

ATTACHMENT A

REQUEST FOR AUXILIARY AIDS AND SERVICES

Resident Name _____ Resident # _____ Date: _____

Federal law requires Youth Services International, Inc., to furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. Such auxiliary aids and services may include: qualified sign language or oral interpreters, notetakers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, and TTYs.

 I do not request auxiliary aids or services. I request auxiliary aids and services as follows:

Resident signature: _____

Parent signature (if appropriate): _____

State juvenile justice agency signature (if appropriate): _____

Assisting Staff (if appropriate): _____

Auxiliary Aid Determination

The auxiliary aids and services requested by the resident have been:

 Approved as requested. Approved as modified below: Denied. Reasons for denial specified below:

Signature of ADA Coordinator: _____ Date: _____

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