



LANGUAGE ACCESS REQUEST FORM

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date of Request: _____

- I am [] HCV Participant or Applicant Tenant ID #: _____
[] PH Participant or Applicant Tenant ID #: _____
[] Senior Housing Participant or Applicant Tenant ID #: _____
[] Mixed-Income Participant or Applicant Tenant ID #: _____
[] Public (Non-CHA Participant nor Applicant)
[] CHA Employee

Name (Head of Household): _____ Phone: _____ E-Mail: _____

Address: _____ City, State, ZIP Code: _____

Services Requested? [] Written Translation [] In-Person Interpretation [] American Sign-Language [] Opt Out

Primary Language: _____

Please Note: The household member requesting the accommodation(s) must meet HUD's definition of Limited English Proficiency.

1. For WRITTEN TRANSLATIONS Please attach the document(s) that require translation along with this form.

2. For IN-PERSON INTERPRETATION or AMERICAN SIGN-LANGUAGE Please provide the following information

Type of Meeting [] 1:1 Meeting (recertification, hearing, etc.) [] Group Meeting

Language _____ Start Time _____ End Time _____

Address _____ City, State, ZIP Code _____

Meeting Location _____ (Community Room Conference Room, Auditorium, Etc.)

3. Program

- [] PH-Traditional [] PH- Senior [] PH- Mixed Income [] General Public
[] HCV [] RAD [] PBV [] CHA - All programs and activities

Group Meeting/Event Information:

Number of Individuals attending with a Limited English Proficiency _____

Total Number of Individuals attending the Meeting _____

On-site Contact Email address _____ Cell Number _____



CHICAGO HOUSING
AUTHORITY

Note: If necessary, CHA Program staff **may** fill in the name, CHA ID and Language Access request on behalf of the participant.

Signature of CHA staff, if applicable: X _____

4. Release of Information:

I certify that the information provided on this form is true and accurate. I give CHA permission to discuss the language access request with appropriate CHA representative.

Signature of Participant

Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please call the CHA Headquarters at 312-742-8500 or e-mail the Office of Diversity and Inclusion at chala@thecha.org.

FOR OFFICE OF DIVERSITY & INCLUSION STAFF ONLY

Request Received via: website or portal chala@thecha.org SharePoint other _____

ODI Staff Name: _____ Phone Number: _____

E-Mail: _____

Approved **Date Processed:** _____

Denied **Date Denied:** _____ **Reason for Denial:** _____

ODI notified _____ **via** _____ **for follow-up and**
Office/Program E-mail Address

Yardi “Primary Language” and “Need for Translator”.