**Text

Description automatically generatedIcon

Description automatically generated**

New Jersey Department of Human Services

Division of Deaf and Hard of Hearing

**Training Request Form**

Submit request to DDHH.communications2@dhs.nj.gov or fax to 609-558-2528

|  |  |
| --- | --- |
| Organization: | City: |
| Name of Contact Person: | Title: |
| Phone Number: | Email Address: |

Training Requested:

|  |
| --- |
| * Deaf and Hard of Hearing Sensitivity Training |
| * Assistive Listening Devices |
| * Language Acquisition & Development Services ages 0-5 |
| * Overview of Programs and Services |

Date, time, and location of training – please submit at least 4 -6 weeks prior to requested date for training:

|  |
| --- |
| Number of participants: |
| Date: |
| Time: |
| Location *(Virtual or In Person)*: |

|  |
| --- |
| DHS/DDHH Use Only  Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scheduled For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Communication Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved by Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |