

**MIAMI-DADE PUBLIC HOUSING AGENCY
AUXILIARY AIDS REQUEST**

Date ____/____/____

Head of Household _____
(PRINT NAME)

Address: _____ Client
#: _____

Phone: (____) _____

Requestor:

(PERSON REQUESTING AUXILIARY AID IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

Miami-Dade Public Housing Agency (MDPHA) takes appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public.

Auxiliary aids include, but are not limited to, providing the following items or services when necessary for effective communication between MDPHA and persons including, but not limited to, MDPHA applicants, residents or program participants:

1. A qualified sign language interpreter,
2. Telecommunication Device for the Deaf (TDD),
3. Assisted Listening Device (ALD),
4. A reader,
5. Printed materials in Braille,
6. Printed materials in large print,
7. Audiotape versions of print materials.

MDPHA furnishes appropriate auxiliary aids where necessary to afford an individual with disabilities an equal opportunity to participate in, and enjoy the benefits of, its programs or activities. In determining what auxiliary aids are necessary, MDPHA shall give primary consideration to the requests of the individual with disabilities.

MDPHA is not required to provide individually prescribed devices, readers for personal use or study, or other devices of a personal nature (including, but not limited to, personal hearing aids, walkers, canes, or wheelchairs).

THE FOLLOWING IS TO BE COMPLETED BY THE MDPHA STAFF PERSON

1. Type of auxiliary aid requested:

2. If a sign language interpreter is requested, obtain the following information:
 - a. Address where the interpreter needs to be:

 - b. Date and time the interpreter is needed:

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c. How long (in hours) the interpreter is needed:

d. What kind of interpreter is needed (e.g. American Sign Language (ASL), Signed English or oral interpretation):

3. If an assistive listening device is requested, ask what type is required:

4. If materials in large print format are requested, ask what font size (if known) and font style (if known) the person requests:

5. If printed materials in audio tape format are requested, ask what language the person requests:

6. Following is additional information that is necessary for providing the requested for auxiliary aid:

The MDPHA staff person obtaining information regarding auxiliary aids may direct questions to the ADA Coordinator listed below.

Individuals may obtain a copy of the MDPHA Reasonable Accommodation Policies and Procedures, upon request, from Applicant and Leasing Center Eligibility Interviewers, Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and MDPHA's ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator:

ADA Coordinator
701 NW 1 Court, 16th Floor
Miami, Florida 33136
(786) 469-4229 phone
((786) 469-4151 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

Name of MDPHA employee taking the request: _____
(PRINT NAME)

Phone: (____) _____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-4229 (phone).