STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

OFFICE OF THE COMMISSIONER

Office of Multicultural Health Equity

DEAF OR HARD OF HEARING INTERPRETING REQUEST FORM

Description of Goods and Services Available Under DAS/DMHAS Contractual Agreement with Approved DHOH Vendors:

- ***ASL – American Sign Language***
- ***CART- Communication Access Real-time Translation***
- ***C-Print – Speech-to-text Interpreters***
- ***VRI- Video Remote Interpreting***

Date Service is Requested: _____ Date Service is Needed: _____ Time – From: _____ To: _____

Anticipated Length/Duration of Assignment: _____ **ASL:** _____ **CDI:** _____ **Other (Specify):** _____

Address of the Assignment***:*** _____ Apartment #: _____ City***:*** _____

Name of Requester**:** _____ Telephone Number of Requester _____

Email Address of Requester**:** _____

Name of Person Requiring Interpreting Service**:** _____

Name of Contact Person @ Location: _____ Phone #: _____ Extension #: _____

Activity for Which Interpreting is Needed***:*** ***Meeting (up to 3)*** ☐ ***Group (more than 3)*** ☐ ***Training*** ☐ ***Testing*** ☐ ***Counseling*** ☐ ***Medical*** ☐

"Legal setting" (Court Appearance; Pre-Trial Intervention, etc.) ☐ ***"Medical setting" (Please Specify)*** _____

"Educational" (Please Specify) _____ ***"Community setting" (Please Specify)*** _____

Specify consumer-preferred interpreter/or Waiver: _____ M☐ F☐ ***Number of Interpreter (s) Required:*** _____

Single Event ☐ ***Repeated Event:*** ☐ ***Please indicate:*** **Start Date** _____ **End Date** _____ **Frequency** _____

Other Special Interpreter Requirements (e.g., Spanish, deaf interpreter, male, female, etc. : _____

_____

DO NOT WRITE BELOW THIS LINE: DMHAS/OMHE WILL REVIEW REQUEST FOR APPROVAL FOR REIMBURSEMENT BY DMHAS.

PLEASE FAX YOUR REQUEST TO:

Marlene Jacques, RN, MSN, MPH, LMSW,
Director, DMHAS/OMHE DHOH Program
FAX #: (860) 418-6780
TEL #: (860) 418-6974

_____ _____ _____

PRINT NAME OF APPROVER **SIGNATURE & TITLE OF APPROVER** **DATE APPROVED**

revised 6/13/2019