

CBDG-DR and CBDG-MIT Quarterly Progress Report (QPR)

Grant No. – Sub. Name:	I0162 – Collier County			
Project Title:	Marion E. Fether Medical Center			
Funding Awarded:	\$216,552.00			
Agreement Period:	08/4/2022 – 08/03/2026			
Primary Points of Contact Information:	Melonie Smith 850.921.3186/melonie.smith@commerce.fl.gov Florida Commerce - Office of Long-Term Resiliency		Parker Smith; 239-252-6141; parker.smith@countycollierfl.gov ; Grants Coordinator	
Activity Reporting Period: October 1, 2025 – December 31, 2025				
<i>An update of this report shall be submitted to FloridaCommerce ten (10) calendar days after the end of each quarter.</i>				
Section One – Financial Data:				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A) *	\$205,598.00	\$0.00	\$0.00	\$205,598.00
CDBG-MIT Funds (B)	\$216,552.00	\$0.00	\$0.00	\$216,552.00
TOTAL Project Funds (A+B)	\$422,150.00	\$0.00	\$0.00	\$422,150.00
* PLEASE SUBMIT COPIES OF SUPPORTING DOCUMENTATION FOR LEVERAGE FUNDS USED TO YOUR GRANT MANAGER ON A MONTHLY BASIS.				
❖ Estimated date of first/next invoice and amount:				
DATE: <u> TBD </u> AMOUNT: \$ <u> TBD </u>				
Section Two – Accomplishments within the <u>Past</u> Quarter:				

Within the past quarter, the majority of time spent has been preparing and receiving approval of the solicitation package at the county level and with FL. Commerce as well as submitting an updated MOP and ICE. We have received approval and anticipate moving into the bidding and construction phase in this next quarter.

Section Three – Issues or risks moving project forward (if any):

Section Four – Projected activities to be completed within the following Quarter:

Within the next quarter, Healthcare Network, plans to publish the finalized solicitation package, host pre-bid meeting, bid-meeting, and begin construction. The projected advertisement date is January 9th. Healthcare Network expects/estimates the actual work to last around 10 weeks, so ideally, we would be submitting for reimbursement for work completed sometime in April 2026.

Section Five – Environmental Review Status:

<ul style="list-style-type: none"> ➤ Did the Subrecipient Name meet the required benchmark of 25% Section 3 labor hours and 5% Targeted Section 3 labor hours? ➤ <i>If answered "No", please provide a list of qualitative 'best efforts' made during this quarter as an attachment. Examples of best efforts can be found in 24 CFR 75.15(b).</i> 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p><i>This report was prepared by:</i> Ariahna Rapp (Collier Health) and Parker Smith (Collier County)</p>	<p>Signature of Subrecipient Staff and date:</p>	



Program:	CDBG-MIT Critical Facility Hardening Program (CFHP)		
Name of Subrecipient:	Collier County		
Project Name:	Marion E. Fether Medical Center Hardening		
Agreement Number:	I0162		
Year:	2025	Quarter:	4

Section 3 Accomplishments

Performance Measure	Projected Total	This Quarter	Total To Date
# of Section 3 Labor Hours	TBD	0	0
# of Targeted Section 3 Labor Hours	TBD	0	0
# of Total Labor Hours	TBD	0	0
Qualitative Section 3 Efforts	None to report this quarter		

Project Accomplishments

Performance Measure	Projected Total	This Quarter	Total To Date
# acres of newly added or improved green space	0	0	0
# acres of wetlands created	0	0	0
# cubic feet of stormwater storage added	0	0	0
% decrease in affluent discharged	0	0	0
% decrease in area inundated by flooding	0	0	0
% decrease in disruption hours to residents and	0	0	0
% decrease in NFIP CRS score	0	0	0
% decrease in road closures in target area during a flood	0	0	0
% decrease water surface elevation level during a flood	0	0	0
\$ estimated flood loss avoidance	0	0	0
\$ Funds allocated for water management/flood	0	0	0
\$ Funds allocated for water-quality improvements	0	0	0
% increase in acres of cropland protected from flooding	0	0	0
% increase in groundwater infiltration	0	0	0
% increase in number of acres converted to open space	0	0	0
% increase in pumping capacity	0	0	0
# linear feet of streams restored	0	0	0
# occupied structures in floodplain	0	0	0
# of acres green infrastructure created	0	0	0
# of acres green space created	0	0	0
# of acres green space preserved	0	0	0
# of acres no longer vulnerable to flood events	0	0	0
# of acres of native vegetation planted	0	0	0
# of acres with improved multiple hazard risk mapping	0	0	0
# of brownfield acres converted to wetland	0	0	0
# of buildings (non-residential)	0	0	0
# of containment systems constructed	0	0	0
# of Elevated Structures	0	0	0
# of fewer outages of critical facilities and utilities	0	0	0
# of green infrastructure projects constructed	0	0	0
# of greenspace users	0	0	0
# of Linear feet of Public Improvement	0	0	0
# of Linear Feet of Sewer Lines	0	0	0
# of linear feet of shoreline restored	0	0	0
# of linear feet of stream restored	0	0	0
# of linear feet of trails constructed	0	0	0
# of Linear Feet of Water Lines	0	0	0
# of Linear miles of Public Improvement	0	0	0
# of Non-business Organizations benefitting	0	0	0

Performance Measure	Projected Total	This Quarter	Total To Date
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**AUXILIARY AID SERVICE RECORD
MONTHLY SUMMARY REPORT**

Region/Circuit/Institution/Contracted Client Services Provider: Contract No. LH254 – Suncoast Region/Circuit 20	Reporting Period: 10/1/2025 – 10/31/25	
Name of Program & Address: CJMHSA 3339 Tamiami Trail East, Naples, FL 34112	Subsection: Criminal Justice	
Single-Point-of-Contact: Nadine Shields Name of Person Completing Form: Nadine Shields	Telephone:239-252-4238 Telephone:239-252-4238	Date: 11/1/2025

