee. All persons working for S4KF.
 - s. Florida Relay Service (FRS). A service offered to all persons in the state that enables a hearing person to communicate with a person who is hearing or speech impaired and must use a TDD/TTY, through a specially trained operator called a communications assistant.
 - t. Hard-of-Hearing. A term used to describe a person having a permanent hearing impairment, which is severe enough to necessitate the use of auxiliary aids or services to discriminate speech sounds in verbal communication.
 - u. Hearing Impairment. An all-inclusive term used to describe any hearing loss. A person with a hearing impairment could be either deaf or hard-of-hearing.
 - v. Interpreter.
 - (i) Certified Deaf Interpreter (CDI)/Deaf Interpreter (DI). Individuals who are certified or qualified to interpret as part of a team to facilitate communication.
 - (ii) Certified Interpreter. A qualified interpreter who is certified by the National Registry of Interpreters for the Deaf or other national or state interpreter assessment and certification program.
 - (iii) Intermediate Interpreter. A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, can be used in tandem with an ASL interpreter.
 - (iv) Oral Interpreter. Qualified oral translators have knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers.
 - (v) Qualified Interpreter. An individual who is able to interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a deaf or hard-of-hearing Customer or Companion.
 - (vi) Sign Language Interpreter. A person who engages in the practice of interpreting using sign language.
 - (vii) Tactile or Close Vision Interpreter (For Deaf-blind Individuals). An individual who accurately facilitates communication between hearing and deaf-blind individuals.

In addition, someone who has rudimentary familiarity with sign language or finger spelling is not a qualified sign language interpreter. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into proper signs or to observe someone else signing and change their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.

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- w. Limited English Proficient (LEP). Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
 - x. Manual Disability Impairment. A term used to describe a condition, which limits or prevents the use of a person's upper extremities (arms, hands).
 - y. Mental Disability Impairment. Any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
 - z. Mobility Impairment. For the purpose of this plan, this term is used to describe a condition that substantially limits a person's upper or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; people of short stature; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties or stamina limitations. It also includes person with visual impairments.
 - aa. Non-Aid Essential Communication Situation. Situation where S4KF is provided the flexibility in its choice of an appropriate auxiliary/accessibility aid or service for deaf or hard-of-hearing clients or companions.
 - bb. Physical Disability. A broad term, which includes physiological disorders or conditions, cosmetic disfigurement and anatomical loss. It includes orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), tuberculosis, drug addiction and alcoholism.
 - cc. Program Accessibility. An ADA standard, which means a public entity's programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The concept of program accessibility is intended to make the contents of the program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities. (See also: "Undue Burden").
 - dd. S4KF Contract Agency. Any public, private or nonprofit agency or corporation that has entered into a contractual agreement with S4KF to provide services directly to the public.
 - ee. S4KF. Success 4 Kids & Families, Inc.
 - ff. Sensory Impairment. This is a general term, which is used to describe impairment of vision or hearing. For the purpose of this document, it also includes impairment of speech.
 - gg. Single-Point-of-Contact. Any individual charged with implementing the terms of the HHS Settlement Agreement within each DCF Direct Service Facility and shall also mean any individual within each DCF Contract Agency charged with coordinating services to deaf or hard-of-hearing Customers and Companions according to their obligations under Section 504 and/or the ADA.

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- hh. Staff. As used in this plan, defines all employees of S4KF.
 - ii. Translator. Individuals able to interpret the meaning of a text in one language (the "source text") and the production, in another language (the "target language"), of an equivalent text (the "target text," or "translation") that communicates the same message.
 - jj. TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf) are devices that are used with a telephone to communicate with persons who are deaf or hard-of-hearing or who have speech impairments by typing and reading communications.
 - kk. Undue Burden. This term, used in conjunction with programs and services (ADA Title II), means an unreasonably excessive financial cost or administrative inconvenience in altering building or facilities in which programs, services or activities are conducted, in order to ensure equal benefit to persons with disabilities.

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

- ll. U.S. Department of Health and Human Services (HHS) – Office for Civil Rights. The federal agency responsible for compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Action of 1981, as amended.
- mm. Visual Impairment. A generic term used to describe any loss of vision.

