

Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF  
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY  
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: [www.kenton.kyschools.us](http://www.kenton.kyschools.us)

Dr. Henry Webb, Superintendent of Schools

**KCSD ISSUE PAPER**

**DATE:**

October 21, 2019

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve an agreement with the Hearing Speech and Deaf Center of Greater Cincinnati to provide licensed sign language interpreters when District interpreters are absent from work, with automatic annual renewals.

**APPLICABLE BOARD POLICY:**

01.1 Legal Status of the Board

**HISTORY/BACKGROUND:**

The District has multiple students and one staff member who require deaf and hard of hearing (DHH) interpreters. Due to a shortage in their field and the unique skill sets of these individuals, we do not have a pool of substitutes of DHH interpreters. In the event of an absence of one of our interpreters, we would use the services of the Hearing Speech and Deaf Center of Greater Cincinnati to hire a substitute in order to provide these services to our students as is required by their IEP and the American Disabilities Act.

**FISCAL/BUDGETARY IMPACT:**

The cost of services will vary based on the number of employee absences and will be paid for the Special Education General Fund


**RECOMMENDATION:**

Approval of an agreement with the Hearing Speech and Deaf Center of Greater Cincinnati to provide licensed sign language interpreters when District interpreters are absent from work, with automatic annual renewals.

**CONTACT PERSON:**

Marta Scott

  
Principal

  
District Administrator

  
Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn  
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

## Community Services for the Deaf

### Rates and Policies

2825 Burnet Ave, Suite 330  
Cincinnati, Ohio 45219  
(513) 221-0527; Fax: (513) 221-1703  
[www.hearingspeechdeaf.org](http://www.hearingspeechdeaf.org)

Thank you for your interest in our services. The Hearing Speech & Deaf Center's (HSDC) Community Services for the Deaf Department (CSD) is one of several designated Community Centers for the Deaf in the State of Ohio. CSD is the only full-service, comprehensive program serving people who are Deaf or hard of hearing in the tri-state area. We operate 365 days per year, 7 days a week and 24 hours a day to meet the needs of those we serve.

The Hearing Speech & Deaf Center is a non-profit partner agency of The United Way of Greater Cincinnati; fees generated from our services go back to the community. We offer a wide range of free and discounted programs and services for people who are Deaf and hard of hearing such as Advocacy, Education, Deaf Town Hall Meetings, free use of video phone, Deaf Zoo Day, free tax preparation, ADA consultation, etc.

CSD interpreters meet all certification and/or licensure requirements for Ohio, Kentucky and Indiana. All of our interpreters adhere to the professional Code of Ethics of the Registry of Interpreters for the Deaf and/or the National Association of the Deaf.

### Call 513-487-7711 for Interpreting Request

Please have the following information available:

- Date, time, and address of scheduled appointment and its estimated length
- Your consumer/client's name and preferred mode of communication, if known.
- Nature of appointment
- On site contact's name, phone number, and other pertinent information
- Billing information

**Emergency Interpreting Service:** During regular business hours, please call our regular number (513) 487-7711 and your emergency will be handled by CSD staff. For after-hour and weekend emergencies, please call (513) 784-2777. Please note: This service is for emergencies only, such as medical, mental health, or legal / court hearings. *Please do not call this number if you forgot to request an interpreter for a scheduled appointment.*

#### Interpreting Fees

Day Rate .....	\$47.00 per hour
Less than 24-hours notice (Day)** .....	\$50.00 per hour
Evening / Weekend Rate .....	\$52.00 per hour
Less than 24-hours notice (Evening / Weekend)** .....	\$55.00 per hour
Legal (Court, Hearing, Deposition, etc.) .....	\$85.00 per hour (1 hour minimum)
Center Holidays and Emergency Services .....	\$65.00 per hour (day rate) / \$75.00 per hour (eve rate)
Funeral (visitations, church service, burial, & repast) .....	\$250 Flat Rate
Wedding (ceremony & reception) .....	\$250 Flat Rate
Wedding Rehearsal & Rehearsal Dinner .....	\$100 Flat Rate
Travel Charge (Roundtrip from CSD to interpreting location) .	Applicable rate based on starting time of the job
Minimum charge .....	2 hours ( <u>included</u> drive time)
Wait time for No Show .....	15 minutes
Requires 2 interpreters .....	CSD's discretion – usually jobs that are 1.5 or more hours