SECTION I. CUSTOMERS

1.	Number of Scheduled Appointments	0
2.	Number of Non-Scheduled Appointments	0
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)	0
4.	Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)	0
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
10.	Number of Appointment Cancellations within 24 hours	0
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	0
12.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
13.	Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.	0
14.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	0
15.	Number of times the interpreter service did not meet the expectations of the customer.	0
16.	Number of times the interpreter service did not meet the expectations of the staff.	0
17.	Number of times communication was not effective.	0

SECTION II. COMPANIONS

18.	Number of Scheduled Appointments	0
19.	Number of Non-Scheduled Appointments	0
20.	Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)	0
21.	Number of signed Waivers (Waivers signed by the Companion) (The total of 20 and 21 equals the sum of 18 and 19)	0
22.	Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
23.	Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
24.	Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
25.	Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum	0

	of 18 and 19)	0
26.	Number of Determined Non- Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)	0
27.	Number of Appointment Cancellations within 24 Hours	0
28.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	0
29.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	0
31.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	0
32.	Number of times the interpreter service did not meet the expectations of the companion.	0
33.	Number of times the interpreter service did not meet the expectations of the staff.	0
34.	Number of times communication was not effective.	0
SECTION III. Auxiliary Aids and Services Provided (This section is completed by Contracted Client Services Providers only)		
35.	Number of Certified Sign Language Interpreters	
36.	Number of Language Interpreter Services	
37.	<i>Number of times staff used CART Providers</i>	
38.	Number of Video Relay/Remote Interpreter Services	
39.	Number of times staff used Florida Relay Services/TTY	
40.	Number of times staff used Assistive Listening Devices (ALDs)	
41.	Number of timely Auxiliary Aids/Services Provided	
42.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION IV. Auxiliary Aids and Services Provided (This section is completed by Department of Children and Families staff only)		
43.	Number of Certified Sign Language Interpreters	
44.	Number of Qualified Sign Language Interpreters	
45.	Number of Language Interpreters (LEP)	
46.	Number of Video Relay/Remote Interpreter Services	
47.	<i>Number of times staff used CART Providers</i>	
48.	Number of times staff used Florida Relay Services/TTY	
49.	Number of times staff used Assistive Listening Devices (ALDs)	
50.	Number of timely Auxiliary Aids/Services Provided	
51.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION V. COMMUNICATION PLANS (This section is for Institutions and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)		
52.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
53.	Number of Communication Plans Lasting 30 Days or Less	
54.	Number of Communication Plans Lasting 30 to 45 Days	
55.	Number of Communication Plans Lasting 45 to 90 Days	
56.	Number of Communication Plans Lasting 90 Days or More	
57.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VI. OUTSIDE AGENCY REFERRALS		
58.	Number of Referrals Made	

SECTION VII. COMMENTS/OBSERVATIONS

All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.

**INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD
MONTHLY SUMMARY REPORT**

The purpose of this document is to provide instructions in capturing the information needed to verify the number of Customers and Companions served each month who may require auxiliary aids and services, because they are deaf or hard-of-hearing, as well as those who are deaf or hard-of-hearing low vision or blind, and deaf or hard-of-hearing and limited English proficient.

HEADER

- Indicate the **Region or Headquarters Office**: There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- Indicate the **Circuit**: There are 20 Circuits: Indicate the Circuit number of where your program is located.
- Indicate the **Institution, if applicable**: Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable**: If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period**: Is always the 1st through the 30th or 31st of the month.
- **Program**: Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection**: If the program falls under ACCESS, then the **subsection** may be Food Stamps. If the program falls under Mental Health, then the **subsection** may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

Example 1

Region/Circuit/Institution/Contracted Services Agency Headquarters	Reporting Period: June 1 – June 30, 2010
Contract No: XXXX	
Program: Refugee Services	Subsection: Youth Education

Example 2

Region/Circuit/Institution/Contracted Services Agency Southeast Region/Circuit 15	Reporting Period: June 1 – June 30, 2010
Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

- **Single-Point-of-Contact:** This is the person designated as the Single-Point-of-Contact and the person authorized to answer questions and discuss the contents of the information being reported.
- **Name of Person Completing Form:** This may also be the person designated as the Single-Point-of-Contact and/or the person authorized to answer questions and discuss the contents of the information being reported.
- **Telephone:** Include the office phone number, with area code.
- **Date:** Date report is completed.

SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2)
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.

7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2
10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
15. **Number of times the interpreter service did not meet the expectations of the customer.**
16. **Number of times the interpreter service did not meet the expectations of the staff.**
17. **Number of times communication was not effective.**

SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is

obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of times staff used CART Providers.**
38. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 25 above for reporting multiple uses.
39. **Number of times staff used Florida Relay Services/TTY.**
40. **Number of times staff used Assistive Listening Devices (ALDs).**
41. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
42. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

43. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
44. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
45. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
46. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
47. **Number of times staff used CART Providers.**
48. **Number of times staff used Florida Relay Services/TTY.**

- 49. **Number of times staff used Assistive Listening Devices (ALDs).**
- 50. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 51. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

**SECTION V. COMMUNICATION PLANS
(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)**

- 52. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.
- 53. **Number of Communication Plans Lasting 30 Days or Less.**
- 54. **Number of Communication Plans Lasting 30 to 45 Days.**
- 55. **Number of Communication Plans Lasting 45 to 90 Days.**
- 56. **Number of Communication Plans Lasting 90 Days or More.**
- 57. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

- 58. **Number of Referrals Made:** This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard-of-hearing for additional services .

SECTION VII. COMMENTS/OBSERVATIONS

Include the statement : “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

- The reporting period will follow the guidelines listed below:
- Reporting period will cover the 1st through the 30th or the 31st of each month.
 - DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
 - Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
 - Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.

- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

Note: If the due date falls on a weekend or holiday, the report will be due the next business day.

