



**AUXILIARY AID SERVICE RECORD
MONTHLY SUMMARY REPORT**

Region/Circuit/Institution/Contracted Client Services Provider: Contract No.	Reporting Period:	
Name of Program & Address:	Subsection:	
Single-Point-of-Contact: Name of Person Completing Form:	Telephone: Telephone:	Date:

SECTION I. CUSTOMERS

1.	Number of Scheduled Appointments	
2.	Number of Non-Scheduled Appointments	
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)	
4.	Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)	
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)	
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	
10.	Number of Appointment Cancellations within 24 hours	
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
12.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	
13.	Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.	
14.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	
15.	Number of times the interpreter service did not meet the expectations of the customer.	
16.	Number of times the interpreter service did not meet the expectations of the staff.	
17.	Number of times communication was not effective.	

SECTION II. COMPANIONS

18.	Number of Scheduled Appointments	
19.	Number of Non-Scheduled Appointments	
20.	Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)	
21.	Number of signed Waivers (Waivers signed by the Companion) (The total of 20 and 21 equals the sum of 18 and 19)	
22.	Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
23.	Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
24.	Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
25.	Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum	

	of 18 and 19)	
26.	Number of Determined Non- Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)	
27.	Number of Appointment Cancellations within 24 Hours	
28.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
29.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	
31.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	
32.	Number of times the interpreter service did not meet the expectations of the companion.	
33.	Number of times the interpreter service did not meet the expectations of the staff.	
34.	Number of times communication was not effective.	
SECTION III. Auxiliary Aids and Services Provided (This section is completed by Contracted Client Services Providers only)		
35.	Number of Certified Sign Language Interpreters	
36.	Number of Language Interpreter Services	
37.	<i>Number of times staff used CART Providers</i>	
38.	Number of Video Relay/Remote Interpreter Services	
39.	Number of times staff used Florida Relay Services/TTY	
40.	Number of times staff used Assistive Listening Devices (ALDs)	
41.	Number of timely Auxiliary Aids/Services Provided	
42.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION IV. Auxiliary Aids and Services Provided (This section is completed by Department of Children and Families staff only)		
43.	Number of Certified Sign Language Interpreters	
44.	Number of Qualified Sign Language Interpreters	
45.	Number of Language Interpreters (LEP)	
46.	Number of Video Relay/Remote Interpreter Services	
47.	<i>Number of times staff used CART Providers</i>	
48.	Number of times staff used Florida Relay Services/TTY	
49.	Number of times staff used Assistive Listening Devices (ALDs)	
50.	Number of timely Auxiliary Aids/Services Provided	
51.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION V. COMMUNICATION PLANS (This section is for Institutions and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)		
52.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
53.	Number of Communication Plans Lasting 30 Days or Less	
54.	Number of Communication Plans Lasting 30 to 45 Days	
55.	Number of Communication Plans Lasting 45 to 90 Days	
56.	Number of Communication Plans Lasting 90 Days or More	
57.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VI. OUTSIDE AGENCY REFERRALS		
58.	Number of Referrals Made	

SECTION VII. COMMENTS/OBSERVATIONS

All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.

**INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD
MONTHLY SUMMARY REPORT**

The purpose of this document is to provide instructions in capturing the information needed to verify the number of Customers and Companions served each month who may require auxiliary aids and services, because they are deaf or hard-of-hearing, as well as those who are deaf or hard-of-hearing low vision or blind, and deaf or hard-of-hearing and limited English proficient.

HEADER

- Indicate the **Region or Headquarters Office**: There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- Indicate the **Circuit**: There are 20 Circuits: Indicate the Circuit number of where your program is located.
- Indicate the **Institution, if applicable**: Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable**: If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period**: Is always the 1st through the 30th or 31st of the month.
- **Program**: Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection**: If the program falls under ACCESS, then the **subsection** may be Food Stamps. If the program falls under Mental Health, then the **subsection** may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

Example 1

Region/Circuit/Institution/Contracted Services Agency Headquarters	Reporting Period: June 1 – June 30, 2010
Contract No: XXXX	
Program: Refugee Services	Subsection: Youth Education

Example 2

Region/Circuit/Institution/Contracted Services Agency Southeast Region/Circuit 15	Reporting Period: June 1 – June 30, 2010
Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

- **Single-Point-of-Contact:** This is the person designated as the Single-Point-of-Contact and the person authorized to answer questions and discuss the contents of the information being reported.
- **Name of Person Completing Form:** This may also be the person designated as the Single-Point-of-Contact and/or the person authorized to answer questions and discuss the contents of the information being reported.
- **Telephone:** Include the office phone number, with area code.
- **Date:** Date report is completed.

SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2)
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.

7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2
10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
15. **Number of times the interpreter service did not meet the expectations of the customer.**
16. **Number of times the interpreter service did not meet the expectations of the staff.**
17. **Number of times communication was not effective.**

SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is

obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of times staff used CART Providers.**
38. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 25 above for reporting multiple uses.
39. **Number of times staff used Florida Relay Services/TTY.**
40. **Number of times staff used Assistive Listening Devices (ALDs).**
41. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
42. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

43. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
44. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
45. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
46. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
47. **Number of times staff used CART Providers.**
48. **Number of times staff used Florida Relay Services/TTY.**

- 49. **Number of times staff used Assistive Listening Devices (ALDs).**
- 50. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 51. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

**SECTION V. COMMUNICATION PLANS
(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)**

- 52. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.
- 53. **Number of Communication Plans Lasting 30 Days or Less.**
- 54. **Number of Communication Plans Lasting 30 to 45 Days.**
- 55. **Number of Communication Plans Lasting 45 to 90 Days.**
- 56. **Number of Communication Plans Lasting 90 Days or More.**
- 57. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

- 58. **Number of Referrals Made:** This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard-of-hearing for additional services .

SECTION VII. COMMENTS/OBSERVATIONS

Include the statement : “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

The reporting period will follow the guidelines listed below:

- Reporting period will cover the 1st through the 30th or the 31st of each month.
- DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
- Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
- Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.

- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

Note: If the due date falls on a weekend or holiday, the report will be due the next business day.

*** Effective October 2011, reports will be submitted on Formsites via <http://fs16.formsite.com/DCFuser/form3/index.html>,**

*** Effective April 1, 2012, reports will be submitted on Formsites via <http://fs16.formsite.com/DCFuser/form3/index.html>, by DCF Contracted Client Services Providers and their Subcontractors.**