GUIDELINES FOR THE PROVISION OF ALTERNATIVE FORMS OF COMMUNICATION FOR INDIVIDUALS WITH DISABILITIES

In accordance with the applicable Federal regulations, the Housing Authority of the City and County of Denver ("DHA") shall, upon request, provide alternative forms of communication for individuals who are visually, hearing, mentally or manually impaired. Some examples of alternative forms of communication include, but are not limited to, provision of a sign language interpreter, having material explained orally by staff, or having a third party representative (a friend, relative or advocate) to receive, interpret and explain housing materials and be present at all meetings. The following guidelines outline the process for ensuring that disabled individuals with these needs will be provided with the appropriate assistance.

(A) Initial Point of Contact. At the initial point of contact with each potential applicant, DHA will inform the potential applicant of alternative forms of communication that can be used other than plain language paperwork. DHA will include the following statement on all interest cards:

“If you have a disability and require an alternative form of communication including, but not limited to, sign-language interpreter, or assistance completing forms, you may make your request at any time during the application process or after admission.” Please complete the “Request for an Alternative Form of Communication” to request the alternative form of communication.

(B) Requests for Alternative Forms of Communication. Individuals requiring alternative forms of communication may make their request either orally or in writing. The “Request for an Alternative Form of Communication” must be completed and signed to begin the process. If the request is made orally, the DHA employee receiving the request will complete the written request and have the individual sign the form. The form must include the individual’s name, address, phone number, and what alternative form of communication they require.

(C) Available Alternative Forms of Communication.

1. Visually-Impaired. Upon request, DHA will provide a handheld electronic magnifier for individuals who are visually impaired, for use at the Central Office.
This handheld electronic magnifier allows the user to read any written material by projecting a magnified version of the text onto a television screen. This handheld electronic magnifier will be stored on the first floor in the Occupancy Department, and may be checked out for use at the Central Office.

If an individual is unable to utilize the handheld electronic magnifier, they may request that a DHA staff member be provided to read the materials to them.

2. **Hearing Impaired.** If a hearing impaired individual requests a sign language interpreter, an appointment with the interpreter will be scheduled by the department’s assigned representative: Occupancy Department – Receptionist; Section 8 – Assistant to the Chief Operating Office – Section 8/Client Services; and Housing Management – Management Specialist. DHA currently uses the services of the sign language interpreter employed by the City and County of Denver, Ms. Lori Kosinski with the Commission for People with Disabilities. The department representative will contact Ms. Kosinski to coordinate the sign language interpreter as needed.

3. **Mentally Impaired.** Mentally impaired individuals may request that a third party representative be allowed to receive, interpret and explain housing materials and be present at all meetings. The third party representative must be identified on the Request for Alternative Forms of Communication, including a name, address and phone number. The third party representative must be identified by the individual making the request and may be a relative, friend or other advocate, such as a caseworker.

4. **Manually-Impaired.** Manually impaired individuals may request that a DHA employee assist them in completing all necessary forms.

5. **Limited English Proficiency.** Shall mean any individual whose primary language is not English, and who has a limited ability to read, write, speak or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter according to DHA’s Limited English Proficiency Plan.
(D) **Utilization of Professional Services.**

If a paid accessibility professional is used to provide alternative forms of communications, DHA will pay reasonable fees for any such services it deems reasonable, in its sole and absolute discretion.
HOUSING AUTHORITY OF THE CITY AND COUNTY OF DENVER
REQUEST FOR AN ALTERNATIVE FORM OF COMMUNICATION

The Housing Authority of the City and County of Denver ("DHA") shall, upon request, provide alternative forms of communication for individuals who are visually, hearing, mentally or manually impaired. Some examples of alternative forms of communication include, but are not limited to, provision of a sign language interpreter, having material explained orally by staff, or having a third party representative (a friend, relative or advocate) receive, interpret and explain housing materials and be present at all meetings.

Name: ____________________________________________
Address: __________________________________________________________________________________________
           (Street Address, City, State & Zip Code)
Telephone: _______________________________________

Please explain what type of alternative communication you require:
(Example: sign language interpreter, large print documents)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

If you are requesting a third-party representative, please provide the following information about the individual who will act as your third-party representative:

Name: ____________________________________________
Address: __________________________________________________________________________________________
           (Street Address, City, State & Zip Code)
Telephone: _______________________________________

How long will you require a third-party representative? ________________________________

Please note that in certain circumstances DHA, in its sole and absolute discretion, may require you to complete the Request for Accommodation process, as outlined in the Reasonable Accommodation in Housing Guidelines, in order to determine if the requested alternative form of communication is reasonable.

__________________________________________       _________________
Signature of Applicant                        Date

__________________________________________       _________________
Signature of Representative (if applicable)      Date