Ocean County Department of Corrections

REQUEST FOR DEAF AND HARD OF HEARING INDIVIDUALS

Ocean County Department of Corrections is committed to providing quality care to all deaf and hard of hearing individuals. In order to assure that the services which are provided to you are not compromised by ineffective communication, this facility has resources for obtaining sign language interpreters when necessary at no cost to you.

INMATE NAME: _____ DATE: _____
(Please Print)

1. Will a sign language interpreter help us communicate effectively with you?

YES _____ NO _____

If you check yes we will get you a sign language interpreter

2. Do you request any of these services that are also available?

TDD YES _____ NO _____

An Amplified Telephone Receiver YES _____ NO _____

An Assistive Listening Device (ALD) YES _____ NO _____

Other (please explain)

_____

_____

_____

3. Inmate Accept/Decline present accommodations offered.

Accepted _____ Declined _____

Witness Name: _____ _____
(Please Print) **Signature of Deaf or Hard of Hearing Inmate/Date**

_____
Signature/Date

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