*** Effective October 2011, reports will be submitted on Formsites via <http://fs16.formsite.com/DCFuser/form3/index.html>,**

*** Effective April 1, 2012, reports will be submitted on Formsites via <http://fs16.formsite.com/DCFuser/form3/index.html>, by DCF Contracted Client Services Providers and their Subcontractors.**



**AUXILIARY AID SERVICE RECORD
MONTHLY SUMMARY REPORT**

Region/Circuit/Institution/Contracted Client Services Provider: Contract No. LH254 – Suncoast Region/Circuit 20	Reporting Period: 11/1/2025 – 11/30/25	
Name of Program & Address: CJMHSA 3339 Tamiami Trail East, Naples, FL 34112	Subsection: Criminal Justice	
Single-Point-of-Contact: Nadine Shields Name of Person Completing Form: Nadine Shields	Telephone:239-252-4238 Telephone:239-252-4238	Date: 12/1/2025

SECTION I. CUSTOMERS

1.	Number of Scheduled Appointments	0
2.	Number of Non-Scheduled Appointments	0
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)	0
4.	Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)	0
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
10.	Number of Appointment Cancellations within 24 hours	0
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	0
12.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
13.	Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.	0
14.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	0
15.	Number of times the interpreter service did not meet the expectations of the customer.	0
16.	Number of times the interpreter service did not meet the expectations of the staff.	0
17.	Number of times communication was not effective.	0

SECTION II. COMPANIONS

18.	Number of Scheduled Appointments	0
19.	Number of Non-Scheduled Appointments	0
20.	Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)	0
21.	Number of signed Waivers (Waivers signed by the Companion) (The total of 20 and 21 equals the sum of 18 and 19)	0
22.	Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
23.	Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
24.	Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
25.	Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum	0

	of 18 and 19)	0
26.	Number of Determined Non- Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)	0
27.	Number of Appointment Cancellations within 24 Hours	0
28.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	0
29.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	0
31.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	0
32.	Number of times the interpreter service did not meet the expectations of the companion.	0
33.	Number of times the interpreter service did not meet the expectations of the staff.	0
34.	Number of times communication was not effective.	0
SECTION III. Auxiliary Aids and Services Provided (This section is completed by Contracted Client Services Providers only)		
35.	Number of Certified Sign Language Interpreters	
36.	Number of Language Interpreter Services	
37.	<i>Number of times staff used CART Providers</i>	
38.	Number of Video Relay/Remote Interpreter Services	
39.	Number of times staff used Florida Relay Services/TTY	
40.	Number of times staff used Assistive Listening Devices (ALDs)	
41.	Number of timely Auxiliary Aids/Services Provided	
42.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION IV. Auxiliary Aids and Services Provided (This section is completed by Department of Children and Families staff only)		
43.	Number of Certified Sign Language Interpreters	
44.	Number of Qualified Sign Language Interpreters	
45.	Number of Language Interpreters (LEP)	
46.	Number of Video Relay/Remote Interpreter Services	
47.	<i>Number of times staff used CART Providers</i>	
48.	Number of times staff used Florida Relay Services/TTY	
49.	Number of times staff used Assistive Listening Devices (ALDs)	
50.	Number of timely Auxiliary Aids/Services Provided	
51.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION V. COMMUNICATION PLANS (This section is for Institutions and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)		
52.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
53.	Number of Communication Plans Lasting 30 Days or Less	
54.	Number of Communication Plans Lasting 30 to 45 Days	
55.	Number of Communication Plans Lasting 45 to 90 Days	
56.	Number of Communication Plans Lasting 90 Days or More	
57.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VI. OUTSIDE AGENCY REFERRALS		
58.	Number of Referrals Made	

SECTION VII. COMMENTS/OBSERVATIONS

All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.

**INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD
MONTHLY SUMMARY REPORT**

The purpose of this document is to provide instructions in capturing the information needed to verify the number of Customers and Companions served each month who may require auxiliary aids and services, because they are deaf or hard-of-hearing, as well as those who are deaf or hard-of-hearing low vision or blind, and deaf or hard-of-hearing and limited English proficient.

HEADER

- Indicate the **Region or Headquarters Office**: There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- Indicate the **Circuit**: There are 20 Circuits: Indicate the Circuit number of where your program is located.
- Indicate the **Institution, if applicable**: Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable**: If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period**: Is always the 1st through the 30th or 31st of the month.
- **Program**: Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection**: If the program falls under ACCESS, then the **subsection** may be Food Stamps. If the program falls under Mental Health, then the **subsection** may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

Example 1

Region/Circuit/Institution/Contracted Services Agency Headquarters	Reporting Period: June 1 – June 30, 2010
Contract No: XXXX	
Program: Refugee Services	Subsection: Youth Education

Example 2

Region/Circuit/Institution/Contracted Services Agency Southeast Region/Circuit 15	Reporting Period: June 1 – June 30, 2010
Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

- **Single-Point-of-Contact:** This is the person designated as the Single-Point-of-Contact and the person authorized to answer questions and discuss the contents of the information being reported.
- **Name of Person Completing Form:** This may also be the person designated as the Single-Point-of-Contact and/or the person authorized to answer questions and discuss the contents of the information being reported.
- **Telephone:** Include the office phone number, with area code.
- **Date:** Date report is completed.

SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard-of-hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2)
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.

7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2
10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
15. **Number of times the interpreter service did not meet the expectations of the customer.**
16. **Number of times the interpreter service did not meet the expectations of the staff.**
17. **Number of times communication was not effective.**

SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is

obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of times staff used CART Providers.**
38. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 25 above for reporting multiple uses.
39. **Number of times staff used Florida Relay Services/TTY.**
40. **Number of times staff used Assistive Listening Devices (ALDs).**
41. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
42. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

43. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
44. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
45. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
46. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
47. **Number of times staff used CART Providers.**
48. **Number of times staff used Florida Relay Services/TTY.**

- 49. **Number of times staff used Assistive Listening Devices (ALDs).**
- 50. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 51. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION V. COMMUNICATION PLANS
(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)

- 52. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.
- 53. **Number of Communication Plans Lasting 30 Days or Less.**
- 54. **Number of Communication Plans Lasting 30 to 45 Days.**
- 55. **Number of Communication Plans Lasting 45 to 90 Days.**
- 56. **Number of Communication Plans Lasting 90 Days or More.**
- 57. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

- 58. **Number of Referrals Made:** This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard-of-hearing for additional services .

