

FLORIDA DEPARTMENT OF HEALTH



2013 – 2015

**AUXILIARY AIDS FOR PERSONS WITH
SENSORY, MANUAL OR SPEECH IMPAIRMENTS
AND LIMITED ENGLISH PROFICIENCY PLAN**

TABLE OF CONTENTS

SECTION	PAGE
1. General.....	2
2. Department Policy Statement	2
3. References.....	3
a. Methods of Administration, Equal Opportunity in Service Delivery - Equal Opportunity, Methods of Administration, Equal Opportunity in Service Delivery.....	3
4. Accountability	4
5. Dissemination.....	4
6. Revisions	4
7. Definitions.....	5
8. Assessment of Language Needs	5
9. Translation of Written Materials.....	6
10. Competence of Interpreters and Translators.....	7
11. Monitoring.....	8
12. Documentation and Record Retention	8
13. Notification	8
14. Training.....	8
15. Ensuring Accessibility.....	9
16. Resources.....	13
Appendices	16 - 22
A. Using the Florida Relay Service – 711 for interpretation and translation	
Types of Relay Calls.....	16
Voice (for a hearing caller).....	16
Text Telephone (TTY)	16
Voice Carry-Over (VCO)	17
Hearing Carry-Over (HCO)	17
Speech-to-Speech (STS)	17
CapTel	18
B. Language Line - Over the Telephone Interpreters.....	19
C. DOH Central Office - Translators and Interpreters.....	21-23

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AUXILIARY AIDS FOR PERSONS WITH SENSORY, MANUAL OR SPEECH IMPAIRMENTS AND LIMITED ENGLISH PROFICIENCY PLAN

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1. General

The Auxiliary Aids for Persons with Sensory, Manual or Speech Impairments and Limited English Proficiency Plan provides for the implementation of department policy and procedures for the provision of auxiliary aids to ensure accessibility of all Department of Health (DOH) programs, services, and employment to persons with impaired sensory, manual, or speaking skills. This plan also provides for the provision of translation and interpretation services for persons with limited English proficiency. The policy and procedures described in the plan apply to all Department of Health offices and providers who provide direct services to clients or potential clients with impaired sensory (hearing and vision), manual, or speaking skills or limited English proficiency.

2. Department Policy Statement

The Department of Health and its contracted providers of client services will provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills and provide interpreters for persons with limited English proficiency where necessary to afford such persons an equal opportunity to participate in or benefit from Department of Health programs, services, and employment. Auxiliary aids may include, but are not limited to, Braille and taped material, interpreters, readers, translated materials, listening devices and systems, television decoders, visual fire alarms using strobe lights, captioned films and other assistive devices for persons with impaired hearing or vision or with limited English proficiency.

- a. All qualified clients and potential clients are entitled to an equal opportunity to use and benefit from the programs and services of the Department of Health. This includes reasonable accommodations to ensure that Department of Health programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities who have hearing, vision or mobility impairments. The Department of Health will take reasonable steps to provide services and information in appropriate languages other than English in order to ensure that limited English proficiency persons are effectively informed and can effectively participate in and benefit from its programs, services, and activities.
- b. Auxiliary aids or language interpreters will be available for use by clients, potential clients, employees, and applicants with impaired sensory, manual, or speaking skills in each phase of the service or employment process. Service or employment process includes, but is not limited to, telephone inquiries, requests, intake interviews, employment interviews, terms and conditions of employment, service provision, counseling, and complaints. The lack of such aids may in effect deny service accessibility, hinder service effectiveness, or deny persons

with disabilities or limited English proficiency reasonable accommodations to ensure nondiscrimination and equal opportunity.

