



# FREE REASONABLE MODIFICATION AND COMMUNICATION ASSISTANCE

## For Individuals with a Disability

Programs, benefits, and services provided by the Florida Department of Children and Families and its Providers are required to provide reasonable modifications and auxiliary aids and services at no cost for persons who have a disability. To request communication assistance services or other accessibility assistance, please voluntarily complete this form and give it to a representative or employee of the agency. **If you have difficulty completing this form because of your disability, please let us know. We will complete it for you.**

My name is \_\_\_\_\_.

Requested by Customer or Companion:

- American Sign Language Interpreter or Video Remote Interpreter
- Other Interpreter
- Assistive Listening Device/Pocket Talker
- Large Print Materials
- Written Materials
- Video Relay Service
- Note Taker
- Laptop to Access Mobile Applications
- Help Filling Out Forms
- CART
- Other (please tell us how we can help you):

### WAIVER OF FREE COMMUNICATION ASSISTANCE

(Completion of this waiver is voluntary.)

I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit. **(Completing this waiver of rights does not prevent the Department from using its own interpreter or from assisting facilitate communication, program accessibility, and to ensure your equal opportunity to participate.)**

I do not want a free interpreter, auxiliary aid or service or reasonable modification because \_\_\_\_\_.

I choose \_\_\_\_\_ to act as my own interpreter. He/she is over the age of 18. **This does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.**

Customer's or Companion's Signature:	Date:
Customer's or Companion's Printed Name:	

(Continued on next page)

Reason for not signing:	
Interpreter's signature (If phone interpreter used, record ID#):	Interpreter's Printed or Typed Name:
Witness's Signature:	Date:
Witness's Printed Name:	

\*This form must be attached to the Customer or Companion Reasonable Modification Assessment and Auxiliary Aid/Service Record (form CF 761) and must be maintained in the Customer's file.

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

#### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the [Program Discrimination Complaint Form](#) (AD-3027) (found online at [How to File a Complaint](#), and at any USDA office) or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or,
2. **Fax:** (833) 256-1665 or (202) 690-7442; or,
3. **Phone:** (833) 620-1071; or,
4. **Email:** [FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

#### CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low-Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, or TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.