

# STATE OF CONNECTICUT

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES OFFICE OF THE COMMISSIONER Office of Multicultural Health Equity DEAF OR HARD OF HEARING INTERPRETING REQUEST FORM

Description of Goods and Services Available Under DAS/DMHAS Contractual Agreement with Approved DHOH Vendors:

- ASL – American Sign Language
- CART- Communication Access Real-time Translation
- C-Print – Speech-to-text Interpreters
- VRI- Video Remote Interpreting

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Time – From: \_\_\_\_\_ To: \_\_\_\_\_

Anticipated Length/Duration of Assignment: \_\_\_\_\_ ASL: \_\_\_\_\_ CDI: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Address of the Assignment: \_\_\_\_\_ Apartment #: \_\_\_\_\_ City: \_\_\_\_\_

Name of **DMHAS-Operated** Staff Requesting Services: \_\_\_\_\_ Telephone Number of Requester \_\_\_\_\_

Email Address of Requester: \_\_\_\_\_ Name of Person Requiring Interpreting Service: \_\_\_\_\_

Name of Contact Person @ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_

Name of **Non-DMHAS-Operated** Staff Requesting Services: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Activity for Which Interpreting is Needed: Meeting (up to 3)  Group (more than 3)  Training  Testing  Counseling  Medical

“Legal setting” (Court Appearance; Pre-Trial Intervention, etc.)  “Medical setting” (Please Specify) \_\_\_\_\_

“Educational” (Please Specify) \_\_\_\_\_ “Community setting” (Please Specify) \_\_\_\_\_

Specify DHOH’s Preference: \_\_\_\_\_ M  F  Number of Interpreter (s) Required: \_\_\_\_\_

Single Event  Repeated Event:  Please indicate: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Frequency \_\_\_\_\_

Other Special Interpreter Requirements (e.g., Spanish, deaf interpreter, male, female, etc.): \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Marlene Jacques, RN, MSN, MPH, LMSW, Director, DMHAS/OMHE DHOH Program & Services

DMHAS-Operated Facilities/OOC Must Follow DMHAS Encryption Policy To Send Secured DHOH Requests To: [marlene.jacques@ct.gov](mailto:marlene.jacques@ct.gov)

Private Non-Profit Providers/or DMHAS Funded Are Required To Fax Completed DHOH Interpreter Requests To:  
Marlene Jacques @: (860) 418-6780

\_\_\_\_\_  
Print Name of Reviewer/Approver

\_\_\_\_\_  
Signature & Title of Reviewer/Approver

\_\_\_\_\_  
Date