3. References

- a. Methods of Administration, Equal Opportunity in Service Delivery - Equal Opportunity, Methods of Administration, Equal Opportunity in Service Delivery
http://dohiws.doh.state.fl.us/Divisions/Administration/Personnel/Equal_Opportunity/Policies/methods_of_administration.htm
- b. Americans with Disabilities Act Accommodations - Equal Opportunity, Americans with Disabilities Act Accommodations Policy.
http://dohiws.doh.state.fl.us/Divisions/Administration/Personnel/Policies/DOHP_60_32.pdf
- c. Equal Opportunity, Equal Employment Opportunity.
http://dohiws.doh.state.fl.us/Divisions/Administration/Personnel/Equal_Opportunity/Policies/equal_employment_opportunity.htm
- d. The Rehabilitation Act of 1973 - as amended
<http://archive.eeoc.gov/policy/rehab.html>
- e. Section 504, Rehabilitation Act of 1973 - Section 504 prohibits discrimination based on disability in federally funded and federally conducted programs or activities in the United States, including employment programs. Additional information and definitions related to Section 504 can be found at the Department of Labor website. <http://www.section508.gov/docs/Section504.pdf>
- f. Section 508 of the Rehabilitation Act of 1973 - defines the types of technology covered and set forth provisions that establish a minimum level of accessibility.
<http://www.section508.gov/index.cfm?fuseAction=stdsSum>
- g. Americans with Disabilities Act of 1990 with 2008 Amendments
US Dept of Justice information page on the ADA.
<http://www.ada.gov/pubs/ada.htm>
- h. Title VI of the Civil Rights Act of 1964, as amended (Civil rights / nondiscrimination: Parts 80, 81,83, 84, 86, 90.)
<http://www.gpo.gov/fdsys/pkg/CFR-2008-title45-vol1/pdf/CFR-2008-title45-vol1.pdf>
- i. Title VII of the Civil Rights Act of 1964.
<http://www.eeoc.gov/laws/statutes/titlevii.cfm>
- j. Department of Health and Human Services, Office of Minority Health; National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care. (See “Standard 13”)
<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

- k. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html>
- l. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. "In the Federal Register"
<http://www.justice.gov/crt/about/cor/lep/DOJFinLEPFRJun182002.pdf>

4. Accountability

Clients, potential clients, employees, and applicants for employment generally receive services through the operating counties, Children's Medical Services units, and other local programs. Therefore, the county, Children's Medical Services, or other program specific plans supplement the department's plan.

County Health Department, Children's Medical Services, division and office directors, and administrators will designate a position to take the responsibility for ensuring implementation of the department's plan in addition to maintaining an updated list of resources (local plans) to assist in carrying out the department's plan. The plan will provide for assistive devices, interpreters or readers, and physical modifications to ensure the accessibility of programs and services to clients or potential clients with sensory (hearing and sight), speaking or mobility impairments, and limited English proficiency.

The Equal Opportunity Manager in the Office of the General Counsel is the designated Title VI, Title VII, American's with Disabilities Act (ADA), and Section 504 coordinator for the Department of Health. The Equal Opportunity Manager is responsible for coordinating the development and implementation of the department's Equal Opportunity Methods of Administration in Service Delivery policies and procedures. The mailing address for the Office of the General Counsel, Equal Opportunity Section is 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399-1703; Voice Phone (850) 245-4002, TDD (850) 410-1451, and Fax Number (850) 487-2168.

5. Dissemination

To request copies of the LEP/AA Plan and local guidelines from the Office of the General Counsel, Equal Opportunity Section, 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399-1703. The Equal Opportunity Section also provides copies to individuals or organizations serving persons with disabilities or limited English proficiency upon request. Copies of the plan will be provided in alternative formats upon request.

6. Revisions

The schedule to update this plan is as needed but at least bi-annually by March 31 of each year. The schedule to update local plans is also as needed annually with a copy of all changes submitted by March 31 of each year to the Office of the General Counsel, Equal Opportunity Section. An electronic copy of the local changes is acceptable.

