

CIVIL RIGHTS COMPLIANCE PLAN

Children and Families
DCF-F-154-E

Health Services
F-00164

Workforce Development
DETS-16706-E (R. 12/1/2013)

1. Recipient Contact Information and Signature Page - APPENDIX A

The same Recipient Contact Information and Signature Page previously completed for the CRC LOA should be used for this CRC Plan.

2. Funding Relationship to DCF, DHS or DWD - APPENDIX B

The same Funding Relationship to DCF, DHS or DWD form previously completed for the CRC LOA should be used for this CRC Plan.

3. Funded Programs Checklist - APPENDIX C

The Same Funded Programs Checklist previously completed for the CRC LOA should be used for this CRC Plan.

4. Data Collection

Recipients and sub-recipients must have a data collection system or method of collecting and reporting customer population data and employee data if the entity is required to file an Affirmative Action Plan pursuant to §§. 16.765 Wis. Stats., and ADM 50. **This is a mandatory requirement of every recipient, and includes small recipients and sub-recipients not required to complete the CRC Plan.** Although funded recipients are not expected to submit the data with the CRC Letter of Assurance, the information will be requested and reviewed if a desk audit is conducted or during an onsite monitoring compliance visit.

Employment	
a. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every <u>3</u> years. The data collection process is in compliance with ADA requirements for confidentiality	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Service Delivery	
c. Our agency has a system that records the race, ethnicity, sex/gender, disability status, and primary language of:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Participants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	
• Number of potentially eligible or likely to be affected or encountered	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of LEP individuals encountered by phone vs. walk-in.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Number of eligible LEP participants by separate programs and the frequency of encounters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Interpretation needs of LEP participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• The number of written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of sign language interpretation requests received from the deaf and hard of hearing participants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Other accommodation requests and needs from participants with disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you responded "No" to any of the above questions, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of milestones, upon request.

Instructions for Completion of Data Collection Table

Each recipient shall keep customer data records to enable the contracting State agency to determine the recipient or sub recipient's compliance with equal opportunity in employment and service delivery. Recipients must collect and make available to the State agencies, racial, ethnic, gender, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each federally and state assisted program. Primary recipients, sub-recipients and vendors are not required to submit the data information to DCF, DHS or DWD. The data collection requirement is needed for completing the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

The data must be collected, retained and reported on a program by program basis. The data should be kept as part of the CRC Plan and will be reviewed when a desk audit is performed or an onsite monitoring visit is conducted.

For recipients that extend federal or state financial assistance to another sub-recipient, the sub-recipient shall collect, retain and submit such data to the recipient that issued the contract, as may be necessary to enable the contracting recipient or State agency to carry out its civil rights compliance obligations. Recipients and sub-recipients must develop and maintain a data collection system to capture and report data in the following categories:

Race and ethnicity of participants

Recent changes in data collection requirements have resulted in a separation of data about ethnicity (i.e., Hispanic/Latino or not Hispanic/Latino) from data on race. In some cases, this will make comparisons difficult because older data collection systems included Hispanic/Latino as a racial group. Primary recipients and sub-recipients must have a system to report the race and ethnicity of its participants.

The ethnicity codes required by the federal Office of Management and Budget are:

- Hispanic/Latino
- Not Hispanic/Latino

The race codes required by the federal Office of Management and Budget are:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race (Recipient agencies are encouraged to collect more detailed information on population groups based on the U.S. Census 2010 race and ethnicity categories, provided that those who identify themselves as "Multiracial" or "More Than One Race" are aggregated into the five minimum set of race categories mentioned above.)

Other information that must be collected:

- Female
- Persons with Disabilities
- Primary Language
- Accommodations

All recipients are required to have a data collection system that record:

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient's service area. The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the U.S. DHHS "Safe Harbor" guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodation requests received and services provided to applicants and participants with disabilities.
- The primary language spoken by the customer, patient, or participant.

5. Customer Service Population Data Analysis

(Link to additional Population Data Analysis Charts)

Program Name(s): Community Health Services
(Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs, identify programs on the line above.)

Category	Eligible Population Likely to be served or likely to be affected or Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	240,719	100%	3,488	100%	N/A
White	219,854	91%	2,870	82%	N/A
Black or African American	2,792	Combined #: 28,263 Combined %: 12	195	Combined #: 638 Combined %: 18	+6%
American Indian or Alaska Native	6,044		85		
Asian	5,788		45		
Hispanic/Latino Regardless of Race	9,522		167		
Native Hawaiian or Other Pacific Islander	75		5		
More than One Race	4,042		141		
Females	121,750	51%	3,341	96%	+45%
Persons with Disabilities	30,587	13%	402	12%	-1%

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient's Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

N/A

What actions can be tried to improve program participation to populations that are underserved?

N/A

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

N/A

How many informal and formal discrimination complaints were filed within the last 24 months? *None*
Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.

Please comment on the **nature** of the discrimination complaints filed, both formal and informal and their resolution:

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Served or Likely to be Affected or Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Oconto, Marinette, Forest, Florence, Brown, and Vilas Counties
- Data Source(s): 2010 US Census Bureau American Factfinder Demographic profile data — Population between ages 15-64 = 34% eligible
- Data Period: From: 2010 To: 2013 Categories determined by taking total population in each category and multiplying by 34%

This Customer Service Data Analysis was prepared by:

Jenny Seefeldt
PRINT NAME of Preparer

Jenny Seefeldt
SIGNATURE — Preparer

11/3/14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

Jenny Seefeldt
PRINT NAME of Program Administrator

Jenny Seefeldt
SIGNATURE — Program Administrator

11/3/14
Date Signed

All recipients are required to have a data collection system that record:

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient's service area. The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the U.S. DHHS "Safe Harbor" guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodation requests received and services provided to applicants and participants with disabilities.
- The primary language spoken by the customer, patient, or participant.

