

## 語言協助申請表

### LANGUAGE ACCESS REQUEST FORM

如果您需要此文件的其他語言版本或**更大字體**版本，或是如果您需要合理的便利（適用於殘障人士），請撥打電話 312-935-2600。如需安排口譯服務，請提前 7 天通知。

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. Advance notice of seven days is required in order to arrange for interpreter services.

申請日期: \_\_\_\_\_  
Date of Request:

本人為  HCV 參與者或申請人 租戶識別號碼: \_\_\_\_\_  
I am  HCV Participant or Applicant Tenant ID #:

PH 參與者或申請人 租戶識別號碼: \_\_\_\_\_  
 PH Participant or Applicant Tenant ID #:

長者公寓參與者或申請人 租戶識別號碼: \_\_\_\_\_  
 Senior Housing Participant or Applicant Tenant ID #:

混合收入參與者或申請人 租戶識別號碼: \_\_\_\_\_  
 Mixed-Income Participant or Applicant Tenant ID #:

公眾（非 CHA 參與者或申請人）  
 Public (Non-CHA Participant nor Applicant)

CHA 雇員  
 CHA Employee

姓名（戶主）: \_\_\_\_\_ 電話: \_\_\_\_\_ 電子郵件: \_\_\_\_\_  
Name (Head of Household): Phone: E-Mail:

地址: \_\_\_\_\_ 州, 城市, 郵政編碼: \_\_\_\_\_  
Address: City, State, ZIP Code:

申請服務類型?  筆譯  現場口譯  美國手語翻譯  選擇退出  
Services Requested? Written Translation In-Person Interpretation American Sign-Language Opt Out

主要語言: \_\_\_\_\_  
Primary Language:

**請注意：申請便利服務的家庭成員必須符合 HUD 對“英語能力有限”的定義。**

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

### 1. 對於筆譯

For WRITTEN TRANSLATIONS

請隨本表格附上需翻譯的文件。

Please **attach the document(s)** that require translation along with this form

### 2. 對於現場口譯或美國手語翻譯

For IN-PERSON INTERPRETATION or AMERICAN SIGN-LANGUAGE

請提供以下信息

Please provide the following information

會議類型  **1:1 會議**（再認證，聽證會等）  
Type of Meeting **1:1 Meeting** (recertification, hearing, etc.)

**小組會議**  
Group Meeting



語言 \_\_\_\_\_ 開始時間 \_\_\_\_\_ 結束時間 \_\_\_\_\_

Language Start Time End Time

地址 \_\_\_\_\_ 州, 城市, 郵政編碼: \_\_\_\_\_

Address City, State, ZIP Code

會議地點 \_\_\_\_\_

Meeting Location

(社區會所、會議室、禮堂等)  
(Community Room Conference Room, Auditorium, Etc.)

### 3. 項目

#### Program

PH-傳統  
PH-Traditional

PH-長者  
PH-Senior

PH-混合收入  
PH-Mixed Income

普通大眾  
General Public

HCV  
HCV

RAD  
RAD

PBV  
PBV

CHA - 所有項目和活動  
CHA - All programs and activities

#### 小組會議/活動信息:

Group Meeting/Event Information:

英語能力有限的參會人數 \_\_\_\_\_

Number of Individuals attending with a Limited English Proficiency

參會總人數 \_\_\_\_\_

Total Number of Individuals attending the Meeting

現場連絡人電子郵件地址 \_\_\_\_\_ 電話號碼: \_\_\_\_\_

On-site Contact Email address

Cell Number

注: 如有必要, CHA 計劃工作人員可代替參與者填寫姓名、CHA 識別號碼和語言協助申請。

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

CHA 計劃工作人員簽名 (如適用): X \_\_\_\_\_

Signature of CHA staff, if applicable: X

### 4. 信息發布:

#### Release of Information:

茲證明本表格提供的信息真實準確。本人已授權 CHA 與相應 CHA 代表討論語言協助申請事宜。

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.

參與者簽名  
Signature of Participant

日期  
Date

**欺詐和虛假陳述:** 根據《美國法典》第 1001 節第 18 條規定無論任何人, 如果故意向美國政府、HUD、公共住房管理局下屬任何部門或雇員或物業所有人做出虛假和欺詐性陳述, 將受到包括罰款和/或監禁的處罰。

**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.

如果您有任何問題, 請致電 CHA 總部, 電話: 312-742-8500, 或發送電子郵件至多元化與包容性辦公室, 電



子郵箱：[chala@thecha.org](mailto:chala@thecha.org)。

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](mailto:chala@thecha.org).

本文件為 HUD 或 CHA 發佈的法定文件譯本。HUD 及/或 CHA 提供本譯本給您，僅是為了助您了解您的權利與義務。本文件的英文版本為官方、法定及具最終效力之文件。本翻譯文件非官方文件。



**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 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: \_\_\_\_\_