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

Issue Paper

DATE:
07/21/26

AGENDA ITEM (ACTION ITEM):
Consider/Approve: Contracting with The Hearing Speech and Deaf Center of Greater Cincinnati on a contractual agreement basis to provide Educational Interpreters to students who are deaf and/or hard of hearing per their IEPs in order to comply with state and federal guidelines.

APPLICABLE BOARD POLICY:
01.1 Legal Status of the Board

HISTORY/BACKGROUND:
The District has 3 students who require deaf and hard-of-hearing (DHH) interpreters as related services per their IEPs. KCSD employs two in-house interpreters, with one educational interpreter role currently posted; however, no suitable applicants have applied to date. As a result, we would like to continue contracting with The Hearing Speech and Deaf Center of Greater Cincinnati to provide sign language interpreter services to students per their IEPs.

FISCAL/BUDGETARY IMPACT:
The estimated cost of this service is $80,000 for interpreting services to facilitate communication for the 2026-2027 school year. This cost is based on an hourly rate of $85.00 dollars. The services will be paid for out of the IDEA- B Grant.

RECOMMENDATION:
Approval to: Contract with The Hearing Speech and Deaf Center of Greater Cincinnati on a contractual agreement basis to provide Educational Interpreters to students who are deaf and/or hard -of- hearing per their IEPs in order to comply with state and federal guidelines.

CONTACT PERSON:
Danielle Rice

Principal/Administrator *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.

Hearing Speech + Deaf Center

Sign Language Interpreting Services Agreement

This Agreement is made and entered into by and between Hearing Speech + Deaf Center's (HSDC) Community Services for the Deaf Department (CSD) (hereafter "Provider") and the undersigned business entity (hereafter "Client").

HSDC's CSD is one of seven (7) designated Community Centers for the Deaf in the State of Ohio, *and* the ***only*** full-service, comprehensive program serving people who are Deaf and hard of hearing in the tristate area. Provider operates 365 days per year, 7 days a week, and 24 hours a day. As a non-profit agency, fees generated from services support free and discounted programs (such as Advocacy, Education, video phone access, ADA consultation, etc.) for the Deaf and hard of hearing community.

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1. Provider Information

Hearing Speech + Deaf Center's Community Services for the Deaf Department (CSD)
Address: 2825 Burnet Ave, Suite 230, Cincinnati, Ohio 45219
Phone: (513) 487-7711

2. Requesting Interpreting Services

Service requests can be made by using our online request form: https://hearingspeechdeaf.org/community-services-for-the-deaf/american-sign-language-interpreting/
Website: https://hearingspeechdeaf.org

3. Interpreter Qualifications

CSD interpreters meet the qualifying criteria to provide interpreting services within the local Tri-state area: Ohio, Kentucky, and Indiana.

All interpreters adhere to the professional Code of Ethics of the Registry of Interpreters for the Deaf (RID) and are HIPAA compliant.

4. Client Information

Business Name: _____

Address: _____

Point of Contact

Name: _____ Title: _____

Email: _____ Phone: _____

5. Payment Terms

- Invoiced charges are due and payable upon receipt, unless otherwise stated.
- Invoices over 30 days past due are subject to a 1.5% late fee.
- Checks must include the account and invoice number for accurate credit.
- Credit card payments are accepted; contact the Billing Department at (513) 487-7721.
- **Remit payments to:** Hearing Speech + Deaf Center, 2825 Burnet Ave., Ste 230, Cincinnati, OH 45219

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6. Invoicing

Billing Contact

Name: _____ Title: _____

Email: _____ Phone: _____

Invoicing Contact (if separate from Billing Contact)

Name: _____ Title: _____

Email: _____ Phone: _____

Invoicing Instructions

Please list any specific instructions for invoice submission including but not limited to the name of any particular invoicing portal name or link.

_____

_____

_____

IRS Form W-9 ____ Yes ____ No Email to: _____

Purchase Order ____ Yes ____ No Email to: _____

7. Service Terms and Conditions

A. Billing for a Block of Time

A "block of time" refers to the amount of time requested. If the request is for more than two (2) hours, billing will reflect the total number of hours requested and any additional time services were provided. If the interpreter is dismissed early, the scheduled block of time will be billed.

B. "Rush Request" or Requests with less than 24 hours' notice

A "rush request" is any request for services that are requested less than twenty-four (24) hours in advance of the appointment start time will be billed at the non-business hourly rate.