5. Customer Service Population Data Analysis

(Link to additional Population Data Analysis Charts)

Program Name(s): TEFAP (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs**, identify programs on the line above.)

Category	Eligible Population Likely to be served or likely to be affected or Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	171,526	100%	26,907	100%	N/A
White	157,844	92%	24,362	91%	N/A
Black or African American	2,004	Combined #: 20,290 Combined %: 12%	293	Combined #: 3,083 Combined %: 11.5	-1.5%
American Indian or Alaska Native	4,339		711		
Asian	4,155		608		
Hispanic/Latino Regardless of Race	6,836		1,022		
Native Hawaiian or Other Pacific Islander	54		1		
More than One Race	2,902		448		
Females	87,410	51%	13,469	50%	-1%
Persons with Disabilities	21,960	13%	3,304	12%	-1%

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient's Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

N/A

What actions can be tried to improve program participation to populations that are underserved?

N/A

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

N/A

How many informal and formal discrimination complaints were filed within the last 24 months? *None*
Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.

Please comment on the **nature** of the discrimination complaints filed, both formal and informal and their resolution:

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Served or Likely to be Affected or Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Florence, Forest, Marinette, Oconto, Brown, Shawano, Vilas, Oneida, Lincoln, Marathon, and Langlade Counties
- Data Source(s): 2010 US Census Bureau American Factfinder - Poverty Status in the Past 12 months - Below 185% of poverty = 28%
- Data Period: From: 2010 To: 2014

This Customer Service Data Analysis was prepared by:

Categories determined by taking total population in each category and multiplying by 28%

Jenny Seefeldt
PRINT NAME of Preparer

Jenny Seefeldt
SIGNATURE - Preparer

11/3/14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

Jenny Seefeldt
PRINT NAME of Program Administrator

Jenny Seefeldt
SIGNATURE - Program Administrator

11/3/14
Date Signed

All recipients are required to have a data collection system that record:

- The number of LEP persons eligible to be served or likely to be affected or encountered by the program in the recipient's service area. The number of oral interpretations requested by LEP applicants and participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5 percent or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the U.S. DHHS "Safe Harbor" guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodation requests received and services provided to applicants and participants with disabilities.
- The primary language spoken by the customer, patient, or participant.

5. Customer Service Population Data Analysis

(Link to additional Population Data Analysis Charts)

Program Name(s): CSBG (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs**, identify programs on the line above.)

Category	Eligible Population Likely to be served or likely to be affected or Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	69,660	100%	321	100%	N/A
White	62,092	89%	298	93%	N/A
Black or African American	929	Combined #: 9,265 Combined %: 13	6	Combined #: 35 Combined %: 11	- 2%
American Indian or Alaska Native	2,708		15		
Asian	1,157		3		
Hispanic/Latino Regardless of Race	3,178		9		
Native Hawaiian or Other Pacific Islander	23		0		
More than One Race	1,270		2		
Females	34,984	50%	219	68%	+18%
Persons with Disabilities	9,171	13%	117	36%	+23%

*The number in the first column (Total Eligible Population Likely to be Served or Likely to be Affected or Encountered by Program in the Recipient's Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a negative 2 percent, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

N/A

What actions can be tried to improve program participation to populations that are underserved?

N/A

If denials for service (includes negative decisions, licensing activities, etc) have been disproportionate for specific protected groups within the last 24 months, please explain:

N/A

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an onsite monitoring compliance review is conducted or upon request by DCF, DHS or DWD.

None

Please comment on the **nature** of the discrimination complaints filed, both formal and informal and their resolution:

N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Served or Likely to be Affected or Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be Served or Likely to be Affected or Encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Forest, Florence, Langlade, Oconto, Vilas, Brown, Marine, Menominee, and Shawano Counties
- Data Source(s): 2010 US Census Bureau American Factfinder - Poverty status in the last 12 months - Below 125% poverty = 15% categories
- Data Period: From: 2010 To: 2013 determined by taking total population in each category and multiplying by 15%

This Customer Service Data Analysis was prepared by:

Jenny Seefeldt
PRINT NAME of Preparer

Jenny Seefeldt
SIGNATURE - Preparer

11/3/14
Date Signed

I am the (Administrator, Coordinator or Director) of the civil right compliance program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

Jenny Seefeldt
PRINT NAME of Program Administrator

Jenny Seefeldt
SIGNATURE - Program Administrator

11/3/14
Date Signed

6. Limited English Proficiency (LEP) Data Analysis [\(Link to additional LEP Data Analysis Charts\)](#)

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the “safe harbor” federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents:

- **“Number of Eligible Populations Likely to be Served or Likely to be Affected or Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the number entered into the Customer Service Population Analysis column “Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service area for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** is data that, while not required to determine translation or interpretation needs, is useful in analyzing services provided to LEP populations.

We ensure that we have completed the analyses for the program name administered by agency name.