7. Definitions

- a. **Auxiliary Aids** are assistive devices that allow persons with impaired sensory, manual, or speaking skills to gain an equal opportunity to benefit from and participate in programs, services, etc. Examples of auxiliary aids include, but are not limited to, telecommunication device for the deaf (TDD), sign language interpreters, easy grip utensils, and Braille signs.
- b. **Interpretation** is the act of listening to something in a language (source language) and orally translating it into another language (target language).
- c. A **limited English proficient (LEP) individual** is a person who does not speak English as their primary language and who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers or social services agencies.
- d. **Translation** is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).
- e. **Vital documents** include, but are not limited to, applications, consent forms, letters containing information regarding eligibility or participation criteria, and notices pertaining to reduction, denial, or termination of services or benefits that require a response from beneficiaries, and notices that advise of free language assistance.

8. Assessment of Language Needs

Each County Health Department, Children's Medical Services unit or other local program must assess the language needs of the population served. This will ensure that the target population will have meaningful access to services.

The following factors apply in assessing language needs.

- a. Identify the number or proportion of limited English proficient (LEP) persons eligible for service or likely to be encountered by the program or grantee. When considering the number or proportion of LEP persons in a service area, consider whether the minor children served have LEP parents or guardians with whom the program may need to interact.

Examine past experiences with LEP encounters and determine the breadth and scope of language services needed at that time.

Consider minority populations underserved because of existing language barriers.

Consider the latest census data for the area served and data from school systems and community agencies/organizations. Community agencies/organizations, schools, religious organizations, legal aid entities, and others may assist in the identification of populations underserved because of language barriers.

- b. Determine the frequency with which LEP persons encounter the program.

The more frequent the contact with a particular language group, the more likely the need for enhanced language services in that language.

Ensure that a plan is in place to provide enhanced language services to LEP persons who receive services on an unpredictable or infrequent basis.

Consider whether appropriate outreach to LEP persons could increase the frequency of contact with LEP language groups.

- c. The more important the program, or the greater the possible consequences of the contact to the LEP persons, the more likely language services are needed.

Consider the possible consequences of denial or delay of access to services or information could have serious or even life-threatening implications for the LEP person.

The obligation to communicate rights to a person whose benefits are being terminated or to provide medical services to an LEP person who is ill differ from the obligation and importance to provide medical care for a healthy LEP person.

- d. Identify the resources available and the cost. Resource and cost issues can often be reduced by technological advances; the sharing of language assistance materials and services; and by reasonable business practices such as training bilingual staff to act as interpreters and translators, and by using telephonic and video conferencing interpretation services.

9. Translation of Written Materials

An effective language assistance program ensures that written materials, provided in English to applicants, clients, and the public, are available in regularly encountered languages other than English. Identify and translate vital documents into the non-English language of each eligible or directly affected LEP group regularly encountered. NOTE: In some circumstances verbatim translation does not accurately or appropriately convey the substance of what is contained in materials written in English.

- a. To ensure compliance with Title VI obligations, the department will follow “safe harbor” requirements outlined below:

- 1) The covered entity provides translation of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

- 2) If there are fewer than 50 persons in a language group that reaches the five percent trigger indicated in the above paragraph, the recipient does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

- b. The following is a timeline established for the department to meet its Title VI obligation.
 - 1) Each covered entity will continuously identify vital documents for their program areas.
 - 2) Each covered entity will ensure that vital documents are translated within three months of first publication.
 - 3) Each covered entity will continuously consider the benefits of translating non-vital documents to commonly encountered languages.

