



# HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

## Limited English Proficiency (LEP) Client Record

Client Name: \_\_\_\_\_

Is English your primary language?            Yes            No

If not, indicate the language you wish to communicate in with staff:

\_\_\_\_\_

Do you require oral language translation assistance?            Yes            No

Do you require vital documents translated in writing?            Yes            No

Are you hearing impaired and require those services?            Yes            No

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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