Program Names: Community Health Services (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

NOTE: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the “Total Eligible Population Likely to be Encountered in Service Area” number here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 240,719

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Population Likely to Be Affected or Encountered	Frequency of LEP Population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column (b) is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 7,478	3%	167	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 1,153	.5%	45	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 2	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 22	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 17	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 194	.08%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chinese: 226	.09%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 10	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 97	.04%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC*: 5	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: Specify			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

* BSC = Bosnian/Serbian/Croatian

(Link to additional LEP Data Analysis Charts)

Summary for LEP Customer Data Analysis

- Service Area: Oconto, Marinette, Forest, Florence, Brown, and Vilas Counties
- Data Source(s): US census Bureau ACS 2008-2012
- Data From Previous 12 Months - From: 2008 To: 2013

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

6. Limited English Proficiency (LEP) Data Analysis ([Link to additional LEP Data Analysis Charts](#))

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the “safe harbor” federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents:

- **“Number of Eligible Populations Likely to be Served or Likely to be Affected or Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the number entered into the Customer Service Population Analysis column “Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service area for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** is data that, while not required to determine translation or interpretation needs, is useful in analyzing services provided to LEP populations.

We ensure that we have completed the analyses for the program name administered by agency name.

Program Names: TEFAP (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

NOTE: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the “Total Eligible Population Likely to be Encountered in Service Area” number here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 171,526

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Population Likely to Be Affected or Encountered	Frequency of LEP Population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column (b) is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 8,839	5%	1,022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 3,053	2%	608	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 2	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 37	.02%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 28	.02%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 521	.3%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chinese: 375	.2%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 32	.02%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 187	.1%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC*: 5	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 24	.01%	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: Specify			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* BSC = Bosnian/Serbian/Croatian

(Link to additional LEP Data Analysis Charts)

Summary for LEP Customer Data Analysis

- Service Area: Florence, Forest, Marinette, Oconto, Shawano, Vilas, Oneida, Lincoln, Marathon, and Langlade Counties
- Data Source(s): US census Bureau ACS 2008-2012
- Data From Previous 12 Months - From: 2008 To: 2014

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

6. Limited English Proficiency (LEP) Data Analysis ([Link to additional LEP Data Analysis Charts](#))

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the “safe harbor” federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents:

- **“Number of Eligible Populations Likely to be Served or Likely to be Affected or Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This number should reflect the number entered into the Customer Service Population Analysis column “Eligible Population Likely to be Served or Likely to be Affected or Encountered in the Service area for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** means the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** is data that, while not required to determine translation or interpretation needs, is useful in analyzing services provided to LEP populations.

We ensure that we have completed the analyses for the program name administered by agency name.

Program Names: CSBG (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

NOTE: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the “Total Eligible Population Likely to be Encountered in Service Area” number here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 69,660

Eligible LEP Population Likely to be Affected or Encountered in Service Area (by Language)	Percent of Eligible LEP Population Likely to Be Affected or Encountered	Frequency of LEP Population Served in the Service Area	Safe Harbor Written Translation of Vital Documents	Safe Harbor Post Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation and Translation of Vital Documents Free of Cost
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column (b) is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 7,900	11	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hmong: 1,180	2	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Burmese: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Somali: 2	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arabic: 25	.04	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Russian: 17	.02	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Laotian: 194	.3	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chinese: 253	.4	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vietnamese: 13	.02	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Albanian: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Korean: 97	.1	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BSC*: 5	.01	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Farsi: 0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cambodia: 19	.02	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: Specify			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* BSC = Bosnian/Serbian/Croatian

(Link to additional LEP Data Analysis Charts)

Summary for LEP Customer Data Analysis

- Service Area: Forest, Florence, Langlade, Oconto, Vilas, Brown, Marinette, Menominee, and Shawano Counties.
- Data Source(s): US census Bureau ACS 2008-2012
- Data From Previous 12 Months - From: 2008 To: 2013

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

This LEP Customer Data Analysis was prepared by:

Jenny Seefeldt
PRINT NAME of Preparer

Jenny Seefeldt
SIGNATURE – Preparer

11/3/14
Date Signed

I am the (Administrator, Coordinator or Director) of the LEP program.

☒ Yes ☐ No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

☒ Yes ☐ No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

☒ Yes ☐ No

Jenny Seefeldt
PRINT NAME of Program Administrator

Jenny Seefeldt
SIGNATURE – Program Administrator

11/3/14
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- ☒ Oral interpretation is provided upon request at no charge to the customer.
- ☒ We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and that language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information for each client is part of our database.

Written Translation:

- ☒ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5 percent or 1,000 persons; therefore, the entity will provide written translation of vital documents.

- ☐ There are fewer than 5 percent and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

7. Equal Opportunity Policy and LEP Policy and Notification

1. Our agency is utilizing the DCF, DHS, DWD model for Equal Opportunity Policy Statement that is provided in Appendices D-G .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Instead of utilizing the model Equal Opportunity Policy Statement provided by the DCF, DHS, DWD, we are using our own policy statement.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in Appendix H .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Instead of utilizing the model for LEP Policy Statement provided by DCF, DHS, DWD, we have provided our own policy statement.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Our equal opportunity policy includes all of the protected groups covered under federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) The policies are included in our policy and operating procedures manual.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) The policies are permanently posted where current customers and applicants applying for services may review and read them in their own languages as required by our LEP population analysis and service plan.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) The policies are reviewed annually and updated by the agency head, managers, supervisors and frontline staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) An "Equal Opportunity in Employment and Service Delivery Policy" and "LEP Policy Statements" are posted in the required languages on our entity's lobbies and/or waiting rooms (i.e., Appendixes D, E, F, G, and H.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) The EO and LEP policies are available in alternate formats upon request (i.e., relevant language translations, large print, on tape, Braille). If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities when requested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) A short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7) Entities administering USDA-FNS programs must post the appropriate "Justice For All" poster designated for their specific program as follow: <ul style="list-style-type: none"> Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from USDA (www.fns.usda.gov/cr/obtaining-and-justice-all-posters)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8) The EO and LEP requirements are incorporated in contracts, agreements and purchase orders when extending federal assistance to other vendors and contractors for the delivery of services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9) Customer referral sources are notified of the EO and LEP policies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