SECTION VII. COMMENTS/OBSERVATIONS

Include the statement : “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

- The reporting period will follow the guidelines listed below:
- Reporting period will cover the 1st through the 30th or the 31st of each month.
 - DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
 - Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
 - Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.

- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

Note: If the due date falls on a weekend or holiday, the report will be due the next business day.

*** Effective October 2011, reports will be submitted on Formsite via <http://fs16.formsite.com/DCFuser/form3/index.html>,**

***Effective April 1, 2012, reports will be submitted on Formsite via <http://fs16.formsite.com/DCFuser/form3/index.html>, by DCF Contracted Client Services Providers and their Subcontractors.**



**AUXILIARY AID SERVICE RECORD
MONTHLY SUMMARY REPORT**

Region/Circuit/Institution/Contracted Client Services Provider: Contract No. LH254 – Suncoast Region/Circuit 20	Reporting Period: 12/1/2025 – 12/31/25	
Name of Program & Address: CJMHSA 3339 Tamiami Trail East, Naples, FL 34112	Subsection: Criminal Justice	
Single-Point-of-Contact: Nadine Shields Name of Person Completing Form: Nadine Shields	Telephone:239-252-4238 Telephone:239-252-4238	Date: 1/1/2026

SECTION I. CUSTOMERS

1.	Number of Scheduled Appointments	0
2.	Number of Non-Scheduled Appointments	0
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)	0
4.	Number of signed Waivers (Waivers signed by the Customer) (The total of 3 and 4 equals the sum of 1 and 2)	0
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)	0
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)	0
10.	Number of Appointment Cancellations within 24 hours	0
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	0
12.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
13.	Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.	0
14.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	0
15.	Number of times the interpreter service did not meet the expectations of the customer.	0
16.	Number of times the interpreter service did not meet the expectations of the staff.	0
17.	Number of times communication was not effective.	0

SECTION II. COMPANIONS

18.	Number of Scheduled Appointments	0
19.	Number of Non-Scheduled Appointments	0
20.	Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)	0
21.	Number of signed Waivers (Waivers signed by the Companion) (The total of 20 and 21 equals the sum of 18 and 19)	0
22.	Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	0
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29.	Number of Denied Auxiliary Aids/Services (Denials by DCF or Contracted Services Provider)	0
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	0
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- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDV, FCSV, Broward Sheriff’s Office.
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- **Examples of recording the above information:**

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Contract No: XXXX	
Program: Refugee Services	Subsection: Youth Education

Example 2

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Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

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5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard-of-hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.

7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2
10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
15. **Number of times the interpreter service did not meet the expectations of the customer.**
16. **Number of times the interpreter service did not meet the expectations of the staff.**
17. **Number of times communication was not effective.**

SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard-of-hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is

obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.

22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard-of-hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard-of-hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of times staff used CART Providers.**
38. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 25 above for reporting multiple uses.
39. **Number of times staff used Florida Relay Services/TTY.**
40. **Number of times staff used Assistive Listening Devices (ALDs).**
41. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
42. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

43. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
44. **Number of Qualified Sign Language Interpreters (Deaf of Hard-of-Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
45. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
46. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard-of-hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
47. **Number of times staff used CART Providers.**
48. **Number of times staff used Florida Relay Services/TTY.**

- 49. **Number of times staff used Assistive Listening Devices (ALDs).**
- 50. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 51. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION V. COMMUNICATION PLANS
(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)

- 52. **Number of Developed Communication Plans: Note:** This is the total of 51, 52, 53 and 54.
- 53. **Number of Communication Plans Lasting 30 Days or Less.**
- 54. **Number of Communication Plans Lasting 30 to 45 Days.**
- 55. **Number of Communication Plans Lasting 45 to 90 Days.**
- 56. **Number of Communication Plans Lasting 90 Days or More.**
- 57. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

- 58. **Number of Referrals Made:** This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard-of-hearing for additional services .

SECTION VII. COMMENTS/OBSERVATIONS

Include the statement : “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

- The reporting period will follow the guidelines listed below:
- Reporting period will cover the 1st through the 30th or the 31st of each month.
 - DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
 - Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
 - Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.

- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

Note: If the due date falls on a weekend or holiday, the report will be due the next business day.

*** Effective October 2011, reports will be submitted on Formsite via <http://fs16.formsite.com/DCFuser/form3/index.html>,**

***Effective April 1, 2012, reports will be submitted on Formsite via <http://fs16.formsite.com/DCFuser/form3/index.html>, by DCF Contracted Client Services Providers and their Subcontractors.**

OCTOBER 2025 PHONE LOGS

Phone Log	Burial	DCF	Food/ Stamps	Delivered Meals	Social Security	Senior Services	SHIP	Electric Bill	Elder Abuse	Legal	Housing	Scripts	Medicaid/ Medicare	Spanish	Medical	REHAB	Surgery	Transportation	Dental	Marco	Lori	EEO Complaints	Fair Housing Complaints	Other Employees	TOTALS
1-Oct		1	1					1			2														5
2-Oct								2			3													1	6
3-Oct											2		2												4
6-Oct	1			1	1		3	2		1			2											1	12
7-Oct				2		1			1				2												6
8-Oct			2								1		1											2	6
9-Oct			2	1			1	3					1											3	11
10-Oct			1			1							2												4
13-Oct			1	1		1					1														4
14-Oct		1		1				2			4														8
15-Oct	1	1	2				1		1		1													1	8
16-Oct		2					1				1		3												7
17-Oct							1				1													1	3
20-Oct	1			1			1	2			5		1					1						2	14
21-Oct			2					1	1		4													2	10
22-Oct												1	3											3	7
23-Oct			1		1						2		2												6
24-Oct		2						1			2													2	7
27-Oct			1																						1
28-Oct		1			1						1										2			3	8
29-Oct			1								1													1	3
30-Oct				1							2		1			1								1	6
31-Oct						1					3	1												2	7
	3	8	14	8	3	4	8	14	3	1	36	2	20	0	0	1	0	1	0	2	0	0	0	25	153

