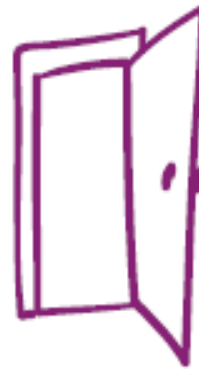


SafeSpace Auxiliary Aids Plan

SafeSpace

Saving and Changing Lives



Signature of SafeSpace Chief Executive Officer: _____

SafeSpace Auxiliary Aids Plan

SafeSpace, Inc. shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA). This plan is available in alternative formats at the request of staff and participants. This plan will be available to persons and agencies working with people living with a disability or who are Limited English Proficient and will be available via the SafeSpace website

Non-Discrimination Policy:

SafeSpace, Inc. does not, and shall not, discriminate in any aspect against a person because of race, color, religion, age, national origin, mental or physical disability/disability status, sex/gender, pregnancy, military status/status as a veteran, genetic information, citizenship, immigration status, marital status, sexual orientation, gender identity, gender expression, limited English proficiency, language spoken, or other legally protected status.

Single Point of Contact

The Single Point of Contact, Michelle Akins, will ensure effective communication with deaf or hard-of-hearing participants or companions in accordance with Section 504 and the ADA. The Single Point of Contact shall ensure that employees are aware of the requirements, roles, responsibilities, and contact points associated with compliance with Section 504 and the ADA.

Provision of Auxiliary Aids and Services

SafeSpace, Inc. will at all times recognize that the participants or companion's preference is the primary consideration in determining what auxiliary aids or services to provide. If communication through a specific auxiliary aid or service is deemed to be ineffective, staff will ask the participant or companion to determine a more effective auxiliary aid or service for communication. Documentation shall be made in the participant's file regarding the attempt to improve the effectiveness of auxiliary aids and services.

If a participant or companion is Deaf or hard of hearing, SafeSpace staff shall obtain auxiliary aids according to the communication assessment and requested for services. All Deaf interpreters' certifications shall be verified.

If staff is not familiar with an auxiliary aid or service requested by a participant or companion they should access the information from the Single Point of Contact.

Dissemination:

- A) A copy of the program's auxiliary aids and service plan will be posted on the program's web site.
- B) Copies in alternative format will be provided upon request.
- C) Copies are distributed upon request to individuals or organizations serving persons with disabilities.

Provision of Interpreters in a Timely Manner

SafeSpace, Inc. staff shall provide interpreters for participants and companions who are Deaf or hard-of-hearing in a timely manner in accordance to the following standards: Staff are to provide interpretation for all essential services upon request. Interpretation will be available 24 hours a day, 7 days a week.

- a. **Non-Scheduled Interpreter Requests:** For any emergency situation that is not a scheduled appointment, staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the participant or companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the participant or companion, but at least by the next business day
- b. **Scheduled Interpreter Requests:** For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the participant or companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment

Auxiliary Aids Documentation

SafeSpace, Inc. shall document the participant or companion's preferred method of communication and any requested auxiliary aids and services provided in the participant's program file. Documents and forms evidencing when and how SafeSpace provided auxiliary aids and services to participants or companions shall be retained within the participant's corresponding file for 7 years and reviewed by the Grants and Data Specialist to verify that Customer / Companion indicated communication was effective.

Forms include but are not limited:

- Customer or Companion Assessment and Assessment and Auxiliary Aid and Service Record
- Customer or Companion Request for Free Communication Assistance or Waiver

The following report shall be maintained by the Grants and Data Specialist within the administrative offices:

- Auxiliary Aid Service Record Monthly Summary Report

Notification:

a) The program's non-discrimination policy, Limited English Proficient and Interpreter Services for the deaf or hard of hearing posters will be displayed in buildings' main entrances, lobby areas, waiting areas, and on bulletin boards.

b) The name, telephone number, and TDD number for the 504/ADA Coordinator or Civil Rights Officer will be listed on the poster for the deaf or hard of hearing to ensure accessible services to customers and companions.

c) Descriptive information on the availability of auxiliary aid and services to persons requiring assistive listening devices or aids will be included in announcements related to meetings, employment or job opportunities,

Denied Auxiliary Requests

Documentation, with supporting justification, must also be made if any request was not honored. The Chief Executive Officer is the only person that can deny auxiliary aid requests made by a participant or companion.

