

## Deaf and Hard-of-Hearing Training Attestation Form

To support effective communications for customers or companions of the Department of Children and Families (DCF) who are deaf and hard-of-hearing every provider and subcontractor employee is required to know or be familiar with the following:

- Name, contact information, and role and responsibility for your DCF Contract Agency Single Point of Contact.
- Name, contact information, and role and 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 and 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
CDS Family & Behavioral Health Services, Inc.	Angie Lay	(352) 244-0628 ext. 3812	angie_lay@cdsfl.org

This Single Point of Contact’s responsibility is to:

1. Ensure effective communication with deaf and 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 and 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	Brittany Gardener	(850) 717-4566	Brittany.Gardener@myflfamilies.com
Northwest	Lisa Stephany	(850) 717-4557	Lisa.Stephany@myflfamilies.com
FSH	Freeman Bishop III	(850) 717-4565	Freeman.Bishop@myflfamilies.com
Northeast	Dick Valentine	(904) 485-9682	Dick.Valentine@myflfamilies.com
Central	Richard Dicks, Jr.	(407) 317-7552	Richard.Dicks@myflfamilies.com
SunCoast	Romina Artaza	(727) 373-1758	Romina.Artaza@myflfamilies.com
Southeast	Heather DePetro	(561) 227-6723	Heather.DePetro@myflfamilies.com
Southern	Shenna Fluriach	(786) 257-5218	Shenna.Fluriach@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 Technical 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 and hard of hearing persons.
6. Submit a report describing the method for capturing all information required in the Customer Communication Template and Auxiliary Aid and Service Record.
7. Communicate with each Single Point of Contact concerning services to deaf and hard of hearing Customers or Companions.

I, \_\_\_\_\_, attest to the following:

1. I received the names, contact information, and Roles and 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 and 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 and Hard of Hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This document will be maintained in the personnel file.