

Communication Help Form

How Can We Help You Communicate With Us?

Do you need help communicating with us? Please complete this form to let us know what help you need. This help is free. Do you need in-person American Sign Language services? Please tell us as soon as possible that you will need the interpreter.

1. Who Needs Communication Help?

- Patient/Person
- Family Member
- Other

2. Name: _____

Phone Number and Email: _____

3. What is the disability?

- Deaf
- Hard of Hearing
- Deaf-Blind
- Speech Disability
- None
- Other: _____

4. Do you want a qualified sign language or oral interpreter to help you communicate with us?

- Yes.** Choose one:
 - American Sign Language (ASL) Interpreter
 - International Sign Language or Pidgin Sign Interpreter
 - Tactile Interpreter
 - Oral Interpreter Language Needed: _____
 - Other: _____

- No.** Choose one:
 - I do not use sign language
 - I do not use interpreters
 - I want to use a family member or friend to help with communication

Not needed at this visit

Other: _____

5. Would an assistive device help you? Choose all that you could use:

Video Remote Interpreting (VRI)

Video Relay Telephone (Videophone)

Assistive Listening Device (Sound amplifier)

Qualified Note-Takers

Writing Back and Forth

TTY/TDD (Text telephone)

Other: _____

6. Date & Time you'll need this help: _____

7. How long you think you'll need this help: _____

8. Place/address where you'll need this help: _____

9. Type of event that you'll need this help for (like doctor visit, stay in hospital, or radiologist visit):