6. Accountability.

- a. The Executive Director and the Quality Improvement & Compliance Manager are responsible for developing programmatic and local procedures for the implementation of S4KF Auxiliary Aids and Service Plan. Agency procedures shall be appended to coincide with the plan. Programmatic and procedures shall provide the necessary tools to staff for the provision of assistive devices, certified sign language interpreters or readers and physical modifications to ensure the accessibility of programs and services to persons with disabilities as well as foreign-language interpreters to customers or potential customers with LEP.
- b. The Quality Improvement & Compliance Manager is the designated Title VI, Title II ADA and Section 504 Coordinator for S4KF. The Quality Improvement & Compliance Manager is responsible for the coordination, development and implementation of S4KF procedures ensuring the non-discriminatory delivery of equally effective and equally accessible quality services.

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- c. All S4KF staff and Contracted Services Providers are responsible for ensuring equal accessibility and equally beneficial services to all Customers and Companions of S4KF.
 - d. Direct Service Facility Single-Point-of-Contact. This is an individual designated to coordinate the provision of auxiliary aids and services to deaf or hard-of-hearing Customers or Companions at S4KF. Listed below are the roles and responsibilities:
 - (1) Ensure that all S4kF Personnel are equipped with the resources necessary to ensure effective communication with deaf or hard-of-hearing Customers or Companions.
 - (2) Report resource and/or training needs to the Quality Improvement & Compliance Manager.

7. Dissemination.

- a. A copy of S4KF's Auxiliary Aids and Service Plan will be posted on S4KF's web site. Copies in alternative format will be provided upon request.
- b. Copies are distributed upon request to individuals or organizations serving persons with disabilities, deaf or hard-of-hearing or who are LEP.

8. Revisions. The Auxiliary Aids and Service Plan will be updated as needed, but reviewed at least annually, by June 30th of each year.

9. Ensuring Accessibility. The following procedures are to be followed by employees and contracted service providers to ensure accessibility of programs and services to Customers or Companions with disabilities or who are LEP:

- a. Assess client needs by consulting with the client regarding his or her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians or other representatives.

1. For Customers who are deaf or hard-of-hearing, staff are required to determine, prior to providing services, the method of communication that the client feels most comfortable with, and record this information in the client's file, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form. (Appendix A)

2. For Customers who are LEP, staff shall identify, at first contact, the preferred language including dialect of each client, and record this information in the client's file, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.

- a. The communication options for persons who are deaf or hard-of-hearing may include but not be limited to the Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified/certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.
- b. S4KF official (or designee) with budget approval has the responsibility for approving the request and obtaining the appropriate auxiliary aid and service.

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- c. The use of auxiliary aids, certified sign language interpreters, translators, or foreign-language interpreters will be at no cost to the Client or Companion.
 - d. Documentation of the client communication assessment shall be recorded in the client's file, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
 - e. Each deaf or hard-of-hearing Customer or Companion shall be provided a Customer Feedback form (Appendix C) by the Single-Point-of-Contact, or designee, following their visit.

10. Translation of Written Materials. Written material (vital documents) routinely provided in English to applicants, Customers and the public are to be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered LEP group eligible to be served or to be directly affected. S4KF will ensure that non-English written materials, such as program forms, brochures, etc., are available to staff.

11. Competency of Interpreters and Translators.

- a. Certification of foreign language interpreters is not required; however, competency requires:
 - (1) Demonstrate proficiency in both English and the other language,
 - (2) Fundamental knowledge in both languages including any specialized terms or concepts peculiar to the program or activity,
 - (3) Sensitivity to the person's culture,
 - (4) A demonstrated ability to accurately convey information in both languages.

12. Provision of Interpreters and Auxiliary Aids in a Timely Manner. Staff shall provide interpreters or Assistive Listening Devices for deaf or hard-of-hearing Customers and Companions in a timely manner in accordance to the following standards:

- a. **Non-Scheduled Interpreter Requests.** For any emergency situation that is not a scheduled appointment, staff shall make an interpreter available as soon as possible, preferably in two (2) hours from the time the Customers, Companion or staff requests an interpreter, or no later than 24 hours. 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.
- b. **Scheduled Interpreter Requests.** For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a certified interpreter available to the deaf or hard-of-hearing Client or Companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

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- c. When a customer/companion is identified as needing auxiliary aides or services, staff can contact the following organizations to access interpretive services for deaf and hard-of-hearing or LEP customers/companions:

Children’s Board of Hillsborough County ASO

Website: <https://aso.childrensboard.org/>

Phone: 813-204-1710

Self-Reliance, Inc.

Website: <http://self-reliance.org/deaf-hard-of-hearing-programs/>

Phone: 813-375-3965

Sheri Deludos & Associates, Inc.