8. Designation of an Equal Opportunity Coordinator and LEP Coordinator

1. Management level employees are appointed to the positions of Equal Opportunity Coordinator (EOC) and Limited English Proficiency Coordinator (LEPC).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Our EOC and LEPC received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> Indicate date EOC received CRC Training <u>2004</u> Indicate date LEPC received CRC Training <u>2004</u> 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. The names of our EOC and LEPC are typed on the Recipient Contact Information and Signature Page acknowledging acceptance and understanding of their responsibilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Our EOC and LEPC have the following responsibilities:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a) Handling service delivery, employment discrimination and language access complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) Acting as a liaison between the provider, DCF, DHS, DWD, federal agencies, and the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program by program basis in the organization.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f) The EOC and LEPC have responsibility for monitoring and evaluating civil rights, cultural awareness, disability sensitivity, language needs of entity/provider staff and arrange annual training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g) If the primary recipient, vendor or entity sub-contracts part of the funding, who is responsible for ensuring training, monitoring, evaluating and ensuring civil rights, cultural awareness, disability sensitivity, and language needs are being met: <ul style="list-style-type: none"> Provide Name: _____ Sub-recipients/Subcontractors Supervisors/Managers/Administrators Frontline Staff 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h) Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that sub-recipients and sub-grantees are maintaining records uniformly for all individuals, regardless of protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i) Meet with the CEO, President, Director, or Administrator of the organization to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j) Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

9. Access to Services

a. A copy of the Wisconsin Program and Service Access Self-Assessment Checklist for your facility or facilities is completed and maintained on file in your agency. A model is provided under Appendix L .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Public entities and public accommodations are required to follow specific architectural standards in new construction and alteration of their buildings. Public accommodations and entities must remove barriers in existing buildings or relocate programs or otherwise provide access in inaccessible older buildings. To assist entities in determining their compliance with the ADA accessibility requirements, we recommend entities use the <u>Guidance on the 2010 ADA Standards for Accessible Design</u> published on September 15, 2010. Entities that completed a previous Accessibility Checklist should maintain a copy on file and make it available at the time an onsite monitoring visit is conducted by the contracting entity or CRC monitoring staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our agency assures that services are equally available to everyone by: 1) Providing equal access to all programs, services or activities, including but not limited to eligibility, treatment, staff assignments, outreach, intake, diagnosis, assessment, evaluation, research, days and hours of service, facility assignments, communication of information and referrals to other services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Assuring physical access to the facilities by allowing persons with functional limitations caused by impairments of sight, hearing, coordination or perception, or persons with semi-ambulatory or non-ambulatory disabilities to enter, leave, circulate within, use public toilet facilities and elevators.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Providing sign-language interpreters for those who are deaf and hard of hearing and other auxiliary aids.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English. NOTE: Recipients must PROMINENTLY display an "I Speak" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients. The "I Speak" poster must state, "You have the right to receive vital program information in a language that you understand, through an interpreter, or translation of vital program material, at no cost to you." The statement must be translated to reflect the LEP languages according to the recipients LEP Customer Data Analysis for their service area. <u>The "I Speak" Card can be printed directly from the website by clicking on this link.</u> For pre-literate populations or language groups, an audio format version of this information may be provided.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) Providing literature, posting information and audio-visual materials in language(s) understood by customers, and in formats that are understandable to persons with visual or hearing impairments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) Providing readers or assistive technology for persons with visual impairments when a request for an accommodation is made.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7) Providing special assistance in the form of an accommodation for persons with developmental or learning disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8) Providing services to eligible applicants or participants who are in a protective status (i.e., eligible immigrants and their eligible dependents), informing them that information regarding their immigration status will not be reported to other federal agencies, and will not be used to discriminate against them.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards at the local levels through notification of membership opportunities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10) Allocating funds for programs, services, and activities in a non-discriminatory manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11) Providing equal opportunity for applicants to become vendors, grantees and sub-grantees, and contractors in programs, services or activities where this is allowed. Using nondiscriminatory factors in determining awards, sizes of grants, contracts, projects, and the quality, quantity, and range of benefits provided in proportion to the number of such members in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12) Establishing or developing program service areas to integrate members of protected classes and enabling them to receive equal opportunity in service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13) Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14) Incorporating training and posting policies for our employees regarding treating protected class members with full courtesy and respect in all personal, oral, written, and other forms of communication and contacts. This includes listing the names and other identifiable information of the EOC and the LEPC to allow those protected by laws who wish to file a complaint against the agency/employee the ability to file.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15) Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16) Ensuring that sanctions and terminations are applied in a culturally sensitive, nondiscriminatory manner without regard to protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17) Providing access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18) Notifying LEP customers of their right to ask for translation of vital program information at no cost to a language other than English whenever they access programs and services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19) Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20) Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21) Developing collaborative partnerships to the extent possible, with culturally relevant community-based organizations and stakeholders. For example, establishing an LEP Council as advisors to your agency on cultural and linguistic needs of the LEP communities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Our agency uses the following methods to ensure written translation services:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3) Receive and utilize translated materials only from federal and state agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Other: Specify	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Our agency uses the following methods to ensure oral interpretation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to utilize oral interpretation resources.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Spanish • Hmong • Arabic • Burmese • Chinese • German • Korean • Laotian • Somali • Russian • Vietnamese • Other languages: Specify 	
3) Use a language line for languages not often used in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Partner with other community organizations for paid or voluntary oral interpretation services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8) Other: Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. List methods used to communicate vital documents to customers. Check all that apply:	
<input type="checkbox"/> Video <input type="checkbox"/> Television	
<input type="checkbox"/> Web Sites <input type="checkbox"/> Radio	
<input checked="" type="checkbox"/> Posters <input type="checkbox"/> Community Newspaper	
<input type="checkbox"/> Voice Mail Messages <input type="checkbox"/> Other: Specify	
<input type="checkbox"/> Interactive Voice Response (IVR)	

