

Effective Communication Request Form



Harris County Clerk's Office Elections Department

continues to ensure every voter with a disability can vote in accordance with the Americans with Disabilities Act (ADA). As we develop more opportunities across Harris County to foster an inclusive community, we have increased effective communication accessibility to people who have vision, hearing, or speech disabilities (communication disabilities). Effective communication simply means that whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.

To meet this obligation, Harris County Clerk's Office Elections Department, whenever necessary, provides, free of charge, appropriate auxiliary aids and services to individuals with disabilities, including to a voter's parent, spouse, or companion. The goal is to ensure that communication with people with these disabilities is equally effective as communication with people without disabilities.

Below are some examples of auxiliary aids and services that Harris County Clerk's Office Elections Department provides:

- ☐ Live American Sign Language (ASL) Interpreting
- ☐ Computer-assisted Real Time Transcription (CARTT)
- ☐ Tactile sign language interpreting
- ☐ Accessible voting machines with font and contrast modification
- ☐ Audio Tactile Interface (ATI) device for text-to-speech function on voting machine

An individual may submit a request by completing this form and returning it via email at ada@vote.hctx.net or via mail to:

Harris County Clerk's Office Elections Department
15600 Morales Rd
Houston, Texas 77032

Today's Date: _____

Date for When Auxiliary Aid or Service is needed:

Location of Where Auxiliary Aid or Service is needed:

Name of individual with a disability:

Nature of Disability:

- | | |
|---------------------------------------|--|
| ☐ Blind | ☐ Hard of Hearing |
| ☐ Low-Vision | ☐ Deaf/Blind |
| ☐ Deaf | ☐ Speech Impairment |
| ☐ Other: _____ | |

Name of companion (if applicable):

Relationship to individual with a disability:

- ☐ Family member
- ☐ Friend
- ☐ Other: _____

Contact information for individual with a disability (or other person, if applicable):

Does the person with a disability want a qualified interpreter or an oral interpreter?

- ☐ Yes. Choose one (free of charge):
 - ☐ American Sign Language (ASL)
 - ☐ Signed English
 - ☐ Oral interpreter
 - ☐ Other (explain): _____
- ☐ No.

Which of the following would be helpful for the person with a disability (free of charge)?

- ☐ Videophone
- ☐ Assistive listening device (sound amplifier)
- ☐ Qualified note-taker
- ☐ Qualified reader
- ☐ Writing back and forth
- ☐ Other (explain): _____

ADA complaints, including those related to this policy, regarding areas associated with the 2010 Standards shall be immediately directed to the Harris County Clerk's Office Elections Department ADA Coordinator. The Disability Complaint Form is accessible online at [HarrisVotes.com](https://www.harrisvotes.com) for electronic submissions. Each voting center has also been provided a written Disability Complaint Form, if a complaint arises at any of the voting entities. The ADA Coordinator shall acknowledge and follow the procedures outlined in the grievance procedure to address the complaint and any appeals. The procedures are available at [HarrisVotes.com](https://www.harrisvotes.com).