Referrals

If participants or companions are referred to other agencies, SafeSpace staff must ensure that the receiving agency is notified of the participants or companion's preferred method of communication and any auxiliary aid or service needs. In order to accommodate this, SafeSpace will ensure that the referral is desired by the participant and that he or she signs a Release of Information Form.

H.H.S. Customer Feedback Form

SafeSpace shall distribute Customer/Companion Feedback Forms to participants or companions that are Deaf or hard of hearing and provide assistance in completing the forms if requested by the participant or companion. Staff shall give the participant or companion a self-addressed stamped envelope addressed to the following:

DCF, Office of Civil Rights
1317 Winewood Boulevard, Building 1, Room 110
Tallahassee, FL 32399-0700

The original Customer/Companion Feedback Form shall be mailed to the address listed above by the participant or if requested, by SafeSpace staff. A copy of the Customer Feedback Form **shall not be kept in the file.** Customer / Companion Feedback Form distributed to Customers or Companions shall be tracked in ALICE by staff and monitored by Grants and Data Specialist.

Signage

The Single-Point-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing participants or companions are posted near where people enter or are admitted within the center locations. The approved Notices can be downloaded through the Internet at: <http://www.dcf.state.fl.us>

HHS Reports

SafeSpace shall submit HHS Reports monthly, no later than the 5th day of each month, to the FCADV Contract Manager.

Event Accommodations

SafeSpace shall ensure accessibility to meetings, conferences and seminars to persons with disabilities, limited English proficiency, and Deaf or hard of hearing by placing the following statement on all event notices and advertisements prior to the event:

SafeSpace will provide accommodation in accordance with ADA standards upon request of persons who are deaf, hard of hearing or living with a disability. To ensure accommodations, please make your request within 7 days prior to the event to Michelle Akins, Director of Programs at 772-285-8593 or e-mail at makins@safespacefl.org.

Staff Training

SafeSpace staff shall receive training on how to provide auxiliary aids and services for persons with disabilities and limited English proficiency (LEP) within 60 days of commencing employment. SafeSpace staff shall receive an annual refresher training on auxiliary aids and services for persons with disabilities and limited English proficiency (LEP). SafeSpace staff shall be trained to use the TTY phone and video relay calls. Training documentation shall be maintained in each employee's training file. SafeSpace is randomly tested on TTY calls by FCADV.

American Sign Language Interpreters

Staff must contact the Director of Programs or AOC prior to contacting an interpreter service

Certified Sign Language Interpreter – 1-888- 332-3260 – Deaf Communication Specialist

Alternative Sign Language Interpreter – Accessible Communications for the Deaf (ACD)

(813)926.0008 or (954) 578.3081

(954) 232.6942 After 5pm

Video Remote Interpreter – call (813).926.0008 or (954) 578.3081 to schedule video remote interpreter

TDD/TTY

The program has TDD/TTY machines available. TDD/TTY machines are for telephone communication. A deaf, hard-of-hearing, and/or Speech Disabled person can initiate and receive telephone calls through typing on a specialized keyboard that is attached to a phone line. The message is received through another TDD/TTY machine.

Florida Video Relay – 7-1-1

Through the Florida Relay Service, people who use specialized telephone equipment can communicate with people who use standard telephone equipment. To call Florida Relay, dial **7-1-1**, or use the appropriate toll free numbers below:

1-800-955-8771 (TTY)

1-800-955-8770 (Voice)

1-800-955-1339 (ASCII)

1-877-955-8260 (VCO-Direct)

1-877-955-5334 (STS)

1-877-955-8773 (Spanish)

1-800-955-8771 (TTY)

1-800-955-8770 (Voice)

1-877-955-8773 (Spanish)

1-877-955-8707 (French Creole)

Florida Relay makes it easy for Spanish-speaking and English-speaking Florida Relay users to call one another by phone. All call types processed through Florida Relay are also available in Spanish. This includes TTY, VCO, HCO, and STS.