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

10. Discrimination Complaint/Grievance Procedures

1) Our agency is utilizing the DCF, DHS, DWD model Discrimination Complaint Forms and Process, which is provided in Appendix I , including the translations required in accordance with LEP Plan for vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Instead of utilizing these model Discrimination Complaint Forms and Process, we have provided our own Discrimination Complaint forms, including the translations required in accordance with LEP Plan for vital documents. Our model policy and form explains the informal and formal complaint process where the complainant may file a formal complaint with the appropriate State or Federal agency by providing them the instructions and forms:	
<ul style="list-style-type: none"> • DCF Complaint http://dcf.wisconsin.gov/civil_rights/complaints.htm • DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm • DWD Complaint http://dwd.wisconsin.gov/det/civil_rights/complaints.htm • US HHS Region V Office of Civil Rights, Chicago Complaint http://www.hhs.gov/ocr/office/file/index.html • U.S. DOJ Office of Civil Rights, Washington D.C. Complaint http://www.justice.gov/crt/complaint/ • USDA, Office of Civil Rights, Washington D.C. http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) Our organization will implement the following procedures:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a) The complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, Limited English Proficiency Coordinator or Complaint Investigator, is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) The recipient agency has instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) All written investigation documents are held confidential.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) All participants in complaint investigations are advised of and protected from retaliation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e) Complaints received will be acknowledged within five calendar days including appeal rights. If extensions are needed, the complainant will be notified.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f) Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g) Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h) Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i) Customers are permitted to have representatives of their choice during the complaint process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j) Complainants are made aware of other venues of redress, including the right to appeal for:	
4) Discrimination in service delivery or language access to:	

- | | |
|--|---|
| ○ DCF Civil Rights Unit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ DHS Civil Rights Compliance Office | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ DWD Civil Rights Unit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ○ Appropriate Federal Office for Civil Rights (depending on the source of federal funds) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| i). Negative program decisions to: | |
| • Division of Hearings and Appeals (DOA) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii). Federal Agencies: | |
| – U.S. DHHS, Region V OCR, Chicago | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| – USDA, Office of Adjudication, Washington D.C. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • U.S. DOJ, Office of Civil Rights, Washington D.C. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

(Note: All age discrimination complaints filed by applicants/participants against recipients and/or sub-recipients administering SNAP, WIC, and/or TEFAP must forward all age discrimination complaints to the USDA Office of Adjudication in Washington D.C.)

<p>k) Employees are made aware of other venues of redress for discrimination in employment such as:</p> <ul style="list-style-type: none"> • Wisconsin Equal Rights Division (ERD) • Equal Employment Opportunity Commission (EEOC), U.S. DOJ • Federal Office of Contract Compliance (FOCC) U.S. DOL • Wisconsin Office of Contract Compliance • Appropriate Federal Office for Civil Rights (depending on the source of federal funds). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>l) Recipient or sub-recipient staff will assist complainants during the complaint process if necessary.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>m) Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

11. Training Requirements

a. The following CRC training requirements apply to agency heads, administrators, mid-level managers and front-line staff of Non-USDA-FNS funded recipients:	
1) New employees and managers are informed of the CRC policies as part of their orientation program.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) New staff will receive training on CRC policies, along with instructions on how the laws and regulations provide protections to protected groups in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Copies of the civil rights laws and regulations are made available to staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Staff refresher training on CRC and updates are required once every three years if you are a non-USDA-FNS funded program.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The recipient is a USDA-FNS funded agency. These include FoodShare, Food Stamp Employment and Training (FSET), Women Infant and Children (WIC), and The Emergency Food Assistance Program (TEFAP). (If No, proceed to section L.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. USDA-FNS recipients sub-contracting USDA-FNS funds assume the responsibility for ensuring that sub-contractors are also meeting the civil rights and cultural awareness training requirements as well.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Annual CRC training is required for staff of recipients administering USDA-FNS funded programs, services and activities—including FoodShare, WIC and TEFAP.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Our agency will provide annual CRC training to the following staff: <ul style="list-style-type: none"> • Agency Head • Administrators • Mid-level Managers • Frontline staff 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) New staff will receive training on the policies, along with instructions on the laws and regulations concerning equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Copies of the nondiscrimination laws and regulations are made available to staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) Our agency sub-contracts USDA-FNS funds and it has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for sub-recipients and their supervisors, managers, administrators, and frontline staff.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6) Although cultural awareness training is not required by civil rights statutes, we strongly encourage all entities to provide cultural awareness training to all employees about all relevant populations and cultures within your service area. It is important to provide culturally sensitive services to clients or applicants to avoid complaints that allege discrimination when clients are made to feel unwelcome. Our agency provides cultural awareness training in the following cultures: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

