PROCEDURES FOR OBTAINING SIGN LANGUAGE INTERPRETERS

1. Sign language interpreters are not for everyone. A person who is hard of hearing may not even understand sign language. Make certain that a sign language interpreter is an appropriate accommodation, and ask the type of sign language used. Sometimes a person will need a sign language interpreter in another language like Spanish, for example. As long as sign language is necessary, you will still call the Service Provider directly.

Service Provider is:	**Communication Axess Ability Group
Telephone Number is:	713-807-1176
Service Provider Fax is:	713-807-1238
Cell Number is:	832-347-3365
Web Page is:	www.caag4.com

Communication Axess Ability Group also provides oral interpreters, certified court interpreters*, and blind/ deaf interpreter services. Use the same request form and procedures for all services from this provider.

***H.B. 2735, to regulate court interpreters, was passed and signed into law during the 77th Legislature. This requires all court interpreters to be certified under the authority of the Texas Commission for the Deaf and Hard of Hearing.**

Whenever possible the User Department should request interpreter services at least 48 HOURS in advance. However, if an individual needs an interpreter immediately, Departments should request one immediately. It may take up to two hours for an interpreter to actually appear. Reassure the person who needs the interpreter when you know that the sign language interpreter has been called. Show that you care about the inconvenience, but that it can't be helped. Explain that, if you knew of the need before hand there would be no wait. Be sure to discuss the requestor's future needs with them. You may have to do that *after* the interpreter arrives.

2. Complete the **DEPARTMENT REQUEST FOR SIGN LANGUAGE INTERPRETERS AND OTHER ADA SERVICES** form. See the forms in Section 5.

3. Schedule and confirm every appointment with Harris County's **CURRENT**** Service Provider. Confirmation is important. Try to reconfirm future needs at least 24 hours before the interpreter has been scheduled to appear. Please note that less notice requires higher fees.

4. If, after placing a request for an interpreter, you or your department learns that the interpreter will not be needed because the event is canceled or the requester cannot keep the appointment, you should call the Service Provider to cancel the request. Write "Canceled" on the top of the original REQUEST FOR SIGN LANGUAGE INTERPRETERS form and fax it to the attention of Erika Owens at Harris County Human Resources & Risk Management at 713-755-2669 (fax). Notify the person who needed the accommodation that you have canceled the interpreter when the event is canceled.

5. You must sign the receipt from Service Provider after the services are completed. You should fax the signed receipt and completed REQUEST FOR SIGN LANGUAGE INTERPRETERS AND OTHER ADA SERVICES form to the attention of Erika Owens at Harris County Human Resources and Risk Management at 713-755-2669.

NOTE: The procedure outlined above is for sign language interpretation services as required by the *Americans with Disabilities Act* only. Foreign language (spoken) interpretation services are available at cost through a wide range of service providers. Contact the administrative offices of the courts for more information on foreign language interpreters.

**Service provider is by contract and is subject to change. If you are not sure who the current provider is, please call Erika Owens at 713-755-4390.

INSTRUCTIONS FOR FILLING OUT DEPARTMENT REQUEST FOR SIGN LANGUAGE INTERPRETERS AND OTHER ADA SERVICES FORM

To Harris County Employees/ADA Coordinators/Supervisors:

Make this request as early as possible if you need a sign language-interpreter or other auxiliary aid or ADA services for a person with a disability. Please cancel with as much notice as possible to the service provider if the service becomes unnecessary. DO NOT USE THE FAMILY MEMBERS AS INTERPRETERS FOR CITIZENS WHO ARE HEARING IMPAIRED--SCHEDULE AN APPROPRIATE PROVIDER.

INSTRUCTIONS:

1) Initially, you should work with the person seeking an accommodation to make certain which accommodation is appropriate. For hearing impaired or deaf persons, ask what sign language the person uses. American Sign Language (ASL) is the most popularly taught sign language, but there are others. Call Communication Axess Ability Group at 713-807-1176, fax: 713-807-1238, or cell: 832-347-3365 or click on www.caag4.com to request the interpreter. Complete the DEPARTMENT REQUEST FOR AUXILIARY AIDS AND SERVICES.

2) Sometimes a person who is deaf initially requests a sign language interpreter or CART interpretation, then after learning that it may take as long as 2 hours for the service to arrive, they inform the department that they do not want to wait. We have experienced incidents in the past that a person who is deaf is accompanied by someone they want to interpret for them. That should never be permitted for court proceedings. In less serious instances, when the initial requester tells you that someone else will interpret for them, please have them complete a refusal form. See the REFUSAL FORM in the forms section of this Handbook. Be cautious in its use, however. You must never pressure a person with a disability to refuse our free services. If the person wants to use an informal and uncertified interpreter, complete the USE OF NON-CERTIFIED INTERPRETER FORM in the forms section of this Handbook. Fax the completed form to or Erika Owens at 713-755-2669.

3) If you determine that you need a sign language interpreter, you must tell Communication Axess Ability Group the kind of interpreter you need. Their staff will help you ask the requestor the necessary questions.

4) In most usual cases you will be completing a DEPARTMENT REQUEST FOR AUXILIARY AIDS AND SERVICES. See the forms section in this Handbook. Fax the entire form together with a copy of the invoice that the service provider brings with them, to the attention of Erika Owens at 713-755-2669. Be sure to complete the entire form and sign the invoice after the services are performed.

5) DEPARTMENT REQUEST FOR AUXILIARY AIDS AND SERVICES (see the forms section in this Handbook) may be used for all ADA related accommodations and services. Contact Erika Owens at 713-755-4390 if you have questions. These services are provided to the community of disabled without charge to them in an effort to ensure effective communication and full participation in Harris County programs, services, and activities as required by the Americans with Disabilities Act.

DEPARTMENT REQUEST FOR AUXILIARY AIDS AND SERVICES

Department Name: _____

Cause, SPN, Case Number or description of the Proceeding or Event: _____

_____

Name of Departmental Representative submitting this Request:_____

Telephone number at which the Departmental Representative (ADAC) can be reached: _____

Address of Assignment: _____

Start Date of Assignment: _____ End Date of Assignment: _____

**Scheduled Assignment Starting Time:_____ **Scheduled Assignment Ending Time: _____

**** Harris County is required to pay for services from the scheduled starting time to the scheduled ending time. Please schedule the interpreter for only the time that you anticipate needing the service.**

Name of the Person Needing an Accommodation:_____

Address and Telephone number where the person needing accommodation may be reached:

_____

Agreement to notify the Department if the service will not be needed:

I, _____, have requested a free accommodation so that I can participate in a Harris County Program described above. I agree that if I find that I will not be attending the program, I will notify the following person by telephone immediately: _____
Please Print Name of Department Representative/ADAC

by calling (_____)-_____

_____ _____
Signature **Date**

Please check below if the Sign Language Interpreter Provider or other provider has been contacted.

_____☐____ Communication Axess Ability Group has been contacted.

_____☐____ Communication Axess Ability Group has NOT been contacted.

_____☐____ Provider of this service has been contacted.

_____☐____ Provider of this service has NOT been contacted.

THIS FORM CAN BE COPIED AND A COPY GIVEN TO THE PERSON REQUESTING AN ACCOMMODATION.

DUPLICATE THIS FORM FOR FUTURE USE.

Attach copy of invoice and fax to 713-755-2669