**Note:** Rates are quoted per interpreter / Evening hours are from 5:00 pm to 8:30 am

**\*\* Does not apply to Medical, Mental Health, and Legal emergencies**

**Requests Overlapping Different Time / Rate Periods:** Some services may overlap from daytime to evening rate or vice versa. Example: An interpreter is requested from 3:30 pm - 6:00 pm, the Day Rate would apply to the 3:30 pm - 5:00 pm time; the Evening Rate would apply for the 5:00 pm - 6:00 pm time, and travel time will be applicable rate based on the starting time of the job. This also applies to any requests before 8:30 am.

**Billing for a Block of Time:** A "block of time" refers to the amount of time the service is requested, if known. If the request is made for more than two (2) hours, billing will reflect travel charge, total number of hours requested and any additional time provided. If the interpreter is dismissed early, you will be billed for the full amount of time scheduled.

**Cancellations:** You are responsible for notifying CSD immediately if it becomes necessary to cancel any service requested. Any services cancelled less than twenty-four (24) hours in advance, you will be billed for 50% of the scheduled time or a one (1) hour minimum, whichever is greater.

**Consumer No-Show/Cancelled On Arrival:** If the consumer did not show up to the appointment, you will be billed for 50% of the scheduled time or a two (2) hour minimum, whichever is greater, billing will reflect travel charge.

C-Print®/CART captionists are available upon request.

---

**Invoicing Terms:** You are responsible for providing complete and accurate billing contact information to us and notify us of any changes to such information. Should such information be excluded from said contract, it is the signer's sole responsibility to ensure proper processing of invoices submitted for services provided.

**Payment Terms:** Unless otherwise stated invoiced charges are due and payable upon receipt. Invoices over 30 days past due are subject to a 1.5% late fee. Please include your account and invoice number on all checks to ensure your account is credited accurately. If you wish to pay by credit card, please contact our Billing Department at (513) 487-7721

**Purchase Order Requirements:** ☐ Yes ☐ No If yes, please specify details we need to know for/about this process.

**W-9 Requested?** ☐ Yes ☐ No If yes, email for submission: \_\_\_\_\_

**Billing inquiries Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Billing / Mailing Address:**

**Do you require electronic submission of invoice?** ☐ Yes ☐ No If yes, do you have a special portal for invoice submission? ☐ Yes ☐ No If no, please use space provided above for instruction. If no, instruction is provided invoices will be submitted to signer of contract for proper processing.



**Special Invoicing Instructions:** Please provide instruction for portal submission of payment request.

---

---

---

---

Please scan **all three (3) pages** to: [ewhelpdale@hearingspeechdeaf.org](mailto:ewhelpdale@hearingspeechdeaf.org); or  
[coordinator@hearingspeechdeaf.org](mailto:coordinator@hearingspeechdeaf.org)

Or fax **both pages** to: (513) 221-1703;

Or, Mail **both pages** to: HSDC/CSD

2825 Burnet Avenue, Suite 330  
Cincinnati, Ohio 45219

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

\_\_\_\_\_  
(Name of Organization) agrees to the current terms in HSDC / CSD's Rates and Policies. This agreement will automatically renew on an annual basis. Upon changes to rates or terms of this agreement, the Authorized Representative will be required to sign an updated agreement.

\_\_\_\_\_  
(Authorized Representative – please **print**)

\_\_\_\_\_  
(Authorized Representative – please **sign**)