



## Provider Support to the Deaf or Hard-of-Hearing Attestation Form

To support effective communications for customers or companions who are deaf or hard-of-hearing, in accordance with the Settlement Agreement between the U.S. Department of Health and Human Services (HHS) and Department of Children and Families (DCF), every provider and subcontractor employee is required to know or be familiar with the following:

- Name, contact information, and role & responsibility for your DCF Contract Agency Single-Point-of-Contact.
- Name, contact information, and role & responsibility for the DCF ADA/504 Coordinator,
- Requirements of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.794, as implemented by C.F.R. Part 84, the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35, and the Children and Families Operating Procedure (CFOP) 60-10, Chapter 4 entitled “Auxiliary Aids and Services for the Deaf or Hard-of-Hearing”.

### Contact Information and Roles and Responsibilities

Provider/ Subcontractor	Single-Point-of- Contact	Phone	Email
Insert Company Name/Location			

#### **This Single-Point-Of-Contact’s responsibility is to:**

1. Ensure effective communication with deaf or hard-of-hearing Customers or Companions in accordance with the ADA and/or Section 504.
2. Capture the information required in the Auxiliary Aid Service Record described in Section G.8 within each Customer’s case record.
3. Summarize the records into a report and submit to the DCF Contract Manager who will forward to the appropriate DCF ADA/Section 504 Coordinator.
4. Ensure that information is provided to any agency to which a deaf or hard-of-hearing Customer or Companion is referred about the disabled person’s requested auxiliary aid or service.
5. Designate a Single-Point-of-Contact as each contractual agreement with DCF is renewed.

## DCF ADA/SECTION 504 COORDINATORS

The ADA/504 Coordinator responsible for my activity is:

Location	Coordinator	Phone	Email
Headquarters	Pamela Thornton	(850) 717-4567	Pamela_Thornton@dcf.state.fl.us
FSH	Aldrin Sanders	(850) 717-4566	Aldrin_Sanders@dcf.state.fl.us
Northwest	Juan Cox	(850) 717-4565	Juan_Cox@dcf.state.fl.us
Northeast	Dick Valentine	(904) 723-2097	Dick_Valentine@dcf.state.fl.us
Central	Richard Dicks	(407) 317- 7552	Richard_D_Dicks@dcf.state.fl.us
Suncoast	Sharon Pimley-Fong	(813) 558-5956	Sharon_L_Pimley-Fong@dcf.state.fl.us
Southeast	Caroline Johnson	(561) 227-6723	Caroline_Johnson@dcf.state.fl.us
Southern	Caridad Fernandez	(786) 257-5218	Caridad_Fernandez@dcf.state.fl.us

The ADA/504 Coordinator's responsibility is to:

1. Disseminate specific plans and procedures to fully implement this agreement.
2. Analyze data collection collected in the Auxiliary Aid and Service Record and implement any corrective action plan, if warranted.
3. Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services.
4. Identify, develop and coordinate the distribution of qualified sign language and/or oral interpreters for the Direct Service Facilities.
5. Keep abreast of new technology and resources for ensuring effective communication with deaf or hard-of-hearing persons.
6. Cooperate with the Independent Consultant in implementing the terms of the Agreement.
7. Submit a report describing the method for capturing all information required in the Customer Communication Template and Auxiliary Aid and Service Record.
8. Communicate with each Single-Point-of-Contact concerning services to deaf or hard-of hearing Customers or Companions.

Insert Name/Title/ Company Name \_\_\_\_\_ attest to the following:

1. I attest that **all** Name of Company **direct service employees** completed the “**Serving Our Customers Who are Deaf or Hard-of-Hearing**” **Training** as requested by the Department of Children and Families.  
(<http://www.dcf.state.fl.us/admin/HHStraining.shtml>)
2. I attest that **all** Name of Company **direct service employees** signed the Department’s required **Support to the Deaf or Hard-of-Hearing Attestation Form**.  
(<http://www.dcf.state.fl.us/admin/training/docs/DCF%20Attestation%20Form.pdd>)
3. I attest that a copy of the “**Serving Our Customers Who are Deaf or Hard-of-Hearing**” **Training** certificate **and** the Support to the Deaf or Hard-of-Hearing Attestation Form is kept in each **employees personnel file**.
4. I attest that **conspicuous Notices** which provide information about the availability of appropriate auxiliary aids and services at no-cost **are posted near where people enter or are admitted**.  
(<http://www.dcf.state.fl.us/admin/civilrights/>)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This document will be maintained in the contract file.