

**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:**

Provider	Name	Phone	Email