NOVEMBER 2025 PHONE LOGS

Phone Log	Burial	DCF	Food/ Stamps	Delivered Meals	Social Security	Senior Services	SHIP	Electric Bill	Elder Abuse	Legal	Housing	Scripts	Medicaid/ Medicare	Spanish	Medical	REHAB	Surgery	Transportation	Dental	Marco	Lori	EEO Complaints	Fair Housing Complaints	Other Employees	TOTALS	
3-Nov		1						1		1	3		1												7	
4-Nov		1	1			1					1													1	5	
5-Nov				1		1					2	1	2								1				8	
6-Nov								2			1		1					1							5	
7-Nov						1		1			3													1	6	
10-Nov	VACATION																								0	
11-Nov	HOLIDAY																								0	
12-Nov		1	3					2			1	2	1											3	13	
13-Nov			1	1		2					2		1											1	8	
14-Nov						2												1						1	4	
17-Nov				1		1				1	1		1								1				6	
18-Nov								1					2												3	
19-Nov		1						1			1		1											2	6	
20-Nov			1					1			2													2	6	
21-Nov								1			1		1												3	
24-Nov								1			1	1													3	
25-Nov											2	1	1					1							5	
26-Nov						2		1					1											2	6	
27-Nov	HOLIDAY																								0	
28-Nov	HOLIDAY																								0	
	0	4	6	3	0	10	0	12	0	2	21	5	13	0	0	0	0	3	0	2	0	0	0	13	94	

DECEMBER 2025 Phone Logs


Phone Log	Burial	DCF	Food/ Stamps	Delivered Meals	Social Security	Senior Services	SHIP	Electric Bill	Elder Abuse	Legal	Housing	Scripts	Medicaid/ Medicare	Spanish	Medical	REHAB	Surgery	Transport ation	Dental	Marco	Lori	EEO Complaints	Fair Housing Complaints	Other Employees	TOTALS	
1-Dec	1					1		1					1												4	
2-Dec				1				1	1		2														5	
3-Dec		1	1					2	1		2														7	
4-Dec	1		2								1		1												5	
5-Dec	1	2				1														1				1	6	
8-Dec					1						3		3											3	10	
9-Dec				1				1			1													1	4	
10-Dec						1		1			2		1												5	
11-Dec											1		2											1	4	
12-Dec		2				2			1		2	1	2												10	
13-Dec			1			1							1			1									4	
16-Dec				1				1			2														4	
17-Dec			1																					1	2	
18-Dec						1																		1	2	
19-Dec											1														1	
22-Dec			1					1			1														3	
23-Dec				1				1	1			1												1	5	
24-Dec											2													2	4	
25-Dec	HOLIDAY																								0	
26-Dec	HOLIDAY																								0	
29-Dec			2								1		1												4	
30-Dec			1			1					1														3	
31-Dec						1																			1	
	3	5	9	4	1	9	2	8	3	0	22	2	12	0	0	1	0	0	0	0	1	0	0	0	11	93

Collier County Fair Housing Information

https://www.colliercountyfl.gov/government/public-services/divisions/community-and-human-services-division/fair-housing



MENU



PUBLIC SERVICES

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+ DOMESTIC ANIMAL SERVICES

HEALTH DEPARTMENT

Divisions » Community and Human Services Division »

Fair Housing

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Fair Housing: It is Your Right!

Collier County is committed to ensuring residents are not discriminated in the sale, rental, and financing of dwellings and in other housing related transactions, based on race, color, national origin, religion, sex, familial status, and disability under Federal Fair Housing. Collier County is committed under Section 504 that no qualified individual with a disability should, only by reason of his or her disability, be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

If you feel you have been discriminated against and would like to make a Fair Housing or Section 504 complaint, please follow the following instructions:

How to File a Complaint

Online

You can file a complaint with FHEO online in [English](#) or [Spanish](#).

Email

You can download [this form](#) (also available in [Arabic](#), [Cambodian](#), [Chinese](#), [Korean](#), [Russian](#), [Somali](#), [Spanish](#), and [Vietnamese](#)) and email it to your local FHEO office at the email address on [this list](#).

Phone

You can speak with an FHEO intake specialist by calling 1-800-669-9777 (or 1-800-927-9275 for TTY).

You can also call your regional FHEO office at the phone numbers on [this list](#).

Mail

You can print out [this form](#) (also available in [Arabic](#), [Cambodian](#), [Chinese](#), [Korean](#), [Russian](#), [Somali](#), [Spanish](#), and [Vietnamese](#)) and mail it to your local FHEO office at the address on [this list](#).

Is discrimination keeping you out of the home of your dreams?

"This might be more comfortable living elsewhere."

"I'd show you neighborhoods with mosques."

"We only take people who speak English clearly."

If you think you've been discriminated against in housing, you can file a complaint with HUD. HUD will investigate and help you get the housing you need. HUD will also help you get the housing you need. HUD will also help you get the housing you need.

Fair Housing Is Your Right. Use It.
 Visit www.hud.gov/fairhousing or call the HUD Hotline
 1-800-669-9777 (English/Spanish) 1-800-927-9275 (TTY)

WHEN WE EMBRACE DIVERSITY, WE BUILD STRONGER COMMUNITIES.

