



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-742-8500.

LANGUAGE ACCESS REQUEST

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-742-8500. Advance notice of seven days is required in order to arrange for interpreter services.

Date of Request: _____

- I am: [] HCV Participant or Applicant Voucher #: _____
[] PH Participant or Applicant CHA ID #: _____
[] Senior Housing Participant or Applicant CHA ID #: _____
[] Mixed-Income Participant or Applicant CHA ID #: _____
[] Public (Non-CHA Participant or Applicant)
[] CHA Employee

Name (Head of Household): _____

Address: _____ City, State ZIP Code: _____

Phone: _____ Email: _____

Service(s) Requested? [] Written Translation [] In-Person Interpretation [] American Sign-Language [] Opt Out

Primary Language: _____

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/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: _____ Cell Number: _____



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

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 email the Office of Diversity and Inclusion at chala@thecha.org.

FOR OFFICE OF DIVERSITY AND INCLUSION STAFF ONLY

Request Received: [] Website or Portal [] Email (chala@thecha.org) [] SharePoint [] Other _____

CHA Staff Name: _____ Phone Number: _____

Email: _____

[] Approved Date Processed: _____

[] Denied Date Denied: _____ Reason for Denial: _____

ODI notified the following Office/Program via email (address indicated below) for follow-up and update to Yardi Primary Language and/or Need for Translator.

Office/Program: _____ Email: _____