[Date January 1, 2020]

**Sent via [email, U.S. Mail, fax]**

[Contact Name]

[Mailing Address

[email address]

[Fax]

Dear [e.g., Doctor, To Whom It May Concern]:

I am [Deaf, Hard-of-hearing, DeafBlind, fill in the blank] and therefore limited in my ability to [hear, see and hear, speak, fill in the blank]. I primarily communicate using [American Sign Language, Tactile Sign Language, ProTactile Sign Language, fill in the blank]. I do not possess the ability to [lip read, write, read English proficiently].

I am requesting an auxiliary aids and/or service to ensure effective communication under the Americans with Disabilities Act and any other relevant state and federal laws.

Specifically, for my appointment on [Month Day, Year] I am requesting:

* [Qualified American Sign Language Interpreter], preferably [in-person, through video]

The following are resources that are available to the public regarding the ADA and auxiliary services and aids:

**Disability Rights Connecticut** has a list of sign language interpreter agencies serving Connecticut. Call (800) 842-7303 (toll-free) or email info@DisRightsCT.org, the link to the resource is <https://bit.ly/3hxHOKJ>.

**Connecticut Deaf and Hard-of-Hearing Interpreter Registry** is a list of all sign language, Oral and Cued Speech Interpreter required to registered in Connecticut.Call (860) 424-5055 or email at DORS.Interpreting@ct.gov, their website link is <https://bit.ly/37shHPF>.

**New England ADA Center** can assist in technical questions such as having a request for an auxiliary aid or service, such as sign language interpreter, and want to know who pays for that?

Call (800) 949-4232 or email Stacy Hart shart@ihcdesign.org, the website is <https://www.newenglandada.org/>.

**Connecticut Human Rights and Opportunities (CHRO)** can explain the Americans with Disabilities Act and receives complaint if people’s rights have been violated.

Call (860) 541-3400 or visit <https://www.ct.gov/chro/site/default.asp>.

Please respond in writing within 10 business days to inform me whether you will grant my request for an accommodation. Please reach out if you have any additional questions.

Please note this letter in my patient file.

Sincerely,

(Your signature)

[First name, Last Name]

[Contact Information]

Cc: To appropriate individuals