

Auxiliary Aids and Services Request Form

If you are working with a client who may be deaf or hard-of-hearing:

1. Refer to the Desk Guide to Working with Clients who are Deaf or Hard-of-Hearing (DHS-3).
2. Contact your supervisor.
3. **Give page 2 (Auxiliary Aids and Services Request Form) to the client** and ask them to complete the form.
 - Some clients who are deaf or hard-of-hearing may not be able to read this form. **If a client needs assistance with reading and/or filling out the form, please request a sign language interpreter immediately.**
 - The Auxiliary Aids and Services Request Form is available in 11 languages. If the client reads or writes in a language other than English, please provide them with page 2 of the form in the language they prefer.
4. Fill out the section below on this page.
5. Once the form is **completed by the client, please do the following:**
 - **Scan both pages** into the client's case file in CARES;
 - **Email both pages** to eoas@dhs.nyc.gov;
 - **Make a copy of the form** and place it in the client's hard copy file; and
 - **Give the original** to the client to keep.

The Auxiliary Aids and Services Request Form is only for record keeping. To order an interpreter for this client, follow the steps outlined in the Desk Guide to Working with Clients who are Deaf or Hard-of-Hearing (DHS-3), or speak to your supervisor.

DHS and Provider Staff must complete this section:

Intake/Shelter Name: _____

Staff Name and Title: _____

Client Name: _____ CARES ID: _____

Type of Aid Provided: _____

If requested aid could not be provided, explain why: _____

Staff signature: _____ Date: _____

Instructions for DHS and Provider Staff are on this page.

Auxiliary Aids and Services Request Form

You have identified yourself as, or have been identified as, deaf or hard-of-hearing. By law, you have the right to request services and/or devices to help you communicate with DHS and Provider staff while you are applying for shelter and during your shelter stay.

In the sections below, you can request a sign language interpreter or any other aid to help you communicate with DHS staff. Please be aware that your first choice of aid may not be available immediately, but DHS will take steps to make sure an appropriate aid is provided to assist you.


Client Information

Name: _____ Date of Birth: ____/____/____

Signature: _____ Today's Date: _____

Client's Request

I prefer to communicate with DHS and Provider staff using:

Sign Language Interpretation 

Type of Sign Language (For example, American Sign Language [ASL]) _____

When available, I want my family member or friend to act as my sign language interpreter.

Family member or friend's contact information:

Name: _____ Phone Number: _____

Email: _____

Other device or service: _____

Comments: _____

This page should be completed by the client.