C. Cancellations

- **Less than 24-hour cancellations**
  Client is responsible for notifying HSDC coordinator immediately by phone at (513) 487-7711.
  Please leave a detailed message as to the job number given, date, and time of the appointment being cancelled.
- **"Cancelled on Arrival" (Cancelled <24 hours)**
  *If the appointment is cancelled when the interpreter arrives at the appointment, please sign their attendance form to dismiss them and follow up with an email to inform our coordinator (*coordinator@hearingspeechdeaf.org*) of a less than 24-hour cancellation.*

  Services cancelled less than twenty-four (24) hours in advance of the appointment start time will be billed at 50% of the scheduled time or a two (2) hour minimum, whichever is greater.

- **"No-Show" (Cancelled <24 hours)**
  The waiting time for customers to arrive is 15 minutes after the intended starting time of the appointment. After the 15-minute wait time, the interpreter will mark the appointment as a "no-show" and request a signature as proof of their attendance to be dismissed from the appointment.

  Services cancelled due to the consumers' non-attendance will be billed at 50% of the scheduled time or a two (2) hour minimum, whichever is greater.

F. Overlap of Interpreter Time

In situations where one interpreter must relieve another (e.g., hospital/emergency room services), a brief overlap of services may be billed to ensure appropriate report to the oncoming interpreter. The overlapping charge will not exceed 15 minutes.

G. Appointments Requiring More than One (1) Interpreter

Due to the length or nature of some appointments, more than one interpreter may be required to satisfy the appointment request and is at the full discretion of the HSDC interpreter coordinator who will advise you prior to assigning interpreters.

8. Interpreting Fees

In-Person Interpreting (On-Site)	Cost	Rate	Minimum
Business Hours (Mon-Fri, 8:00 am - 5:00 pm, excluding holidays)	$85.00	per HOUR	2 hours
Non-Business Hours (Evenings, Weekends, Holidays*, Rush request, <24 hrs. notice)	$90.00	per HOUR	2 hours
Legal (Court, Hearing, Deposition, Arrest, Estate Planning, Questioning, Testimony, etc.)	$100.00	per HOUR	2 hours
Private Events (Weddings, funerals, family reunions, graduation, parties, etc.) - Require payment in advance.			

*Holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas.

Video Remote Interpreting (VRI)	Cost	Rate	Minimum
Business Hours (Mon-Fri, 8:00 am - 5:00 pm, excluding holidays)	$1.85	per MINUTE	1 hour
Non-Business Hours (Evenings, Weekends, Holidays*, <24 hrs. notice)	$1.95	Per MINUTE	1 hour
Legal (Court, Hearing, Deposition, Arrest, etc.)	$2.50	per MINUTE	1 hour
Private Events (weddings, funerals, etc.) - Require payment in advance.			

**Holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas.*

Travel

Travel Surcharge	Cost	Rate	Minimum
Ohio Counties: Preble, Montgomery, Brown	IRS rate **	per APPT	Round trip
Ohio Counties: Greene, Clinton, Highland, and Adams	IRS rate **	per APPT	Round trip
Indiana Counties: Dearborn, Ohio, and Switzerland	IRS rate **	per APPT	Round trip
Kentucky Counties: Pendleton, Bracken, Grant, and Gallatin	IRS rate **	per APPT	Round trip

***IRS business mileage rate for the current year applies round trip*

Hearing Speech + Deaf Center

Sign Language Interpreting Services Agreement

9. Agreement and Acceptance

Please return the FULL agreement (ALL pages)

Scan and email to: coordinator@hearingspeechdeaf.org

Fax: (513) 221-1703

Mail: Hearing Speech + Deaf Center, 2825 Burnet Avenue, Suite 230, Cincinnati, Ohio 45219

10. Scheduling an Interpreter

To schedule an appointment

1. Make a request for an interpreter on our website form: hearingspeechdeaf.org
   Hearing Speech Deaf Center Interpreting Request form
2. Call our Scheduling Coordinator
   (513) 487-7711
3. Email our Scheduling Coordinator
   coordinator@hearingspeechdeaf.org

I agree to the current terms in HSDC's American Sign Language (ASL) Interpretation Services Agreement. 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.

Client Authorized Signature	
Name of Signatory (print)	
Title of Signatory	
Date	
HSDC Authorized Signature	VPE
Name of Signatory (print)	Vicky Emerson
Title of Signatory	Interpreting Services Manager