



**PUBLIC HOUSING AGENCY AND COMMUNITY DEVELOPMENT**

**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)

Northpark at Scott Carver Apartments 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 Northpark and persons including, but not limited to, Northpark 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.

Northpark 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, Northpark shall give primary consideration to the requests of the individual with disabilities.

Northpark 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 NORTH PARK 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: \_\_\_\_\_
  - 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:

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

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

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

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

Individuals may obtain a copy of the Northpark 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 Northpark's ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator:

Section 504/ADA Coordinator  
701 NW 1 Court, 16<sup>th</sup> Floor  
Miami, Florida 33136  
Telephone: 786-469-2155 Fax: 786-469-4117  
Florida Relay Service: 800-955-8771 (TDD/TTY)  
e-mail: [PHCDADACoordinator@miamidade.gov](mailto:PHCDADACoordinator@miamidade.gov)

Name of Northpark employee taking the request: \_\_\_\_\_  
(PRINT NAME)

Phone: (\_\_\_\_) \_\_\_\_\_

**Warning:** Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.