Email: s.deludos@gmail.com

Phone: 727-678-3364

Voices

Website: <https://gulfoastjewishfamilyandcommunityservices.org>

Phone: 727-450-7265

- d. Ensuring qualified ASL or foreign language interpreters (when requested) are available at time of scheduled appointments for Deaf or Hard-of-Hearing customers/companions and LEP customers/companions. Staff shall obtain verification of ASL interpreters’ certification, and shall keep it on file in the customer’s clinical chart. A list of foreign language interpreters is maintained by the ASO.
- e. Ensuring that individuals are aware of and know how to use the Florida Relay Service. To call the 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 (ASCII)
 - 1-877-955-8260 (VCO-Direct)
 - 1-800-955-5334 (STS)
 - 1-877-955-8773 (Spanish)
 - 1-877-955-8707 (French Creole)

S4KF does not have access to TDD/TTY equipment but can accept phone calls from individuals who use these items to communicate.

- f. Ensuring that Deaf or Hard of Hearing customers are provided Assistive Listening Devices upon request for scheduled appointments. Staff should submit a request to purchase the requested device to the SPOC via email with the client’s

Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.

- g. Ensuring that individuals are aware of and know how to use the Federal Video Remote Interpreting (VRI) and Video Relay Interpreting (also known as the Federal Video Relay service, or VRS) services. The Video Remote Interpreting software can be downloaded at <https://www.fedvrs.us/supports/what-is-vri>, the phone number is (877) 689-7775, the service is available Monday through Friday from 7:00am to 11:00pm EST, and English-to-Spanish Translation is available with 24 hrs notice. The Video Relay Interpreting software can be downloaded at www.fedvrs.us, and the service is also available in Spanish. S4KF does not currently have access to the equipment needed for Video Remote/Relay Interpreting but can accept phone calls from those individuals who use these items to communicate.
- h. Ensuring that individuals are aware of and know how to use the Captioning in Real Time (CART) Services. CART providers can be found online at <http://psl.ncra.org/index.asp>. A list of CART providers in Florida is maintained in the office of the SPOC.
- i. Maintain the monthly report log of provider's submissions to the DCF website by the 5th of each month.
- j. If an employee of S4KF is assisting a deaf or hard-of-hearing customer/companion and is unfamiliar with an auxiliary aid or service requested, the employee may contact the SPOC (or designee), or if the SPOC (or designee) is unavailable.

13. Ineffective Auxiliary Aides. If an auxiliary aide or service is found to be ineffective with a customer of a companion, SPOC or designee shall reassess to determine an alternative form of communication that will be used in order to ensure the customer/companion fully understands the information that is provided. In no event will an auxiliary aid or service to a customer or companion who is deaf or hard-of-hearing be denied. Denial determinations can only be made by the Regional Managing Director (or designee) or the Contracted Client Services Provider Administrator (or designee).

14. Other Means of Communication. Staff shall continue to try to communicate with the deaf or hard-of-hearing Customer or Companion insofar as the Customer or Companion seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives.

- a. Language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with Customers or Companions in their preferred language.
- b. When bilingual staff is not available, the next preference is face-to-face interpretation provided by qualified contract or volunteer language interpreter.
- c. Telephone interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for an unusual or infrequently encountered language.

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- d. Sign language interpreters must be certified, unless they are a S4KF employee who has been determined qualified by an Independent Agency.
 - e. Minor children should never be used as an interpreter.
 - f. 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.
 - g. If the individual declines the use of the free foreign language or sign language interpreter, or other auxiliary aids, the client's file must be noted, utilizing the Customer or Companion Waiver For Free Communication Assistance form. (Appendix B)

15. Identifying Language Trends. To ensure meaningful access to all S4KF programs and services, S4KF will identify language trends by:

- a. Identifying the non-English languages that are likely to be encountered in its programs and estimating the numbers of Limited English Proficient persons eligible for services that are likely to be affected by its program. This can be done by reviewing census data, client utilization data, and community's organizations. The estimate should be used as a guide for employee recruitment.
- b. Informing Customers of the purpose for collecting data on race, ethnicity and language,
- c. Emphasizing that such data is confidential and will not be used for discriminatory purposes,
- d. A client does not have to provide the information if he or she chooses not to provide such information, unless required by law.

