



## STATE AGENCY COMMUNICATION REQUEST

State Form 54200 (R2 / 6-14)

FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DEAF AND HARD OF HEARING SERVICES

As of January 1, 2010, the State of Indiana has changed its process in obtaining communication access (Interpreters, Communication Access Real Time (CART), and Video Remote Interpreting (VRI) services) for state jobs. Any state agency requesting Deaf and Hard of Hearing Services (DHHS) to approve payment for communication services must complete the following form and submit it by e-mail ([DHHSHelp@fssa.in.gov](mailto:DHHSHelp@fssa.in.gov)) at least one (1) week in advance of the assignment. If this request is filed less than one (1) week in advance, we cannot guarantee that your request will be filled.

Upon approval, your request will be forwarded to the Coordinating Unit (CU) for state jobs. CU will only accept request forms from DHHS staff; CU will confirm the assignment with the state agency upon filling the job request. If you need to cancel this interpreter assignment, it must be cancelled forty-eight (48) hours prior to the meeting time by sending an email to [DHHSHelp@fssa.in.gov](mailto:DHHSHelp@fssa.in.gov). Failure to do so might result in your agency being charged for this late cancellation.

Please contact Deaf and Hard of Hearing Services, (317) 542-3324 or e-mail [DHHSHelp@fssa.in.gov](mailto:DHHSHelp@fssa.in.gov) for assistance in acquiring an interpreter if you are not able to fill out the form.

|                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                           |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------|
| Date (month, day, year)                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Name of requestor                         |                                                                        |
| Name of agency                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                           |                                                                        |
| E-mail address of requestor                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Telephone number of requestor<br>(      ) |                                                                        |
| Name of deaf participant                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                           |                                                                        |
| Language preference<br><input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Signing Exact English (SEE) <input type="checkbox"/> Communication Access Real Time (CART) <input type="checkbox"/> Tactile<br><input type="checkbox"/> Video Remote Interpreting (VRI) <input type="checkbox"/> Pidgin Sign English (PSE) <input type="checkbox"/> Other _____ |                                                                          |                                           |                                                                        |
| Date of assignment (month, day, year)                                                                                                                                                                                                                                                                                                                                                 | Start time<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |                                           | End time<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |
| Type of assignment                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                           |                                                                        |
| Location of assignment (number and street, city, state, and ZIP code)                                                                                                                                                                                                                                                                                                                 |                                                                          |                                           |                                                                        |
| Please specify nature and details of assignment.<br>-----<br>-----<br>-----<br>-----                                                                                                                                                                                                                                                                                                  |                                                                          |                                           |                                                                        |
| <input type="checkbox"/> Attachments included (i.e. schedules, meeting / conference information, agendas, etc.)                                                                                                                                                                                                                                                                       |                                                                          |                                           |                                                                        |

### FOR DHHS USE ONLY

|                                       |                                |                                     |
|---------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ISP approval | Signature of DHHS staff member | Date of approval (month, day, year) |
| <input type="checkbox"/> VP approval  | Signature                      | Date of approval (month, day, year) |
| <input type="checkbox"/> VR approval  | Signature                      | Date of approval (month, day, year) |