



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Mary Brogdon, Division Director

General Information Memorandum

ISD-GI 18-37

TO: ISD Employees

FROM:  Mary Brogdon, Director, Income Support Division

RE: Requesting Services from the Community Outreach Program for the Deaf

DATE: July 20, 2018

This GI rescinds and replaces GI 17-21 and contains updated purchase order (PO) information needed in order to obtain services through the Community Outreach Program for the Deaf (COPD).

Instead of calling the COPD, requests will now be made directly by the field office point of contact through COPD's website. The following are instructions used to access face-to-face deaf interpretation services for our recipients who are deaf or hard of hearing.

Begin by entering <http://www.copdnm.org/> in your Internet Explorer browser search field. Select the "Request an Interpreter" tab and then complete the information in the following sections:

1. **Requestor Information:** enter the first name, last name, title, phone number, and email address of the ISD staff making the request.
2. **Customer Account Information:** enter the ISD county office name on the "I already have a customer account" tab.
3. **Service Information:**
 - a. **Service Drop-Down Box:** select "ASL Interpreting."
 - b. **Number:** choose the number of interpreters needed that day.
 - c. **Service Description:** the topic and a brief description of what the interpreter will be expected to discuss, for example, SNAP, Medicaid, TANF, new application, renewal, etc.
 - d. **PO Number 0000031741:** this PO is good through June 30, 2019.
 - e. **Service Date:** date, start time and end time for the interview or required service.
4. **Service Location:** include location with the complete address, building number and driving

instructions. Provide a detailed description of the service location. This helps us in matching the right resource to the request, and makes sure the resource is able to find the location successfully.

5. **Client/Consumer Information:** recipient's name, gender and if they prefer a male or female interpreter. Schedulers will also fill any specific requests for interpreters as stipulated by the authorized requestor.
6. **Submit Your Service Request:**
 - a. **Comments:** any additional information that may help the schedulers.
 - b. **Non-Spam Validation:** Type letters shown in colored block.
7. **Click "Submit Request."**

Scheduling Process:

1. The requestor will provide the location of the appointment, time, authorized contact person, name of the client and any specific details pertinent to the assignment.
2. The scheduler then matches the appropriate interpreter with the assignment by using Community Outreach Program for the Deaf - New Mexico's scheduling software.
3. The assignment is sent to the interpreter's email and their personal virtual office system provided by Community Outreach Program for the Deaf - New Mexico.
4. The requestor is notified by email and/or phone the name of the assigned interpreters.

If additional assistance is necessary, the COPDNM telephone number is (505) 255-7636. If you have any questions regarding this information, please contact Carolyn Craven at carolyn.craven@state.nm.us.