NYC Department of
Homeless Services
Department of
Social Services

辅助设施与服务申请表

If you are working with a client who may be deaf or hard-of-hearing:

1. Refer to the Desk Guide to Working with Clients who are Deaf or Hard-of-Hearing (**DHS-3**).

2. Contact your supervisor.

3. **Give page 2 (Auxiliary Aids and Services Request Form) to the client** and ask them to complete the form.

   - Some clients who are deaf or hard-of-hearing may not be able to read this form. **If a client needs assistance with reading and/or filling out the form, please request a sign language interpreter immediately.**

   - The Auxiliary Aids and Services Request Form is available in 11 languages. If the client reads or writes in a language other than English, please provide them with page 2 of the form in the language they prefer.

4. Fill out the section below on this page.

5. Once the form is **completed by the client, please do the following:**

   - **Scan both pages** into the client's case file in CARES;
   - **Email both pages** to eoa@dhs.nyc.gov;
   - **Make a copy of the form** and place it in the client's hard copy file; and
   - **Give the original** to the client to keep.

The Auxiliary Aids and Services Request Form is only for record keeping. To order an interpreter for this client, follow the steps outlined in the Desk Guide to Working with Clients who are Deaf or Hard-of-Hearing (**DHS-3**), or speak to your supervisor.

DHS and Provider Staff must complete this section:

Intake/Shelter Name: _____

Staff Name and Title: _____

Client Name: _____ CARES ID: _____

Type of Aid Provided: _____

If requested aid could not be provided, explain why: _____

Staff signature: _____ Date: _____

本页列出了针对 **DHS** 和服务提供方工作人员的说明。

辅助设施与服务申请表

您已经自己证明或经过他人证实是失聪或听障人士。根据法律规定，在您申请庇护所和入住庇护所期间，您有权申请服务和/或设备，以协助您与 DHS 和服务提供方工作人员之间的沟通。

在以下部分，您可以申请手语译员或有助于您与 DHS 工作人员之间沟通的任何辅助。请注意，您的首选辅助可能无法立即提供，但 DHS 将采取措施以确保为您提供适当帮助。

客户信息

姓名： _____　　出生日期： _____/_____/_____

签名： _____　　今天日期： _____

客户申请

与 DHS 和服务提供方工作人员沟通时，我倾向于使用：

□ 手语翻译

　　手语类型（例如美国手语 [American Sign Language, ASL]） _____

□ 如果可以，我希望由家人或朋友担任我的手语译员。

　　家人或朋友的联系信息：

　　姓名： _____　联系电话： _____

　　电子邮件： _____

□ 其他设备或服务： _____

注释： _____

_____

_____

本页应由客户填写。