10. Competence of Interpreters and Translators

- a. Competency to interpret does not necessarily mean formal certification as an interpreter, although certification is helpful. Take reasonable steps when using interpreters to assess whether the interpreters:
 - 1) Demonstrate proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (consecutive, simultaneous, summarization, or sight translation);
 - 2) Have knowledge in both languages of any specialized terms or concepts peculiar to the program or activity and of any particularized vocabulary and phraseology used by the LEP person;
 - 3) Understand and follow confidentiality and impartiality rules to the same extent as the employee for whom they are interpreting and or to the extent their position requires; and
 - 4) Understand and adhere to their role as an interpreter without deviating into other roles where such deviation would be inappropriate.
- b. Translators of written documents should also be competent to translate. The skill of translating is very different from the skill of interpreting; a person who is a competent interpreter may or may not be competent to translate. Certification or accreditation may not always be possible or necessary. Ensure competence by having a second, independent translator check the work of the primary translator or by the use of back translation. Translators should understand the expected reading level of the audience and, where appropriate, have fundamental knowledge about the target language group's vocabulary and phraseology. Community organizations may assist in determining whether a written document is of a good quality level for the audience. Consistency in the words and phrases used to translate terms helps avoid confusion by LEP persons and may reduce costs.
- c. For LEP persons whose language does not exist in written form, an interpreter must be available to explain the contents of the documents.

11. Monitoring

Monitoring for compliance is through annual updates to the department's plan, facility surveys, validation reviews, complaint investigations, and other related civil rights compliance activities.

12. Documentation and Record Retention

The individual designated by the director or administrator for the local entity or service provider will document and maintain records relating to the Auxiliary Aids and Limited English Proficiency Plan methods and implementation used to inform employees or clients of this nondiscrimination policy for three years. Records include sample copies of brochures, letters, memoranda, newspaper notices, minutes of staff meetings, public service announcements on radio or television, etc.

Copies pertaining to a request for accommodation for an individual with a disability shall be maintained in the county and headquarters office in a secured area to ensure confidentiality of such information.

13. Notification

The designated individual will display the Department of Health Nondiscrimination Policy and the Department of Health Hearing-Impaired Poster at main entrances in lobby areas in each building housing employees and at the admission desks, waiting rooms, and bulletin boards in each facility that serves clients. The hearing-impaired poster will list the name, telephone number, and TDD number for the designated local contact person to assure accessible services to clients or potential clients or their representatives. Announcements related to meetings, seminars, workshops and conferences, as well as to services offered by the Department of Health and its contracted providers of client services will have descriptive information on the availability of auxiliary aids and reasonable accommodations to persons requiring assistive devices or aids.

A vital part of compliance includes effective methods of notifying LEP persons regarding their right to language assistance and the availability of such assistance free of charge. The Department of Health Equal Opportunity Section website has a link to the United States Department of Justice Language Identification Flashcard. This document can be printed and used on bulletin boards or at reception areas to identify language needs.

www.lep.gov/resources/ISpeakCards2004.pdf

14. Training

The Equal Opportunity Section will ensure that department staff and providers of client services receive awareness training on assisting sensory and mobility impaired or limited English proficiency clients and potential clients to obtain services. The training will also emphasize the legal requirements for Department staff to address a client's request for assistive devices and aids, or other reasonable accommodations. Such training will include discussion of:

- a. The ADA Accommodation Process and DOH procedures for serving deaf and hard of hearing, sight impaired, mobility impaired, or limited English proficiency clients and potential clients.

- b. The need for understanding of the term “disability” and the need for the Department to provide accommodations for such disabilities as hearing impairments and deafness; speech impairments; sight impairments and blindness; reading impairments and dyslexia; and mobility impairments.
- c. Alternate communication options that may be available.
- d. How to provide reasonable accommodations for qualified clients and potential clients; that is, how to access or purchase auxiliary aids and interpreter services.
- e. Requirements for DOH to make meetings, conferences, and services accessible.
- f. Awareness of any additional local guidelines and procedures.
- g. How to work effectively with in-person and telephone interpreters.

