



New Jersey Department of Human Services  
Division of the Deaf and Hard of Hearing  
**TRAINING REQUEST FORM**



Requests may be submitted via email to [DDHH.communications2@dhs.nj.gov](mailto:DDHH.communications2@dhs.nj.gov) or fax to (609) 588-2528. When possible, please submit requests at least 4 to 6 weeks in advance. Kindly, provide advanced notice of 3 business days for all cancellations or reschedules.

**Requestor:**

<b><u>Name:</u></b>	<b><u>Title:</u></b>
<b><u>Contact Number:</u></b>	<b><u>Email Address:</u></b>

**Entity:**

<b><u>Name:</u></b>	<b><u>Address:</u></b>
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**Requesting:** (check all that apply)

☐ **Deaf and Hard of Hearing Sensitivity Training:**

- ☐ General: Information on deaf and hard of hearing culture, common challenges, and strategies for effective communication with deaf and hard of hearing individuals.
- ☐ Health Care: General sensitivity training with guidance for hospitals and healthcare providers.
- ☐ Law Enforcement: General sensitivity training with law enforcement standard operating procedures.

☐ **Equipment Demonstration:** Real-time demonstration of equipment, showcasing features, functions, and proper use, with a goal of offering practical exposure and guidance to help individuals feel confident in selecting and using equipment. Equipment available for demonstration may include door bells, alarm clocks, video phones, amplified sound systems, and more.

☐ **Language Instruction Program:** Overview of language acquisition and development service program for children, ages 0 – 5.

☐ **Overview of Programs and Services:** Summary of resources, helping individuals navigate what is available and accessible. Programs and services include the Equipment Distribution Program, Hearing Aid Assistance for the Aged and Disabled, New Jersey Hearing Aid Project, information and referral, case management and advocacy, etc.

**Goals, questions, or comments:**

**Audience:**

- ☐ Older adults (ages 50 and older)  
☐ Staff  
☐ Students  
☐ Other: \_\_\_\_\_

**Number of participants:**

- ☐ Less than 10  
☐ 10 – 25  
☐ More than 25

FOR OFFICE USE ONLY:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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