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16. Meetings/Conferences/Facilities Accessibility. The following are procedures and minimum requirements for ensuring accessibility of meetings, conferences and seminars to persons with sensory, speech or mobility impairments or LEP:

- a. Facilities used for meetings, conferences and seminars will be reviewed for accessibility.
- b. When meetings, conferences and seminars are scheduled, information will be included in the advertisements, conference registration materials or meeting notices that sensory impaired or LEP participants will be provided with necessary auxiliary aids or interpreters at no cost to them. The information will include the name of a contact person and a date by which the person must request such assistance. The registration process will include a method for determining the

number and type of persons with disabilities or Limited English Proficiency needing assistance as well as the type of personal assistance or accommodation requested.

c. The following provisions are required if sensory, speech, mobility impaired or LEP persons plan to attend the specific meeting, conference or seminar:

- (1) Certified interpreters for hearing or speech impaired persons and accessibility to Teletype (TTY) equipment. **NOTE:** When telephones are provided for use by participants or residents (Customers, employees or the public), TDDs must be provided for participants or residents who are deaf or hard-of-hearing.
- (2) Adequate lighting in meeting rooms so signing by interpreter can be readily seen.
- (3) Readers or cassette recordings to enable full participation by vision impaired persons.
- (4) Interpreters for LEP persons.
- (5) Agenda and other conference materials translated into usable form for visually and hearing impaired or LEP participants.
- (6) Parking spaces clearly marked with appropriate ramps and curb cuts will be provided for persons with disabilities.
- (7) Where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each mobility-impaired participant requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle.
- (8) Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for mobility-impaired participants will be provided.
- (9) Entrance ramps will be available and appropriate (36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one-inch rise per foot, 1:12).
- (10) Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a mobility-impaired participant.
- (11) Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts.
- (12) Seating arrangements for persons in wheelchairs will be adapted to integrate mobility impaired persons rather than to isolate them on the group's perimeter.
- (13) Sufficient accessible guestrooms (at the same rate as guestrooms for other participants) will be located in the facility where meeting, etc., is held or in a facility housing the other participants.
- (14) One unobstructed entrance to each facility.
- (15) Doors operable by single effort.
- (16) Door handles no more than 48" from floor.
- (17) Elevator provided if over one story:

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- a. Sensitive safety edges provided.
 - b. Controls no more than 48" from floor.
 - c. Controls with Braille numbers or letters.
 - d. Accommodates wheelchair 29" X 45".
- (18) Restrooms accessible to mobility impaired.
- a. Level access for each sex on each floor.
 - b. Turn-around -space 5' X 5'.
 - c. Door clearance of 32" X 17'.
 - d. Grab rails provided.
 - e. Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54 " for side reach.
 - f. Restroom signs indicating accessibility.
- (19) Wheelchair accessible telephones.
- (20) Accessible drinking fountains with cup dispensers.
- (21) Audible and visible fire alarms.

17. Notification. S4KF will display Non-Discrimination Policy, LEP and Hearing-Impaired posters in each building.

- a. The name and telephone number for the Quality Improvement & Compliance Manager will be listed on the hearing-impaired poster to assure accessible services to Customers and Companions. Descriptive information on the availability of auxiliary aids and services to persons requiring assisting devices or aids will be included in announcements related to meetings, seminars, workshops and conferences, as well as to services offered by S4KF and its Contracted Service Providers.
- b. Staff shall be notified of all changes/updates to S4KF operating procedures, Auxiliary Aids and Service Plans, within sixty days of such changes.

18. Training. Training is essential to the on-going success of providing Auxiliary Aid/Service to persons with disabilities, deaf or hard-of-hearing, or those who are LEP.

- a. New employee orientation will include training on Title II of the ADA of 1990, and Section 504 of the Rehabilitation Act of 1973. Employees of S4KF are initially trained on the requirements for the deaf and hard-of-hearing in their Orientation when they are hired, but no later than 60 days from the commencement of employment. Refresher training on how to provide assistance to persons who are deaf or hard-of-hearing, persons with disability and those who are LEP is conducted on an annual basis for all employees.
- b. All staff will receive training annually on how to provide assistance to persons with disabilities and who are LEP Customers and Companions in obtaining assisting

devices and/or aids, or other reasonable accommodations. This training is mandatory and will be tracked. Training will include:

- (1) Procedures for serving Customers and Companions who are hearing-impaired, sight-impaired, mobility impaired, and LEP.
- (2) Awareness of deaf or hard-of-hearing; speech impairments; sight impairments and blindness; reading impairments and dyslexia; and mobility impairments.
- (3) Communication options available.
- (4) How to provide reasonable accommodations for certified Customers and potential Customers, i.e., how to access or purchase auxiliary aids, interpreter services and physical modifications.
- (5) Requirements for making meetings, conferences and services accessible.
- (6) Awareness of the Auxiliary Aids and Service Plan, including how to access the Plan for reference.

19. Compliance Monitoring. Monitoring will be conducted to assess S4KF's and its Contracted Providers compliance with providing services to persons who are deaf or hard-of-hearing and who are LEP. These services may be conducted on-site or through desk reviews.