15. Ensuring Accessibility

- a. The department shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question. To ensure accessibility of programs and services to clients or potential clients with sensory (hearing or sight), speaking or mobility impairments, staff should follow these steps:
 - 1) Client needs are to be assessed by consulting with the client or potential client concerning his or her preferred communication mode, and if applicable with assigned caseworkers, counselors, parents, other family members, guardians or other representatives and the auxiliary aids coordinator. All treatment services available to other clients will be equally available to clients with sensory, speaking and mobility impairments.
 - 2) The communication options for deaf and hard of hearing, or speech impaired, persons may include but are not limited to TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs, or a combination of these. TDDs will be available for use by clients and employees who are deaf or hard of hearing when telephones are available for use by clients who are not deaf or hard of hearing. Alternatively, Florida Relay Service through 711 will be used.
 - 3) Follow appropriate Department of Health, Finance and Accounting payment policies. Local plans will designate the individual(s) responsible for approving the request for the appropriate auxiliary aid. Local plans will designate the individual or persons responsible for obtaining the appropriate auxiliary aid.
 - 4) Provide Auxiliary Aids in a timely manner. Make provision for communication alternatives when advance notice for an auxiliary aid or interpreter is not given. Document client files to indicate the need for an auxiliary aid. Arrange the auxiliary aid in advance for scheduled appointments. In the event of a client referral, notify the other provider of any auxiliary aid needed.

- 5) Incorporate the use of assistive devices (vibratory alarms) with relevant services (tactile communication, physical therapy) for persons with multiple disabilities such as deafness and blindness.
 - 6) The use of auxiliary aids will be available at no cost to the client, employee, or applicant. Normally, auxiliary aids or interpreters are obtained within the Department's current resources, including the use of qualified staff, volunteers and volunteer organizations (local County Health Departments, Children's Medical Services units, and other local programs will use local resources).
- b. The Department of Health shall provide appropriate translation and interpreter services to persons with limited English proficiency (LEP) to afford such persons an equal opportunity to benefit from the service in question. To ensure accessibility of programs and services to clients or potential clients with LEP, staff should follow these steps:
- 1) Client needs are to be assessed by consulting with the client or potential client concerning his or her preferred communication mode, and if applicable with assigned caseworkers, counselors, parents, other family members, guardians or other representatives and the limited English proficiency coordinator. All treatment services available to other clients will be equally available to clients with limited English proficiency. Identify at first contact the preferred language including dialect and/or sign language of each LEP patient/client or parent/guardian and record this information in the client's file.
 - 2) Follow appropriate Department of Health, Finance and Accounting payment policies. Local plans will designate the individual(s) responsible for approving the request for translation and interpretation services. Local plans will designate the individual or persons responsible for obtaining the appropriate interpreter or translator.
 - 3) Provide language assistance at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person. Make provision for communication alternatives when advance notice of the need for an interpreter is not given. Document client files to indicate if an interpreter is needed. If so documented, the department will arrange to have the interpreter available for scheduled appointments. The department will notify the external provider if the client needs an interpreter when referred.
 - 4) The use of an interpreter will be at no cost to the client. Normally, the Department of Health obtains interpreters within its current resources, including the use of qualified staff, volunteers and volunteer organizations (local County Health Departments, Children's Medical Services units, and other local programs will use local resources).
 - a) Language services include, as a first preference, the availability of bilingual staff who can communicate directly with patients/consumers in their preferred language. Being bilingual does not necessarily mean that a person has the ability to interpret. If bilingual employees interpret

between English speakers and LEP persons, or orally interpret written documents from English into another language, they must be competent in the skill of interpreting. Appropriate adjustments in assignments and protocols for using bilingual staff will ensure utilization of bilingual employees fully and appropriately.

b) When bilingual employees are not available, the next preference is face-to-face interpretation provided by trained staff. Hiring staff interpreters may be most helpful where there is a frequent need for interpreting services.

c) Contracting for interpreters may be a cost-effective option when there is no regular need for a particular language skill. Commercial and other private providers, many community-based organizations, and mutual assistance associations provide interpretation services for particular languages.