12. Self-Assessment

Our agency **annually** assesses and revises its service delivery, employment practices and language access according to the following procedures:

a. Conduct a self-assessment in consultation with interested persons or organizations. Modify any policies or practices that do not meet the standards for equal opportunity in employment or service delivery, and language access.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Take appropriate remedial steps to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Maintain records of the assessment process, including the names of interested persons who were consulted, a description of the areas examined and any problems identified, and a description of remedial steps taken and/or modifications made. Make records available to state and federal monitoring staff upon request.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Review data on customers served within programs, services or activities, by racial and ethnic status, gender, age, disability status, in proportion to their representation in the eligible service area population, to determine that no person is excluded from participation, denied any benefits, or subjected to discrimination. Data analysis will include comparisons of applicants, eligible, non-eligible, persons terminated from service, and bilingual staff persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Monitor reasonable accommodation procedures for employees with disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Monitor and document the number of reasonable accommodations requests made by applicants and participants and accommodations provided.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. Monitor the civil rights and equal employment opportunity compliance assurance of sub-grantees, sub-contractors and/or vendors on a biennial basis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. Assess the needs of members of the protected groups and measure the extent to which services are actually delivered to members of the protected classes in a culturally relevant and accessible manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j. Assess entity's representation of members that are protected classes, are participants on boards, councils, volunteers, and provided the opportunity to become sub-grantees where appropriate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
k. Maintain reports of providers, recipients, sub-recipients, and vendors' compliance and steps to achieve compliance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l. Maintain reports of all complaints by name, address, date, protected basis, nature, and investigation status. These reports must be accessible during onsite visits or produced upon request.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
m. Review data on customers served and service complaints, translator and interpreter providers and their quality of service, and training activities and LEP costs. Provide recommendations for improvement in future plans.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
n. Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

APPENDIX A
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor
NEWCAP, Inc.

Street Address
1201 Main St

City
Oconto

State
WI

Zip Code
54153

Recipient's or Vendor's Total Workforce
74

Name of Equal Opportunity Coordinator
Jenny Seefeldt

SIGNATURE - Equal Opportunity Coordinator

Date Signed
12/18/13

Telephone Number
(920) 834-4621

Email Address
jennyseefeldt@newcap.org

Name of Limited English Proficiency (LEP) Coordinator
Jenny Seefeldt

SIGNATURE - LEP Coordinator

Date Signed
12/18/13

Telephone Number
(920) 834-4621

Email Address
jennyseefeldt@newcap.org

Name of Executive Director or Chief Executive Officer (CEO)
Robert Koller

SIGNATURE - Executive Director or CEO

Date Signed
12/18/13

Telephone Number
(920) 834-4621

Email Address
robertkoller@newcap.org

Notes:

- **Be sure to show the names in print and have the form signed where indicated.**
- **Important:** Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

APPENDIX B

FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. CSBG	482271
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. TEFAP	71238
		2. Community Health	297962
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with County	COUNTY AGENCY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" to **any of the three** state agencies **and** your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

APPENDIX C FUNDED PROGRAMS CHECKLIST

- ✓ Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- ✓ The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

USE this checklist for **Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

<input type="checkbox"/> Wisconsin Works (W-2) <input type="checkbox"/> Adoption <input type="checkbox"/> Child Support <input type="checkbox"/> Child Care Program & Licensing <input type="checkbox"/> Children Residential Programs – Licensing <input type="checkbox"/> Child Placing Agencies- Licensing <input type="checkbox"/> Child Care Certification <input type="checkbox"/> Quality Child Care Initiative <input type="checkbox"/> Child Abuse and Neglect (Child Protective Services) <input type="checkbox"/> Interstate Compact on the Placement of Children <input type="checkbox"/> Milwaukee Child Welfare Program <input type="checkbox"/> Immigrant Integration – Social Services <input type="checkbox"/> Immigrant Integration – Older Refugee <input type="checkbox"/> Immigrant Integration – Preventative Health <input type="checkbox"/> Immigrant Integration – Health Services <input type="checkbox"/> Refugee Cash and Medical Assistance	<input type="checkbox"/> Promoting Safe and Stable Families <input type="checkbox"/> Adoption Assistance Program <input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Domestic Violence/Domestic Abuse Programs <input type="checkbox"/> Independent Living <input type="checkbox"/> Paternal Interest Registry <input checked="" type="checkbox"/> Other (specify): CSBG-incl. programs supplemented w/CSBG, except those reported separately. <input type="checkbox"/> Other (specify): <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula <input type="checkbox"/> Immigrant Integration – Mental Health <input type="checkbox"/> TANF-GPR <input type="checkbox"/> Other (specify):
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USE this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input type="checkbox"/> Children With Special Health Care Needs	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health
<input type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input checked="" type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input type="checkbox"/> AODA- Comprehensive Community Services
<input type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input type="checkbox"/> Community Support Programs (CSP)	<input type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input type="checkbox"/> Integrated Service Project (CST-ISP)	<input type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input checked="" type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input type="checkbox"/> BadgerCare-Plus	<input type="checkbox"/> FoodShare Program
<input type="checkbox"/> Medicaid Fee for Services	<input type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input type="checkbox"/> Other (specify):

USE this checklist for Department Workforce Development (DWD)

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

☐ Other (specify):

☐ Other (specify):

Note: The Checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with US DHHS, and USDA-FNS, grants, for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other (specify)" space to specify the type of program, grant or funding agreement administered by the agency/entity.

APPENDIX D

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of NEWCAP, Inc. (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

EMPLOYMENT¹

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

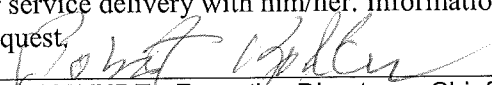
All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

SERVICE DELIVERY

No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, sexual identity, sexual orientation, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Jenny Seefeldt Phone (920) 834-4621 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.


