



INTERPRETER REQUEST FORM

Assignment Information:

Service Date: _____ Time: _____ Duration: _____

If the date is flexible, please choose the days and time frame that would be best:

Sun M Tue W Th F Sat

Between the hours of: _____

If this is recurring, please list all dates (ex: 1/4 10-11am, 1/12 1-2pm, 1/24 10-11am):

Name of Requestor: _____ Phone: _____ Ext. _____

Agency/Company: _____ Email: _____

Second Contact (If Applicable):

On-site Address/Virtual Link:

Assignment Details:

Deaf/Hard of Hearing Participant(s): _____

On-Site Contact: _____ Phone: _____ Ext. _____

Billing Information

Authorizing Agent: _____ Phone: _____ Ext. _____

Address/Email: _____

Interpreter Information:

**For Internal
Use Only**

1) Name: _____ Contact: _____ Date Accepted: _____

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Requesting Communication Access Services

Communication Access services are a reasonable accommodation under the Americans with Disabilities Act ([ADA](#)) for individuals who are deaf, hard of hearing, or deafblind to ensure effective communication.

Any entity covered by the [ADA](#), including state and local government offices, public and private schools, and places of public accommodation such as doctors' offices, hospitals, and theaters are legally required to provide communication access at no cost to the individual requesting the accommodation.

The New Jersey Department of Human Services' Division of the Deaf and Hard of Hearing ([DDHH](#)) is available to assist with coordinating communication access services.

Requests Responsibility

Requests for interpreting or CART services must be submitted by the payee.

- The payee is defined as the entity legally responsible for providing and paying for communication access services under state and federal law requirements.

Scheduling and Advance Notice

When possible, submit requests at least two (2) weeks prior to the service date.

- Advance notice improves the likelihood of securing providers and allows adequate time for coordination.

Service Availability

Services are subject to provider availability.

- Submission of a request may not guarantee interpreter or CART coverage.

Submitting a Request

To request sign language interpreting or CART services, complete a request form.

- Submit the request form to DDHH.communications2@dhs.nj.gov

Coordination Process

After the completed request is received [DDHH](#) will provide the requesting entity with the assigned provider's contact information.

- The requesting entity is responsible for contacting the provider directly to confirm policies including, but not limited to the following:
 - Rates and applicable mileage
 - Minimum billing requirements, if applicable
 - Cancellation terms and conditions

Cancellation Policy

To avoid cancellation charges, requests should be canceled at least forty-eight (48) hours in advance. Requests canceled with less than forty-eight (48) hours' notice may result in a charge for the full service.

Provider Qualifications

All interpreters referred through [DDHH](#) hold certification from the Registry of Interpreters for the Deaf ([RID](#)). CART captioners are certified through the National Court Reporters Association ([NCRA](#)).

- Providers function as independent contractors, [DDHH](#) does not guarantee the performance or skill level of freelance interpreters or CART captioners.

Terms and Acknowledgment

By submitting a request, the requesting entity acknowledges and agrees to the following:

- The designated billing contact is responsible for payment of all invoices related to services provided.
- Service rates are established directly between the requesting entity and the provider.
- Late cancellations may result in full assignment charges.
- The requesting entity is responsible for compliance with all agreed upon billing and cancellation policies.

The undersigned acknowledges having read, understood, and agreed to the terms outlined above.

Authorized Representative Name: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

For additional information, visit: DDHH's [Communication Access](#).