HUD is proud to support the National Fair Housing Alliance's (NFHA) 2014 National Fair Housing Week campaign. HUD is committed to ensuring that all people have the opportunity to live in safe, decent, affordable housing. HUD is committed to ensuring that all people have the opportunity to live in safe, decent, affordable housing. HUD is committed to ensuring that all people have the opportunity to live in safe, decent, affordable housing.

Visit hud.gov/fairhousing or call
 the HUD Hotline 1-800-669-9777 (English/Spanish)

FAIR HOUSING IS YOUR RIGHT. USE IT!

3 SERVICIOS. 2 CORAZONES PÚRPURA. 1 AVISO DE DESALOJO.

El HUD ofrece servicios de asistencia en español y en chino mandarín. Para obtener más información, visite www.hud.gov/fairhousing o llame al número de atención al cliente de HUD al 1-800-669-9777 (en español e inglés) o al 1-800-927-9275 (en chino mandarín).

Visit hud.gov/fairhousing o llama al HUD Hotline
 al HUD 1-800-669-9777 (English/Spanish)

LA IGUALDAD DE VIVIENDA ES TU DERECHO. ÚSELO.

Section 1033 of Division A, Title XV of the American Recovery and Reinvestment Act of 2009, P.L. 111-5


UNLESS YOU REPORT HOUSING DISCRIMINATION, IT WON'T STOP.



Discrimination isn't always this obvious. But it is just as hurtful and illegal. Here are possible signs you might hear from a landlord:

- "There's a lot of traffic. It isn't safe for kids."
- "The apartment I told you about on the phone has already been rented."
- "My insurance won't cover a ramp if you get hurt."
- "We only take English speaking people."
- "The ad is wrong. The rent is really \$75 higher per month."
- "Steps are what we have. We can't accommodate a walker."

IF YOU SUSPECT HOUSING DISCRIMINATION, PLEASE REPORT IT.

Visit www.hud.gov/fairhousing or call the HUD Hotline
1-800-669-9777 (voice) **1-800-927-9275** (TTY) 



A public service message from the U.S. Department of Housing and Urban Development in partnership with the National Fair Housing Alliance. The National Fair Housing Act prohibits discrimination because of race, color, religion, national origin, sex, family status or disability. For more information, visit www.hud.gov/fairhousing.

NFHA
National Fair Housing Alliance


A MENOS QUE USTED REPORTE LA DISCRIMINACIÓN EN MATERIA DE VIVIENDA, NO PARARÁ.



La discriminación no siempre es así de obvia. Pero igual hiere y es ilegal. Aquí hay algunos indicios que podría escuchar de un casero:

- "Hay mucho tránsito. No es seguro para los niños."
- "El apartamento del cual le hablé por teléfono ya ha sido alquilado."
- "Mi seguro no cubrirá una rampa si usted se lesiona."
- "Solo aceptamos a personas que hablen inglés."
- "El anuncio está mal. El alquiler es realmente \$75 más cada mes."
- "Solo tenemos escalones. No podemos acomodar un andador."

Si usted sospecha que ha sido discriminado en materia de vivienda, por favor repórtelo.

Visite www.hud.gov/fairhousing o llame a La Línea Directa de HUD al **1-800-669-9777** (voice) **1-800-927-9275** (TTY) 



Un mensaje de servicio público del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos en colaboración con la Alianza Nacional de Equidad de Vivienda. La Ley Federal de Equidad de Vivienda prohíbe la discriminación por motivos de raza, color, religión, origen nacional, sexo, sexo de familia o discapacidad. Para más información, visite www.hud.gov/fairhousing.

NFHA
National Fair Housing Alliance

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Collier County | **PUBLIC SERVICES**

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- More About Our Mission
- + Veteran Services
- + DOMESTIC ANIMAL SERVICES
- HEALTH DEPARTMENT
- LIBRARY
- MUSEUMS
- PARKS AND RECREATION
- UNIVERSITY EXTENSION
- + CONSERVATION COLLIER



Who Do I call?

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Contact the Collier County Community & Human Services Division at our offices located at:

3339 Tamiami Trail East
 Health and Public Services Building H, Suite 213
 Naples, FL 34112
Main Number: (239) 252-2273

Kristi Sonntag, Director, Community & Human Services Division
Kristi.Sonntag@colliercountyfl.gov

Donald Luciano, Assistant Division Director, CHS
donald.luciano@colliercountyfl.gov

SOCIAL SERVICES, SERVICES FOR SENIORS, & RETIRED SENIOR VOLUNTEER PROGRAM

Tami Bailey, Manager, Senior Programs & Social Services
 (239) 252-5218
Tami.Bailey@colliercountyfl.gov

Joshua Thomas, Grant Coordinator
 (239) 252-8995
joshua.thomas@colliercountyfl.gov

Marco Chouinard, Case Manager
 (239) 252-8441
marco.chouinard@colliercountyfl.gov

Danielle Mordaunt, Program Manager - Nutrition
 (239) 252-2233
danielle.mordaunt@colliercountyfl.gov

Meredith Gavin, RSVP Program Manager
 (239) 252-5713
meredith.gavin@colliercountyfl.gov

Forms for Assistance:

Collier County EEO and ADA Information

EEOP : <https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee>

ADA: <https://www.collier.gov/Collier-County/Communications-Government-Public-Affairs/Accessibility>

[Home \(https://www.collier.gov/Home\)](https://www.collier.gov/Home) / [Collier County \(https://www.collier.gov/Collier-County\)](https://www.collier.gov/Collier-County) / [Organization Resources \(https://www.collier.gov/Collier-County/Organization-Resources\)](https://www.collier.gov/Collier-County/Organization-Resources) / [Human Resources \(https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources\)](https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources) / **Employee**

Employee

Employee Benefits Summary

Collier County Board of County Commissioners offers a variety of benefits based on employee status. Information pertaining to all benefits offered.

