

輔助設施與服務申請表

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: _____

本頁所列为針對 DHS 及提供者工作人員的相關指示。

輔助設施與服務申請表

您已自行證實或經過他人證實，您為失聰或聽障人士。根據法律規定，在您申請收容所與入住收容所期間，您有權申請相關服務和/或裝置，以協助您與 DHS 和提供者工作人員之間的溝通。


在以下部分，您可以申請手語口譯人員或有助於您與 DHS 工作人員之間溝通的任何輔助。請注意，您的首選輔助可能無法即刻提供，但 DHS 會採取行動以確保提供合適輔助來協助您。

當事人資訊

姓名： _____ 出生日期： _____/_____/_____
簽名： _____ 今天日期： _____

當事人要求

與 DHS 和提供者工作人員溝通時，我偏好使用：

手語翻譯 

手語類型 (例如美國手語 [American Sign Language, ASL]) _____

若可以，我想要由我的家庭成員或朋友來擔任我的手語翻譯人員。

家庭成員或朋友的聯絡資訊：

姓名： _____ 電話號碼： _____

電子郵件： _____

其他裝置或服務： _____

註釋： _____

本頁應由當事人填寫。