In addition to Spanish-to-Spanish relay, Florida Relay also offers English-to-Spanish and Spanish-to-English translation 24/7 365 days a year. In order for a Relay call to be translated, callers must request a Spanish CA when dialing 711 or dial the Florida Relay Spanish number directly at (877) 955-8773.

Qualified Foreign Language Interpreters:

Optimal (telephone-based interpretation)

Video Remote Interpreting provider and information:

Language People at www.languagepeople.com or (707) 538-8900 for assistance

Assistive Listening Devices

A pocket talker and an amplified telephone are available for use in the program.

To verify ASL Certification:

Florida Registry of Interpreters for the Deaf
www.fridcentral.org

CART Services: Tanya Ward English – Caption Crew – 954-767-6363

Auxiliary Aid Resource

Coalition for Independent Living Options, Inc.

Wendy Holcombe, BA – Crime Victim Practitioner

1.800.683.7337 – Voice: 772.878.1131

8000 South US 1, Suite 304 Port St. Lucie, FL 34952

Deaf and Hard of Hearing Services of the Treasure Coast:

1016 N.E. Jensen Beach Blvd.

Stuart, FL 34957

And

1836 14th Ave. Suite 202

Vero Beach, FL 32960

772.334.2233 (Voice)

772.334.2299 (Fax / TDD)

1.866.326.7884 (VP)

Interpreters for Limited English Proficiency Participants

Staff shall utilize on-staff qualified foreign language interpreters; however, if an on-staff interpreter is not available or deemed to be ineffective staff shall obtain an interpreter through Optimal Phone Interpreters (OPI).

How to make an OPI Call:

Dial 877.344.9674

1. State the language you need
2. Tell them your name and that you are calling from SafeSpace / FCADV
3. Give SafeSpace three digit code **627**
4. Speak in short phrases or sentences and avoid slang, jargon, and technical terms.
5. Place the call on speaker phone.
6. Check for understanding from the Limited English Speaker throughout the call.
7. Say “End of Call” to the interpreter when the call is completed.
- 8.

SafeSpace’s Qualified Foreign Language Interpreters

STAFF NAME	LANGUAGE	PROFICIENCY
Cidanelia Brozenick	Spanish – Indian River	Read, Write, Speak
Claudia Hood	Spanish-Martin	Read, Write, Speak
Lourdes Mercedes	Spanish – Indian River and St. Lucie	Read, Write, Speak
Princenella Casado	Spanish – Martin, St. Lucie and Indian River	Read, Write, Speak
Karolyn Turner	Spanish – Indian River, St. Lucie and Martin	Read, Write, Speak

Participant Complaints

If you believe you were wrongfully denied access to services or discriminated against:

1. Inform the person who denied access to services that you believe they wrongfully denied you services and why you believe that is the case.
2. Ask to speak to a Lead Advocate or the Director of Programs, immediately.
3. You may submit your complaint/grievance in writing or verbally. Direct your concern to the Advocate, the Lead Advocate or the Director of Programs. Include the following information:
 - a. What service were you denied?
 - b. What were you told was the reason you were denied service?
 - c. What person denied you services?
 - d. What was the date you were denied service?

In addition to the above actions, discrimination complaints may also be filed externally with the state and federal government agencies listed below.

Assistant Staff Director for Civil Rights 1317 Winewood Boulevard Building 1, Room 110 Tallahassee, FL 32399-0700 850-487-1901	SafeSpace Chief Executive Officer 612 SE Dixie Hwy. Stuart, Fl 34994 772-223-2399
US Department of Health & Human Services Office for Civil Rights Atlanta Federal Center, Suite 3B70 61 Forsyth Street, SW Atlanta, GA 30303-8909 404-562-7881	US Department of Justice Coordination & Review Section Civil Rights Division P.O. Box 66118 Washington, DC 20035-6118 202-514-0301