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/HR-Benefits-Summary>)

Employee Health Benefits

Health and Wellness benefits, access information to Open Enrollment, Wellness Programs, Form and Documents, and more.

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Employee-Health-Benefits>)

Wellness

The role of Wellness at Collier County is to promote and preserve the health of County employees and their dependents by creating a culture of well-being

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Wellness>)

Pay statement

Click to see your Pay Statement

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Pay-Statement>)

FMLA

To file FMLA Claim:
Family and Medical Leave Act
Company Code: LF1540COL

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/FMLA>)

County CMAs

Click to see All County Practices and Procedures documents

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/County-CMAs>)

Current Career Opportunities

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Current-Career-Opportunities>)

Internal Career Opportunities

For current employees only

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Internal-Career-Opportunities>)

Applicant Information

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Applicant-Information>)

Classification Specifications

Collier County job descriptions

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Classification-Specifications>)

Public Record Requests

(<https://www.collier.gov/Collier-County/Organization-Resources/Human-Resources/Employee/Public-Record-Requests>)

Federal Labor and Florida Employment Law Notices

Posters (<https://www.dol.gov/agencies/whd/posters>)

Posters and Required Notices (<https://www.floridajobs.org/business-growth-and-partnerships/for-employers/display-posters-and-required-notices>)

Collier County Equal Employment Opportunity Plan (EEOP)

EEOP (PDF, 25KB) (</files/assets/county/v/1/human-resources/documents/2022-eeo-plan-final-approved-10oct22.pdf>)

Home (<https://www.collier.gov/Home>) / Collier County (<https://www.collier.gov/Collier-County>) / Communications, Government & Public Affairs (<https://www.collier.gov/Collier-County/Communications-Government-Public-Affairs>) / **Accessibility**

Accessibility

Accessibility

The Board of Collier County Commissioners is committed to serving the needs of all of its citizens and visitors, and our goal is to ensure access to information for a diverse audience. To that end, the board is incorporating into its website accessibility design standards to meet Universal Design concepts supported by the [W3C Guidelines](http://www.w3.org/WAI/Resources/) (<http://www.w3.org/WAI/Resources/>) and [ADA Accessibility Requirements](https://www.ada.gov/) (<https://www.ada.gov/>).

If you are having accessibility issues with any documents or a specific webpage on our website, please contact us by dialing 311 (within collier county) or 239-252- 4311 8 a.m. -5 p.m. Monday-Friday or contact the [Webmaster](mailto:webmaster@collier.gov) (<mailto:webmaster@collier.gov>).

ADA Notice of Compliance

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA) of 1990, Collier County Government does not discriminate on the basis of disability in the admission, access, or operations of its programs, services, activities or facilities. In accordance with Title II of the ADA, when viewed in their entirety, Collier County Government programs, services, activities and facilities are readily accessible to and usable by qualified individuals with disabilities.

ADA Accommodations to County Meetings

Anyone who requires an auxiliary aid or service for effective communication, or other reasonable accommodations in order to participate in a proceeding, should contact the Collier County Facilities Management Division, located at 3335 Tamiami Trail E., Suite 101, Naples, Florida 34112, or (239) 252-8380, as soon as possible, but no later than 48-hours before the scheduled event. Such reasonable accommodations will be provided at no cost to the individual.

If you have difficulty seeing website pages, the [US Social Security Administration suggests these tips \(https://www.ssa.gov/accessibility/\)](https://www.ssa.gov/accessibility/) for optimizing your computer and browser to enhance your online experience.

[Increase text size \(https://www.ssa.gov/accessibility/textsize.html\)](https://www.ssa.gov/accessibility/textsize.html)

[Internet Explorer Accessibility Information](http://www.microsoft.com/enable/products/default.aspx)

[\(http://www.microsoft.com/enable/products/default.aspx\)](http://www.microsoft.com/enable/products/default.aspx)

[Chrome Accessibility Information \(https://www.google.com/accessibility/products-features.html\)](https://www.google.com/accessibility/products-features.html)

Voice Recognition Controls

If you are looking for keyboard and mouse substitutes, [Dragon Naturally Speaking \(https://www.nuance.com/dragon.html\)](https://www.nuance.com/dragon.html) may help you navigate web pages and online services. Dragon Naturally Speaking speech recognition software allows a user to move focus around a web page or application screen through voice controls. If you are deaf or hard of hearing, there are some accessibility features available to you.

Website Readers

If you are visually impaired website reading software like [ChromeVox \(http://www.chromevox.com/\)](http://www.chromevox.com/) or can help read the website content to you. Website reading software like [ChromeVox \(http://www.chromevox.com/\)](http://www.chromevox.com/), which is an add-on extension to the Chrome website browser, can help. There are also other website readers that work with a computers operating system (OS) that provide more universal coverage outside of website browsing.

Closed Captioning

Closed captioning offers a transcript for the audio track of a video presentation that is matched with the video and audio tracks. Captions are commonly visually presented over the video, which benefits individuals who are deaf and hard of hearing and anyone who cannot hear the audio because of loud environments. [Learn how to turn captioning on and off in YouTube](https://support.google.com/youtube/answer/100078?hl=en) (<https://support.google.com/youtube/answer/100078?hl=en>).

Volume Controls

Most computers, tablets, or mobile device have volume control features, and each video and audio service has its own additional volume controls. Try adjusting both your device's volume controls and your media players' volume controls to optimize your listening experience.

Purpose

The purpose of the instruction is to provide for the compliance for the implementation of an ADA authorized by the County Manager.

- [§ CMA #5305](https://www.colliercountyfl.gov/home/showpublisheddocument/75705/636461664413370000)
(<https://www.colliercountyfl.gov/home/showpublisheddocument/75705/636461664413370000>)
- [§ CMA #5205](https://www.colliercountyfl.gov/home/showpublisheddocument/75703/636461664408170000)
(<https://www.colliercountyfl.gov/home/showpublisheddocument/75703/636461664408170000>)

Accessible Documents

Many documents on our web pages are in ASCII or HTML format, which are accessible to people who use screen reading software and to those with other vision or mobility impairments. Generally, we use Hypertext Markup Language (HTML) to create pages and documents that are accessible to those users.