SIGNATURE - Executive Director or Chief Executive Officer

Date Signed
12/19/13

¹ Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

**APPENDIX D: KEV MUAB VAJ HUAM SIB LUAG RAU SAWV DAWS HAUV KEV UA HAUJ LWM THIAB KEV PAB CUAM TXOJ CAI NTHUAV TAWM
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT**

Nws yog txoj cai ntawm NEWCAP, Inc. (Qhov Chaw Khiav Hauj Lwm Lub Npe) los mus muab vaj huam sib luag rau sawv daws hauv txoj kev ua hauj lwm thiab kev pab cuam kom ua tau raws li tsoom fww xeev Wisconsin uas yog Department of Children and Families, Department of Health Services thiab Department of Workforce Development thiab tsoom fww teb chaws cov cai.

KEV UA HAUJ LWM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev ua hauj lwm, tsis kam muab kev pab rau nws ntawm kev ua hauj lwm los yog raug ntsub ntxaug muab nws cais tawm vim nws lub hnub nyoog (40 xyoo rov saud), haiv neeg, kev ntseeg¹, tsos nqaij daim tawv, poj niam/txiv neej, keeb kwm, muaj mob xiam oob qhab los yog muaj kev koom nrog ib tus neeg muaj mob xiam oob qhab, raug ntes, raug kaw, muaj kev plees kev yi txawv, muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing) los yog siv los tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntsub ntxaug cais neeg hauv chaw ua hauj lwm.

Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntsub ntxaug cais ib leej twg ntawm kev ua hauj lwm no.

KEV PAB CUAM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev pab, tsis kam muab kev pab rau nws, los yog raug ntsub ntxaug cais tawm los ntawm nws haiv neeg, tsos nqaij daim tawv, keeb kwm, hnub nyoog, poj niam/txiv neej, kev ntseeg, kev ntseeg kev tswj hwm teb chaws los yog muaj mob xiam oob qhab. Tsis pub ib leej twg tso hem thawj, ntias, los yog ntsub tus neeg no vim muaj txoj cai pab tiv thaiv nws, los yog vim nws tau ua ntawv tsis txaus siab, pab ua pov thawj, los yog muab kev koom tes rau kev tshawb nrhiav qhov ua tsis yog, los yog tau sib hais mus rau ntawm rooj plaub raws txoj cai. Tsab cai hais txog cov neeg muaj mob xiam oob qhab kom lawv tau txais kev pab sib npaug muaj nyob rau hauv Americans with Disabilities Act of 1990 thiab Section 504 of the Rehabilitation Act of 1973 raws li tau muab kho dua tshiab. Kev ntseeg txog kev tswj hwm teb chaws los yog kev muaj feem koom nrog raug tiv thaiv nyob hauv tsab cai Food Stamp Act ntawm xyoo 1997 thiab tsab cai Workforce Investment Act ntawm xyoo 1998. Tsab cai no yog siv kom sawv daws tau txais kev pab ib yam nkaus txij thaum ua ntawv thov kev pab, thaum tau txais kev pab thiab thaum koom tes ua qhov kev pab cuam tej dej num tib si. Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntsub ntxaug cais ib leej twg ntawm kev pab cuam no.

Tsoom Fww Teb Chaws Cov Cai Federal Health Care Provider Conscience Protection Laws txwv cov neeg tau txais nyiaj ntawm tsoom fww teb chaws ib txhia nyiaj pab los ntawm qhov cais neeg tsis raws cai rau cov muab kev pab kho mob vim tus muab kev kho mob tsis kam los yog tsis tuaj yeem los mus koom rau hauv kev txiav hlab kom txhob muaj taus me nyuam cov txheej txheem los yog kev rho me nyuam tsis thooj li los yog raws nkaus li tus neeg muab kev kho mob cov kev ntseeg kev cai dab qhuas los yog lub siab ntseeg tuag nthi. Cov kev tiv thaiv no siv rau kev ua hauj lwm thiab muab kev pab cuam.

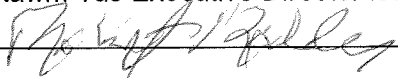
Yuav kom pab peb ua tau raws li cov cai tau hais saum no, kuv tau tsa

(Mr./Ms.) Jenny Seefeldt Xov Tooj 820-834-4621

ua Tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator). Yog koj muaj teeb meem dab tsi txog kev ua hauj lwm los yog kev pab cuam thov tham nrog nws tau. Qhov koj yuav ua ntawv tsis txaus siab li cas thiab txoj kev yuav pab daws teeb meem yuav muab qhia rau koj yog koj nug txog thiab xav paub.

Kos Npe ntawm Tus Executive Director los yog Chief Executive Officer

Hnub Kos Npe



12/19/13

¹ Tsis Hais Txog Cov No (Exceptions): Nyob Hauv Nqe Lus 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), cov koom haum rau kev ntseeg tau txais lus tso cai kom muab hauj lwm rau cov tswv cuab hauv lawv txoj kev ntseeg xwb los tau. Qhov no tsuas hais txog cov koom haum uas lawv txoj hauj lwm yog ua rau kev ntseeg thiab tsuas yog hais txog kev ua hauj lwm nkaus xwb.

APÉNDICE D
DECLARACIÓN DE LA POLÍTICA DE IGUALDAD DE OPORTUNIDADES
EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY

Es la política de NEWCAP, Inc. (Nombre de la organización) cumplir con la política y las normas de igualdad de oportunidades del Wisconsin Department of Children and Families, el Department of Health Services y el Department of Workforce Development y con todos los estatutos y las regulaciones federales y estatales que apliquen relativos a la anti-discriminación en el empleo y en la prestación de servicios.