20. Compliance Review. Reviews will be conducted to ensure compliance with all civil rights regulations as they apply to S4KF, and its Contracted Providers. These reviews will be conducted on-site and may address multiple issues (full scope review) or may address fewer issues (limited scope review).

21. Documentation/Record Retention.

- a. Records relating to the Auxiliary Aids and Service Plan, such as the Customer/ Companion Communication Assessment and Auxiliary Aid/Service Record form, and the Customer Feedback form shall be submitted to DCF no later than the 5th of each month. S4KF retains all documents and forms evidencing when the agency provides auxiliary aids and services to customers or companions for ten (10) years.

22. Acknowledgement.

I have reviewed this Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency, and will ensure that all necessary and appropriate steps are taken to inform and educate staff of this plan and its implementation.

Executive Director

**S4KF EMPLOYEE AUXILIARY AIDS SERVICE PLAN
DATES OF REVIEW**

Date	Reviewed or Revised	Reviewed/Revised by
1/11/2023	Revised	Pam Jeffre, Chas Butler



**CUSTOMER OR COMPANION
COMMUNICATION ASSESSMENT
AND
AUXILIARY AID AND SERVICE RECORD**

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

Region/Circuit/Institution:		Program:		Subsection:	
<input type="checkbox"/> Customer <input type="checkbox"/> Companion		Date:		Time:	Case No.:
Name:					
<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 Date/Time:					
Name of Staff Completing Form:					

Section 1: Communication Assessment

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

Section 2: Auxiliary Aid/Service Requested and Provided

Type of Auxiliary Aid/Service Requested:	
Date Requested:	Time Requested:
Nature of Auxiliary Aid/Service Provided:	
Sign Language Interpreter: <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:	
Interpreter Service Status: <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	
Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:	
Date and Time Provided:	

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.



FREE REASONABLE MODIFICATION AND COMMUNICATION ASSISTANCE For Individuals with a Disability

Programs, benefits, and services provided by the Florida Department of Children and Families and its Providers are required to provide reasonable modifications and auxiliary aids and services at no cost for persons who have a disability. To request communication assistance services or other accessibility assistance, please voluntarily complete this form and give it to a representative or employee of the agency. **If you have difficulty completing this form because of your disability, please let us know. We will complete it for you.**

My name is _____.

Requested by Customer or Companion:

- American Sign Language Interpreter or Video Remote Interpreter
- Other Interpreter
- Assistive Listening Device/Pocket Talker
- Large Print Materials
- Written Materials
- Video Relay Service
- Note Taker
- Laptop to Access Mobile Applications
- Help Filling Out Forms
- CART
- Other (please tell us how we can help you):

WAIVER OF FREE COMMUNICATION ASSISTANCE (Completion of this waiver is voluntary.)

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. ***(Completing this waiver of rights does not prevent the Department from using its own interpreter or from assisting facilitate communication, program accessibility, and to ensure your equal opportunity to participate.)***

I do not want a free interpreter, auxiliary aid or service or reasonable modification 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:	

(Continued on next page)

Reason for not signing:	
Interpreter's signature (If phone interpreter used, record ID#):	Interpreter's Printed or Typed Name:
Witness's Signature:	Date:
Witness's Printed Name:	

*This form must be attached to the Customer or Companion Reasonable Modification Assessment and Auxiliary Aid/Service Record (form CF 761) and must be maintained in the Customer's file.

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the [Program Discrimination Complaint Form](#) (AD-3027) (found online at [How to File a Complaint](#), and at any USDA office) or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or,
2. **Fax:** (833) 256-1665 or (202) 690-7442; or,
3. **Phone:** (833) 620-1071; or,
4. **Email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low-Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, or TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.



CUSTOMER OR COMPANION FEEDBACK FORM

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

Program Area: _____

Location: _____

Department of Children and Families Survey

Your feedback is very important to us. We would greatly appreciate you taking a few minutes to complete this brief survey.

1. Were you offered any services to help you communicate? Yes No
2. Did you ask for any services to help you communicate? Yes No
3. If yes, what services to help you communicate did you receive? _____
4. Did you receive the services to help you communicate you asked for? Yes No
5. Did you understand completely? Yes No
6. Were you denied any services to help you communicate? Yes No
7. Were you satisfied with the services to help you communicate? Yes No
8. If not, why? _____

9. Did you know that these services to help you communicate were at no cost? Yes No
10. Did staff treat you with respect? Yes No

Can we contact you? Phone number or email: _____

THANK YOU!

Comments:

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