**MY COMMUNICATION NEEDS**

I DO NOT UNDERSTAND YOU WITH YOUR MASK ON.

I AM [choose one: DEAF/HARD OF HEARING/DEAFBLIND].

MY NAME IS [add your name here].

PLEASE USE YOUR OWN PHONE TO TYPE IN BIG TEXT OR USE A SPEECH-TO-TEXT APP.

I PREFER TO USE THIS APP: [add your preferred app for typing or speech-to-text]

CERTAIN COLORS MAY HELP ME READ THE TEXT BETTER.

MY PREFERRED BACKGROUND COLOR IS: [type your preferred background color]

MY PREFERRED TEXT COLOR IS: [type your preferred text color]

IF MY SMARTPHONE IS NOT WORKING WELL OR AT ALL, PLEASE WRITE DOWN WHAT YOU ARE TELLING ME. USE YOUR OWN PAPER OR WHITEBOARD.

[Add here any other communication needs you have.]

[For when you go to vote] HERE IS MY IDENTIFICATION CARD / DRIVER’S LICENSE.