**Communication Facilitator Service**

**Request Form**

# CF.Scheduler@Maryland.gov

Individuals requesting the Communication Facilitator Service, offered through the Maryland Accessible Telecommunications (MAT) program, must first complete the **DeafBlind Consumer Application**. Once approved, this service request form can be completed and e-mailed to **CF.Scheduler@Maryland.gov**. The DeafBlind Consumer Application can be found at **MDRelay.org**.

**301**

 **West Preston St.,**

**Suite 1008A**

**Baltimore, MD 21201**

**800-552-7724 | 410-767-6960 (**

**Voice/TTY**

**)**

**410-609-6550 (**

**Video Phone**

**)**

**MAT.Program1@Maryland.gov**

**MDRelay.org**

***Please provide sufficient information.***

|  |  |
| --- | --- |
| **Consumer’s Full Name** |  |
| **Street Address (must not be a PO box)**  | **Apt.** |

**City State Zip Code**

**E-mail**

|  |  |  |
| --- | --- | --- |
|  | **Voice** | **Videophone** |
| **Phone Number** |   |   |

***If you do not have a preference in any of the following categories, please leave them blank.***

**Service**

**Service Date:**

**Service Hours Needed:**

***If you do not have a preference in any of the following categories, please leave them blank.***

**Communication Preferences:**

* **Spoken English**
* **Spoken English with some sign language**
* **Close-Visual Sign Language**
* **Tracking**
* **Tactile Sign Language**
* **ProTactile**

**Facilitator Preferences:**

|  |  |
| --- | --- |
|  **Male**  **Female** **Height** |  **Other:**  |
|  **Short**  **Average** **Hand Size** |  **Tall** |
|  **Small**  **Average**  |  **Large** |

**Facilitator's Full Name:**

***If you do not have a preference in any of the following categories, please leave them blank.***

**Location Preferences:**

* **Residence (Home)**
* **Library Address:**
* **Coffee Shop Address:**
* **Other Address:**

**Reason for Service (please briefly explain):**