d) Telephone interpreter service lines often offer speedy interpreting assistance in many languages. Telephone interpreters are acceptable in numerous situations. They may be particularly appropriate where the mode of communication would also be over the phone. When these interpreters are used it is important to ensure that they are competent to interpret any technical or legal terms specific to a particular program that may be important parts of the conversation. Nuances in language and non-verbal communication not recognized over the phone can often assist an interpreter. Video conferencing may sometimes help to resolve this issue. When discussing documents, it is important to give telephonic interpreters adequate opportunity to review the document prior to the discussion.

e) Use of community volunteers may provide a supplemental assistance strategy under appropriate circumstances. It is best to use volunteers trained in the information or services of the program and that communicate directly with LEP persons in their language. Community volunteers should be competent in the skill of interpreting and knowledgeable about the applicable confidentiality and impartiality rules. Consider making formal arrangements with community-based organizations that provide volunteers.

f) Use of Family or Friends.

(1) Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. When an LEP person attempts to access Department of Health services, inform the LEP person that he or she has the option of having the department provide an interpreter for him or her without charge, or of using his or her own interpreter. However, the Department of Health will not rely on an LEP person's family members, friends, or other informal interpreters to provide meaningful access to important programs and activities. The department will respect the LEP person's desire to use an interpreter of his or her own

choosing in place of the free language services expressly offered by the recipient. However, the department may not require an LEP person to use a family member or friend as an interpreter.

(2) If the LEP person voluntarily chooses to provide his or her own interpreter, the LEP person's record will reflect, by documentation, the offer of an interpreter free of cost to the LEP person and his or her rejection of the offer. The department should consider the issues of competence, appropriateness, conflicts of interest, and confidentiality when determining if it should respect the desire of the LEP person to use an interpreter of his or her own choosing. Reasonable steps should be taken to ascertain that family, legal guardians, caretakers, and other informal interpreters are not only competent in the circumstances, but are also appropriate in light of the circumstances and subject matter of the program, service or activity, including protection of the department's own administrative or enforcement interest in accurate interpretation. Family members (especially children) or friends may not be competent to provide quality and accurate interpretations. Issues of confidentiality, privacy, or conflict of interest may also arise. Such informal interpreters may have a personal connection to the LEP person or undisclosed conflict of interest, such as the desire to protect themselves or another perpetrator in a domestic violence matter.

(3) The department will provide competent interpreter services to the LEP person in place of or, if appropriate, as a supplement to the LEP person's interpreter. Specifically, this occurs when the LEP person has declined the express offer of free language assistance and has chosen to use a family member, friend, or other informal interpreter and the department determines that the interpreter is not a competent or appropriate interpreter. When precise, complete and accurate interpretations or translations of information and or testimony are critical, or where the competency of the LEP person's interpreter is questionable, the department will consider providing its own, independent interpreter, even if an LEP person wants to use his or her own interpreter as well.

(4) Exercise extra caution when the LEP person chooses to use a minor as the interpreter. While respecting the LEP person's decision, there may be additional issues of competency, confidentiality, or conflict of interest when the choice involves using minor children as interpreters. The department should take reasonable steps to ascertain whether the LEP person's choice is voluntary, whether the LEP person is aware of the possible problems if the preferred interpreter is a minor child, and whether the LEP person knows that a competent interpreter is available at no cost.

