

# Auxiliary Aids and Services for the Deaf and Hard of Hearing

**Screening/Intake/Referral Questions:**

**Client Name:** \_\_\_\_\_

1. Are you (the client) disabled?

Yes     No

2. Is the client or any of the client's family members/companions who will be involved in receiving services any of the following?

- Deaf or hard-of-hearing ONLY
- Deaf or hard-of-hearing AND visually impaired
- Deaf or hard-of-hearing AND of limited English proficiency
- None of these

3. Do you or any of the client's family members/companions who will be involved in receiving services need any assistance with communication?

Yes     No assistance needed     No assistance requested (waived assistance)

3.a. If yes to question 3, who needs the assistance?

	<u>Name</u>		<u>Relationship to Client</u>		
1.	_____	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Companion
2.	_____	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Companion
3.	_____	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Companion
4.	_____	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Companion

3.b. If yes to question 3, in the boxes below, list the number(s) of the individual(s) listed in 3.a. above that indicates the type of assistance that is being requested for each person:

*NOTE: Staff are NOT to read this list to clients/companions, but are to use it as a checklist to capture the type of assistance that the client/companion is requesting.*

Enter # of individual(s) (from # 3.a. above) that is requesting the assistance

- Sign language interpreter
- Video relay interpreter
- Foreign language interpreter – list language: \_\_\_\_\_

Enter # of individual(s) (from # 3.a. above) that is requesting the assistance

- Information on CD or floppy diskette
- Information on audiotape
- Information in Braille
- Information in large print