

**Tiverton Police Department**  
**Communications Needs Assessment Form**  
**For Deaf and Hard of Hearing Person**

You have identified yourself, as, or have been identified as, deaf or hard-of-hearing. By law, you have the right to request communication services and/or assistive technology to help you communicate with the Tiverton Police Department, Police Officers and staff.

You can request a sign language interpreter, captioning services, and/or any other assistive technology to help you communicate with the Tiverton Police Department personnel more effectively. Please be aware that your first choice of communication service may not be available immediately. The Tiverton Police Department will take steps to make sure an appropriate communication service is provided to you.

Thank you for your cooperation and patience.

**Person Information:**

Name of Arrestee, Victim, Witness or Companion: \_\_\_\_\_  
(PLEASE PRINT)

Please identify yourself as (circle one):

Deaf            Deaf-Blind            Hard of Hearing            Late Deafened            Oral Deaf

**Service Request:**

I prefer to communicate with Tiverton Police Department Officers and staff using: (check all that apply)

- CART** (Communication Access Real-Time Translation)
- ON-SITE SIGN LANGUAGE INTERPRETER**  
Type of Sign Language (please circle):            ASL    CDI    Signed English    Oral    Tactile
- VIDEO REMOTE INTERPRETING (VRI)**
- TEXT** (Typing back and forth using computer, smartphone or tablet)
- WRITTEN** (Writing back and forth using paper and pen)
- OTHER** \_\_\_\_\_

**Device Request:**

If you need to contact your family member or friend by telephone, which telephone device do you need? (check all that apply)

- CAPTIONED TELEPHONE** (Cap Tel)
- AMPLIFIED PHONE** (Hearing aid compatible telephone)
- TTY/TDD** (Text Telephone)
- VIDEOPHONE** (VRS)
- I USE MY SMARTPHONE OR TABLET** (iPhone, LG, Samsung, etc.)

Completed by Person: \_\_\_\_\_  
(print your name)

Signature: \_\_\_\_\_  
(sign your name)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Note:**

1. If you wish to change your answers to the questions, please ask.
2. If you have any questions or need further assistance, please feel free to ask.

Officer's Name: \_\_\_\_\_ Badge#: \_\_\_\_\_

Officers's Signature: \_\_\_\_\_ Date: \_\_\_\_\_