

**Support to Individuals with a Disability**

**Attestation Form**

To support effective communications or reasonable modification assistance for customers or companions with a disability, Department of Children and Families (DCF), every provider and subcontractor employee is required to know or be familiar with the following:

- Name, contact information, and role & responsibility for your DCF Contracted Agency Single Point of Contact.
- Name, contact information, and role & responsibility for the DCF ADA/504 Coordinator,
- Requirements of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.794, as implemented by C.F.R. Part 84, the Americans with Disabilities Act of 1990 (ADA),
- 42 U.S.C. §§ 12131 - 12134. et seq., as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Public Law 110–325, 122 Stat. 3553 (2008) at 28 CFR 35. (ADAAA)
- 42 U.S.C. §§ 12181 – 12189, as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Public Law 110–325, 122 Stat. 3553 (2008) at 28 CFR 36. (ADAAA)
- DCF Operating Procedure (CFOP) 60-16, METHODS OF ADMINISTRATION: FOR FEDERAL FINACIAL PARTICIPATION, Chapter 3, entitled “Plan for Reasonable Modifications and Auxiliary Aids and Services for Individuals with a Disability”

**This Single Point of Contact’s responsibility is to:**

1. Ensure effective communications and/or reasonable modification assistance with all Customers or Companions in accordance with the ADA and/or Section 504.
2. Capture the information required in the Reasonable Modification Assessment and Auxiliary Aid/Service Record described in Appendix H within each Customer’s case record.
3. Summarize the records into a report and submit to the DCF Contract Manager who will forward to the appropriate DCF ADA/Section 504 Coordinator.
4. Ensure that information is provided to any agency to which a customer or Companion with a disability is referred, about the individual’s requested modification or auxiliary aid/service.
5. Designate a Single Point of Contact as each contractual agreement with DCF is renewed.

**My Single Point of Contact at my location is:**

<b>Provider</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>

**The ADA/504 Coordinator's responsibility is to:**

- Disseminate specific plans and procedures to fully implement the requirements of Section 504 and the ADA.
- Analyze data collection collected in the Reasonable Modification Assessment and Auxiliary Aid/Service Record and implement any corrective action plan, if warranted.
- Provide assistance during the interactive process to determine if a modification is reasonable.
- Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids/services.
- Identify, develop, and coordinate the distribution of qualified sign language and/or oral interpreters for the Program staff.
- Keep abreast of new technology and resources for ensuring effective communication with deaf and hard of hearing persons.
- Submit a report describing the method for capturing all information required in the Customer or Companion Reasonable Modification Assessment and Auxiliary Aid/Service Record.
- Communicate with each Single Point of Contact concerning services to Customers or Companions with a disability (Mobility, Communications, Modifications to access, deaf and hard-of hearing, etc.).

**DCF ADA/Section 504 Coordinators:**

<b>NAME</b>	<b>EMAIL</b>	<b>PHONE</b>	<b>CIRCUIT</b>
Sylvia Barge	<a href="mailto:Sylvia.Barge@myflfamilies.com">Sylvia.Barge@myflfamilies.com</a>	850-717-4277	1,2,14,30
Romina Artaza	<a href="mailto:Romina.Artaza@myflfamilies.com">Romina.Artaza@myflfamilies.com</a>	904-813-0814	3,4,7,8
Christelle Baptiste	<a href="mailto:Christelle.Baptiste@myflfamilies.com">Christelle.Baptiste@myflfamilies.com</a>	904-485-9530	53,55,57
Jamie Horne	<a href="mailto:Jamie.Horne@myflfamilies.com">Jamie.Horne@myflfamilies.com</a>	850-717-4567	5,9,10,18,6,12,13,20
Nancy Cortijo-Simmonds	<a href="mailto:Nancy.CortijoSimmonds@myflfamilie.com">Nancy.CortijoSimmonds@myflfamilie.com</a>	850-717-4550	15,17,19,11,16

I, \_\_\_\_\_, attest to the following:

1. I received the names, contact information, and Roles & Responsibilities for my Agency's Single Point of Contact and the DCF ADA/Section 504 Coordinator.
2. I understand that I will contact my Agency's Single Point of Contact, within my office, regarding assistance with the delivery of reasonable modification or communication services to customers with a disability.
3. I am familiar with the requirements of Section 504, the ADA, and the CFOP 60-16, Chapter 3, entitled, Plan for Reasonable Modifications and Auxiliary Aids and Services for Individuals with a Disability

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\*Copy to be kept in personnel file

