CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD

To be Completed by DCF Personnel or Contract Providers for Each Service Date.

Region/Circuit/Institution:	**Program:**	**Subsection:**	
□ Customer □ Companion Name:	**Date:**	**Time:**	**Case No.:**
□ Deaf or Hard-of-Hearing □ Visually Impaired □ Limited English Proficient			
□ Scheduled Appointment □ Non-Scheduled Appointment Date/Time:			
Name of Staff Completing Form:			

Section 1: Communication Assessment

□ Initial □ Reassessment
Individual Communication Ability:
Nature, Length and Importance of Anticipated Communication Situation(s):
□ Communication Plan for Multiple or Long-Term Visits Completed
□ Aid-Essential Communication Situation □ 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: □ Certified Interpreter □ Qualified Staff □ Video Relay Service □ Other:** **Foreign Language Interpreter: □ Language Line □ Certified (Onsite) □ Qualified (Onsite) □ Qualified Staff**
Interpreter Service Status: □ Arrival Time: □ Met Expectations **□ No Show or Cancellation Without 24 Hr. Notice**
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: Referral Agency Notification

Name of Referral Agency:	
Date of Referral:	**Information Provided regarding Auxiliary Aid or Service Need(s):**

Section 4: 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:	
Denial Date:	**Denial Time:**

***Denial Determination can only be made by Regional Director/Circuit Administrator/Hospital Administrator or designee.**

Communication Plan for Ongoing Service

Communication Plan for Identifying All Reasonably Foreseeable "Aid Essential Situations" and Method of Communication to be Used Over Time. (Attach Additional Sheets as Needed):

□ Customer □ Companion

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 (e.g., Determination of a Customer's medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury; Discussion of treatment plans; Provision of a Customer's rights, informed consent, or permission for treatment; 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; Explanation regarding follow-up treatments, therapies, test results, or recovery; 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; Provision of discharge planning and discharge instructions; Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention; Presentation of educational classes concerning DCF programs and/or other information related to treatment and case management plans; Determination of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application; and Investigation by child or adult protective services involving interviews). The foregoing list of circumstances is not exhaustive and does not imply there are not other communications that may be Aid-Essential.

Federal law requires the Florida Department of Children and Families and its contracted services providers/vendors 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.