General Information Memorandum

ISD-GI 15-10

TO: **ISD Employees**

FROM: **Marilyn Martinez, Acting Director, Income Support Division**

RE: **Requesting services from the Community Outreach Program for the Deaf**

DATE: **February 17, 2015**

This GI 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 field office staff 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 24598**: this PO is good through June 30, 2015. After June 30, contact Steven Chavez for a new PO number.
    e. **Service Date**: date, start time and end time for the required service.

4. **Service Location**: include location with the complete address, building number and driving instructions.

5. **Client/Consumer Information**: recipient's name, gender and if they prefer a male or female interpreter.

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."

If additional assistance is necessary, the COPDNM telephone number is 1-800-229-4262 and their local number is (505) 255-7636. If you have any questions regarding this information, please contact Kathy Blea at (505) 827-7760 or kathya.blea@state.nm.us.