



**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

My Single-Point-Of-Contact at my location is:

Provider/ Subcontractor	Single-Point-of- Contact	Phone	Email
SMA	Sarah Burman	(386) 236-1667	sburman@smahealthcare.org

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	Aldrin T. Sanders	(850) 717-4566	aldrin.sanders@myflfamilies.com
Northwest	Juan Cox	(850) 717-4565	juan.com@myflfamilies.com
Northeast	Richard (Dick) Valentine	(904) 485-9682	dick.valentine@myflfamilies.com
Central	Richard Dicks	(407) 317-7552	richard.dicks@myflfamilies.com
SunCoast	Sharon Pimley-Fong	(813) 337-5956	sharon.pimley-fong@myflfamilies.com
Southeast	Heather DePetro	(561) 227-6723	heather.depetro@myflfamilies.com
Southern	Caridad Fernandez	(786) 257-5218	caridad.fernandez@myflfamilies.com

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.

I, _____ attest to the following:

PLEASE PRINT

1. I received the names, contact information, and Roles & Responsibilities for the Contract Agency Single-Point-of-Contact and the DCF ADA/504 Coordinator.
2. I understand that I will contact the Contract Agency Single-Point-of-Contact, within my office, regarding assistance with the delivery of services to deaf or hard-of-hearing customers.
3. I am familiar with the requirements of Section 504, the ADA, and the CFOP 60-10, Chapter 4, entitled, Auxiliary Aids and Services for the Deaf or Hard-of Hearing.

Staff ID: _____

Signature

Date

*This document will be maintained in the personnel file.