- c. The following are the procedures and minimum requirements for ensuring accessibility of meetings, conferences, and seminars to persons with sensory, speech or mobility impairments or limited English proficiency:
- 1) The unit sponsoring the activity will review facilities used for meetings, conferences, and seminars for accessibility. The requirements of the federal Americans with Disabilities Act Accessibility Guidelines (ADAAG) and the Florida Americans with Disabilities Accessibility Implementation Act (Section 553.501-553.513, Florida Statutes) will be met in regards to the location, parking spaces, meeting rooms, ramps, stages or other platforms, doors, entrances, elevators, rest rooms, drinking fountains, alarms, etc.
 - 2) Advertisements, conference registration materials, or meeting notices for meetings, conferences, and seminars will include information that auxiliary aids or interpreters are available at no cost to the sensory impaired or limited English proficiency participants. It must also be noted that information can be provided in an alternative format upon request. The information will include the name of a contact person and a date by which the person should request the assistance. The registration process will include a method for determining the number and types of assistance or accommodation requested.
 - 3) The following are examples of provisions that may be required if sensory, speech, mobility impaired, or limited English proficiency persons plan to attend the specific meeting, conference, or seminar and need an accommodation:
 - a) Qualified interpreters for hearing or speech impaired persons and accessibility to Teletype or TDD equipment. NOTE: When participants or residents (clients, employees, or the public) have accessibility to telephones, provide a TDD for participants or residents who are deaf.
 - b) Provide adequate lighting in meeting rooms for interpreter signing.
 - c) Provide readers or cassette recordings to enable full participation by vision-impaired persons.
 - d) Provide interpreters for limited English proficiency persons.
 - e) Agenda and other conference materials translated into usable form for visually and deaf and hard of hearing or limited English proficiency participants.
 - f) Seating arrangements for persons in wheelchairs will be adapted to integrate mobility-impaired persons rather than to isolate them on the group's perimeter.

16. Resources

- a. Appendix C is a list of central office employees who have indicated a willingness to assist on a limited basis as interpreters or translators for central office needs. Local guidelines will include the contact information on staff designated to assist with interpretation and translation.

- b. The following is a partial list of other agencies that may be of assistance in ensuring accessibility for individuals with disabilities or limited English proficiency.
- 1) Disability Rights Florida
Formerly known as the Advocacy Center for Persons with Disabilities, Inc.
(850) 488-9071 or Toll Free 1-800 342-0823 (Voice)
1-800 346-4127 (TDD)
Helps determine what type of information and referral (I & R) or assistance we may be able to provide.
<http://www.disabilityrightsflorida.org/>
 - 2) Florida Governor's Alliance for the Employment of Disabled Citizens
(850) 224-4493 or 1-888 838-2253 (Voice or TDD)
(850) 224-4496 (Fax)
www.abletrust.org
 - 3) Florida Department of Education
www.fldoe.org

Division of Blind Services
(850) 245-0300
1-800 342-1828
<http://dbs.myflorida.com/>

Division of Vocational Rehabilitation
1-800 451-4327 (Voice or TDD)
(850) 245-3440 (Tallahassee)
(850) 245-3399 (Statewide)
www.rehabworks.org
 - 4) Florida Alliance for Assistive Services and Technology (FAAST, Inc.)
(850) 487-3278 (Voice)
(850) 487-2805 (Fax)
(850) 922-5951 (TDD)
1-888 788-9216
<http://faast.org>
 - 6) Commercial Translators or Interpreters. You may go to the SPURS home page to find vendors approved by the Department of Management Services, http://www.myflorida.com/apps/spurs/spurs.main_menu_form
Click on All Categories for Contractual Services, then click on Class 991 Contractual Services/Technical/Others, go to page 4, then click on Group 500 and finally click on Language Interpretation, Sign Language.
- c. The FRS, Florida Relay Service, 711, provides a Dual Party Relay System that is an accessible telephone communication relay system that allows persons who are deaf, hearing impaired, or speech impaired to communicate with those with no hearing or speech problems and vice versa. Employers and service providers are able to telephone a job applicant or client who is deaf, hearing impaired, or speech impaired; and applicants or clients who are deaf, hearing impaired, or

speech impaired can communicate with the personnel offices or their counselors and social workers.

This Plan has been prepared and updated by the Equal Opportunity Section, Office of the General Counsel for the Florida Department of Health. For questions or guidance please contact the Manager of the Equal Opportunity Section at 850-245-4002.