

# Service Request Form

*Use of an interpreter may be needed to complete this form*

**I AM:** \_\_\_\_\_ DEAF  
\_\_\_\_\_ HARD OF HEARING  
\_\_\_\_\_ HEARING AND VISION LOSS

## MY PRIMARY LANGUAGE:

\_\_\_\_\_ ENGLISH  
\_\_\_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_ SIGN LANGUAGE (AMERICAN) OTHER \_\_\_\_\_  
\_\_\_\_\_ NONE/ MINIMAL LANGUAGE SKILLS

## PREFERRED COMMUNICATION MODE:

\_\_\_\_\_ SPEAKING/HEARING  
\_\_\_\_\_ READING/WRITING  
\_\_\_\_\_ INTERPRETER (WHAT KIND)  
\_\_\_\_\_ SIGN LANGUAGE ASL, PSE, CDI, ETC  
\_\_\_\_\_ REMOTE INTERPRETING \_\_\_\_\_ IN PERSON \_\_\_\_\_ EITHER  
\_\_\_\_\_ ORAL TRANSLITERATION  
\_\_\_\_\_ CUED SPEECH  
\_\_\_\_\_ TACTILE COMMUNICATION

## PREFERRED COMMUNICATION AID FOR:

### TELEPHONE USE

\_\_\_\_\_ AMPLIFIED PHONE  
\_\_\_\_\_ CAPTEL PHONE  
\_\_\_\_\_ VIDEOPHONE  
\_\_\_\_\_ TTY/RELAY SERVICE  
\_\_\_\_\_ CELL PHONE/TEXTING/GLIDE

### GENERAL COMMUNICATION

\_\_\_\_\_ HEARING AID/COCHLEAR IMPLANT/BAHA  
\_\_\_\_\_ CAPTIONING/CART/TYPEWELL  
\_\_\_\_\_ LARGE PRINT MATERIALS  
\_\_\_\_\_ ASSISTIVE LISTENING DEVICES  
\_\_\_\_\_ PAPER/PENCIL  
\_\_\_\_\_ BRAILLE MATERIALS  
\_\_\_\_\_ DRAWING/GESTURES/MIME

SIGNATURE OF AGENCY REPRESENTATIVE: \_\_\_\_\_

SIGNATURE OF CLIENT: \_\_\_\_\_