



## COMMUNICATION PREFERENCE FORM

Please complete the Communication Preference Form below. All individual information will be kept private. Please note that completing this form is voluntary. \_\_\_\_\_ will use this information only to ensure meaningful access to programs and services. \_\_\_\_\_ is committed to providing translation and interpretation services for vital documents and interactions for the Housing Choice Voucher/Section 8 (HCV/S8) Program. However, completing this form is not a guarantee of the provision of translation or interpretation services.

Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

1. If the primary language spoken in your home is a language other than English, please place an X in the box which identifies the primary language spoken in your home.
  - ☐ English
  - ☐ Spanish
  - ☐ Portuguese
  - ☐ French Creole
  - ☐ Italian
  - ☐ Chinese
  - ☐ Mon-Khmer/Cambodian
  - ☐ Vietnamese
  - ☐ Russian
  - ☐ Other (Please Specify) \_\_\_\_\_
2. If you prefer to receive written communications from \_\_\_\_\_ regarding the HCV/S8 program in a language other than English, please place an X in the box next to the language that you prefer. \_\_\_\_\_ currently provides many of its forms and informational material in the following languages, and will provide you with translated forms when available:
  - ☐ English
  - ☐ Spanish
  - ☐ Portuguese
  - ☐ French Creole
  - ☐ Italian
  - ☐ Chinese
  - ☐ Mon-Khmer/Cambodian
  - ☐ Vietnamese
  - ☐ Russian
  - ☐ Other (Please Specify) \_\_\_\_\_
3. Do you need interpretation/translation services when communicating with Metro Housing|Boston regarding the HCV/S8 program?
  - ☐ Yes \_\_\_\_\_  
Language
  - ☐ No

\_\_\_\_\_  
Signature of Applicant or Participant

\_\_\_\_\_  
Date