

Fòm pou Demann Èd ak Sèvis Oksilyè

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: _____

Enstriksyon pou Anplwaye DHS ak Founisè yo nan paj sa a.

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Ou te idantifye tèt ou, oswa yo te idantifye w kòm moun ki soud oswa ki pa tande byen. Dapre lalwa, ou gen dwa pou mande sèvis ak/oswa aparèy pou ede w kominike avèk anplwaye DHS ak Founisè yo pandan w ap aplike pou chèlètè ak pandan ou rete nan chèlètè.

Nan seksyon ki anba yo, ou kapab mande yon entèprèt langaj siy oswa nenpòt lòt èd pou ede w kominike avèk anplwaye DHS yo. Tanpri, konnen ke èd ou pito a gendwa pa disponib touswit, men DHS ap pran mezi pou asire yo ba w yon èd ki apwopriye pou ede w.

Enfòmasyon sou Kliyan

Non: _____ Dat Nesans: ____/____/____

Siyati: _____ Dat Jodi a: _____

Demann Kliyan an

Pou kominike avèk anplwaye DHS ak Founisè yo, mwen pito sèvi ak:

Entèpretasyon Langaj Siy 

Ki Tip Langaj Siy lan (Pa egzanp, Lang an Siy Ameriken [ASL]) _____

Lè sa disponib, mwen vle manm fanmi m oswa zanmi m aji kòm entèprèt mwen pou langaj siy.

Enfòmasyon pou kontakte manm fanmi oswa zanmi an:

Non: _____ Nimewo Telefòn: _____

Imèl: _____

Lòt aparèy oswa sèvis: _____

Kòmantè: _____

Se kliyan a ki dwe ranpli paj sa a.