

INFORMATION FOR CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD

The Communication Assessment and Auxiliary Aid/Service Record is used at all points of contact with customers or companions who are deaf or hard-of-hearing, limited English proficiency, visual impaired or other services that require auxiliary aids or services.

1. Please complete this form for each service date, including the top information regarding the facility/program/subsection, name of Customer and Companion.
2. Please document the date and time of arrival of the Customer and Companion and Case Number.
3. Please document the Customer's or Companion's communication challenge (e.g., deaf or hard-of-hearing, visually impaired, or limited English Proficient).
4. Conduct an assessment of the customer's or companion's communication ability and complexity of the situation.
5. Complete a Communication Plan for foreseeable multiple or long-term visits.
6. As soon as DCF Personnel or DCF Contractor's have determined that a qualified interpreter is necessary for effective communication with a deaf or hard-of-hearing Customer or Companion, inform them of the status of DCF's efforts to secure a qualified interpreter on his or her behalf and the estimated wait until the interpreter will arrive.
7. **Scheduled Appointment** – Must have a qualified interpreter available at the time of the schedule appointment. If interpreter fails to appear, DCF Personnel shall take whatever additional actions are necessary to make a qualified interpreter available to the deaf or hard-of-hearing Customer or Companion as soon as possible, but in no case later than **two (2) hours** after the scheduled appointment.
8. **Non-Scheduled Appointment** – 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 DCF Personnel requests an interpreter, whichever is earlier. If the situation is not an emergency, DCF shall offer to schedule an appointment (and provide interpreter when necessary for effective communication) as convenient to the Customer or Companion, **at least by the next business day**.
9. **Individual Health Status or Medical Concerns** – The Department may not use electronic device or equipment constituting an appropriate auxiliary aid or service when or where its use may interfere with medical or monitoring equipment or may otherwise constitute a threat to any Customer's medical condition. The Department shall provide alternative means to ensure effective communication with the Customer and document the same in the Customer's medical chart or case file.
10. **Denial of Auxiliary Aid/Service** – DCF Personnel and DCF Contractors must provide a reason for denial of service. Provide the name and title of person that made the denial determination with the time and date.
11. **Aid-Essential Communication Situation** – 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.
12. **Non-Aid Essential Communication Situation** – When engaging with deaf or hard-of-hearing Customers or Companions in any communication not designated as Aid Essential, the ultimate decision as to what measures to take rests with DCF personnel and DCF Contractors, provided that they give primary consideration to the request of the Customer or Companion and the method chosen results in effective communication.
13. **Document** all auxiliary aids and services requested and provided to the customer and indicate the date and time provided.
14. **Referral Agency Notification** – Provide advance notice to referral agencies of the Customer's or Companion's requested auxiliary aid or service. This must be documented on the Communication Assessment and Auxiliary Aid/Service Record with a statement indicating DCF notified the referral agency of the Customer's or Companion's requested auxiliary aid or service.
15. The Original form must be placed in the Customer's medical chart or case file and a copy must be provided to the Point-of-Contact or your ADA/504 Coordinator.
16. **Waiver for Free Interpreter Services** – If the Customer or Companion declines DCF's or a DCF Contractor's offer to provide free auxiliary aids and services, provide them with the appropriate form to complete indicating their preferred service provider. Explain this form to the Customer or Companion using the appropriate auxiliary aid or service. DCF Personnel and DCF Contractors must be prepared to secure the appropriate auxiliary aid or service in Aid Essential Situations to observe and ensure that the Customer's or Companion's preferred auxiliary aid or service is effective.