Our website also contains many Adobe Acrobat PDF (Portable Document Format) files. We use this method when documents are not available in digital form, are too large or difficult to produce in HTML, or are publications where the format is critical to the usability of the document. Adobe Systems, Inc. is developing products designed to make PDF documents more accessible. [Adobe's accessibility web pages \(https://www.adobe.com/accessibility.html\)](https://www.adobe.com/accessibility.html) describe their efforts.

- Be sure to select the version of Adobe Acrobat Reader that is compatible with your system.
- Follow the installation instructions completely. (After the download, you will need to install the file by running the executable (.exe file) from your operating system.)
- Configure your browser options.
- Upgrade your version of Adobe Acrobat Reader periodically to use the latest features.
- Contact Adobe Systems, Inc. if you are having trouble installing or using their products.

Reference

Collier County Personnel Ordinance, Ordinance No. 2001-50: It is the policy of the County to comply with the provision of the Americans with Disabilities Act of 1990.

Resources

For additional information and resources regarding accessibility issues, please refer to the following resources:

- [The Access Board \(http://www.access-board.gov\)](http://www.access-board.gov) (<https://www.access-board.gov/>)
 - (<https://www.access-board.gov/>)(800) 872-2253 (voice)
 - (800) 993-2822 (TTY)
- [ADA Home Page \(http://www.ada.gov\)](http://www.ada.gov) (<http://www.ada.gov/>)

- (<http://www.ada.gov/>)(800) 514-0301 (voice)
- (800) 514-0383 (TTY)
- Section 508 (<https://www.section508.gov/>) (<https://www.section508.gov/>)
- (<https://www.section508.gov/>) Web Accessibility Initiative (<http://www.w3c.org/wai/resources/>) (<http://www.w3c.org/wai/resources/>)
- (<http://www.w3c.org/wai/resources/>) Web Content Accessibility Guidelines (<http://www.w3c.org/wai/resources/>) (<http://www.w3c.org/wai/resources/>)

For other questions, call the ADA Information Line at 1-800-514-0301 (voice) or 1-800-514-0383. ADA Specialists are available to answer questions on Monday, Tuesday, Wednesday, and Friday from 9:30 a.m. to 5:30 p.m. (Eastern Time). On Thursday, the Information Line is staffed from 12:30 p.m. to 5:30 p.m. (Eastern Time).

Collier County Fair Housing Information

[https://www.collier.gov/Resident-Resources/
Community-and-Human-Services-Division/
Housing-Programs](https://www.collier.gov/Resident-Resources/Community-and-Human-Services-Division/Housing-Programs)

Home (<https://www.collier.gov/Home>) / Resident Resources
(<https://www.collier.gov/Resident-Resources>) / Community and Human Services Division
(<https://www.collier.gov/Resident-Resources/Community-and-Human-Services-Division>) /
Housing Programs

Housing Programs

Affordable Housing Information

Collier County's Community & Human Services (CHS) Division includes a vast operation that addresses affordable housing and social services. The affordable housing component of the department seeks to support the Housing Element of the Growth Management Plan.

CHS works collaboratively with non-profit organizations, governmental agencies, and public-private partnerships to coordinate activities and effectively leverage federal and state grant funds awarded to Collier County.

To help us serve you better, please visit the following link to take our [Affordable Housing Survey](#) (XLSX, 156KB) ([/files/assets/county/v/1/public-services/documents/housing/apartment-survey-july-2025.xlsx](https://www.collier.gov/files/assets/county/v/1/public-services/documents/housing/apartment-survey-july-2025.xlsx)).

- [Housing information \(https://www.colliercountyhousing.com/i-need-housing/\)](https://www.colliercountyhousing.com/i-need-housing/).

Fair Housing Program

Our mission is to ensure equal and affordable housing opportunities for all people, by promoting culturally diverse communities through open housing and the elimination of all barriers to that goal.

All questions regarding Collier County Fair Housing please contact our office at 239-252-1428.

Fair Housing Administrator - Tracey Smith (tracey.smith@colliercountyfl.gov (<mailto:tracey.smith@colliercountyfl.gov>)) is available to receive and file informal complaints on alleged discretionary housing practices and provide a form on which complaints may be submitted.

The Housing Discrimination Hotline is 1-800-669-9777

- [Fair Housing Resources \(https://www.colliercountyhousing.com/fair-housing/\)](https://www.colliercountyhousing.com/fair-housing/)

Pay-Off Letters

Did you get a loan from Collier County CHS and are looking for a payoff letter? Contact Lisa Carr at 239-252-2339 or email her at lisa.carr@colliercountyfl.gov (<mailto:lisa.carr@colliercountyfl.gov>) regarding for any questions you may have.

- [Affordable Housing Information \(https://www.colliercountyhousing.com/\)](https://www.colliercountyhousing.com/)

<https://www.collier.gov/Collier-County/Advisory-Boards-Authorities>



Ex: Sign up for a class

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Advisory Boards & Authorities

View advisory boards and authorities information below including board rosters, vacancies, policies, meeting dates and training requirements. Select the board for more information.

Vacancies, Forms and Applications

- [Advisory Board Vacancies](#)
- [Advisory Commission on Ethics Form](#)
- [Online Collier County Advisory Board / Committee Application](#)
 - Should you have problems with the electronic application, a [PDF Advisory Board / Committee Application](#) (PDF, 111KB) is available.

Affordable Housing Advisory Board



Animal Services Advisory Board



Bayshore Beautification MSTU Advisory Committee



Bayshore/Gateway Triangle Local Redevelopment Advisory Board



Black Affairs Advisory Board

