

Video Captioning, Sign Language, CART, and Braille Providers



Name _____

Employer/Agency Affiliation _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____ TDD _____

E-mail _____ Website _____

Please check services offered:

___ Braille

___ Video Captioning

___ CART

Interpreting: ___ ASL ___ Tactile ___ Oral ___ Other (please specify)

Certification/License/Degree(s)/Training _____

Total years experience within your field _____

Hours and days of operation _____

Please provide additional detail about the services you offer:

If you provide inservice training to consumers, families/colleagues, and professionals, please describe:

Fee Structure:

Please return your completed form to DATI, UDEL/duPont Hospital, P. O. Box 269, Wilmington, DE 19899-0269 or fax to (302) 651-6793.