EMPLEO¹

Ninguna persona de otro modo calificada será excluida del empleo, negada los beneficios del empleo, o sometida de cualquier otro modo a discriminación en el empleo sobre la base de edad (mayor de 40), raza, religión, color, sexo, país de origen o ascendencia, discapacidad o asociación con una persona con una discapacidad, registro de arresto, antecedentes penales, orientación sexual, estado civil, embarazo o parto, participación militar, pruebas genéticas, sometimiento a prueba de honestidad, o el uso o no uso de productos legales en la localidad de trabajo durante las horas no laborales. http://dwd.wisconsin.gov/er/discrimination_civil_rights/harassment.htm en función de su estatus de protección http://dwd.wisconsin.gov/er/discrimination_civil_rights/fair_employment_retaliation.htm.

Se espera que todos los empleados apoyen los objetivos y las actividades programáticas relativos a la anti-discriminación en el empleo.

PRESTACIÓN DE SERVICIOS

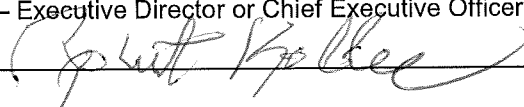
Ningún solicitante de servicios o participante del programa de otro modo calificado será excluido de participar, negado beneficios, o de otro modo sometido a la discriminación sobre la base de raza, color, país de origen, edad, sexo, identidad sexual, orientación sexual, religión, creencias políticas o discapacidad. Ningún empleado u otra persona intimidará, amenazará, coaccionará o discriminará a ninguna persona acreditada para el propósito de interferir con cualquier derecho o privilegio garantizado en virtud de una de las leyes aplicables sobre los derechos civiles, o porque ha presentado una queja, testificado, ayudado, o participado de alguna manera en una investigación, procedimiento o audiencia en una de las leyes de derechos civiles aplicables. El acceso a programas para las personas con una discapacidad es tratado en el Americans with Disabilities Act de 1990 y en la Sección 504 del Rehabilitation Act de 1973 en su versión modificada. La creencia política o afiliación está protegida bajo el Food Stamp Act de 1997 y el Workforce Investment Act de 1998. Esta política cubre elegibilidad para acceder a la prestación de servicios y a tratamiento en todos los programas, servicios y actividades. Se espera que todos los empleados apoyen los objetivos y las actividades programáticas relativos a la anti-discriminación en la prestación de servicios.

Los Federal Health Care Provider Conscience Protection Laws prohíben que los recipientes de cierta asistencia financiera federal discriminen contra los proveedores de cuidado de salud por causa del rechazo o la disposición del proveedor de participar en los procedimientos de esterilización o abortos, contrario a, o consistente con, las creencias religiosas o convicciones morales del proveedor. Estas protecciones se aplican tanto al empleo como a la prestación de servicios.

Para ayudarnos a cumplir con todas las normas, reglamentos y pautas aplicables de igualdad de oportunidades, he nombrado a (Sr./Sra.) Jenny Seefeldt

Teléfono 920-834-4621 como el Coordinador de Igualdad de Oportunidades (Equal Opportunity Coordinator), le exhortamos a discutir cualquier problema percibido como discriminación en el empleo o

la prestación de servicios. La información sobre el proceso de resolución de quejas por discriminación está disponible a petición de usted.

FIRMA – Executive Director or Chief Executive Officer 	Fecha de la firma 12/19/13
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Excepciones: Bajo la Sección 702(a) del Título VII, 42 U.S.C. § 2000e-1(a), las organizaciones religiosas están autorizadas a dar preferencia de empleo a los miembros de su propia religión. La excepción aplica únicamente a aquellas instituciones cuyo "propósito y carácter son principalmente religiosos."

Bajo estatus de Preferencia India (Indian Preference), las tribus de Wisconsin están exentas de cumplir con las leyes específicas sobre derechos civiles de empleos.

APPENDIX E
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The NEWCAP, Inc. is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 800-242-7334 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation and, in some cases, religion and political beliefs.

The U.S. Department of Health and Human Services (HSS) and Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the [State information /Hotline Number](#). Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: [Wisconsin IM Consortia](#).

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the [USDA Program Discrimination Complaint form](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Toll free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)

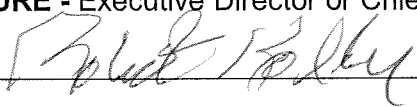
DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or by dialing 1-888-701-1251 (TTY)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed

(Mr./Ms.) Jenny Seefeldt Phone: 920-834-4621
as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer 	Date Signed 1/3/14
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DAIM NTAWV NTXIV E
Lus Hais Txog Kev Muaj Vaj Huam Sib Luag Hauv Kev Ua Hauj Lwm Thiab Muab
Kev Pab Cuam
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ntawv Ceeb Toom Muab Dai Rau Sawv Daws Pom – Ntawm Chav Neeg Nkag Mus
Los & Cov Chav Nyob Tos
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

Lub NEWCAP, Inc. (Name of the County Department of Health and Human or Social Services, I.M. Consortia) yog ib tug tswv hauj lwm thiab ib qhov chaw muab kev pab cuam muaj vaj huam sib luag rau sawv daws. Yog hais tias koj xav tau kev pab tshwj xeeb kom muab cov ntaub ntawv no ua lwm hom kom koj nyeem tau los yog kom muab txhais ua ib hom lus txawv, thov hu rau 920-834-4621 (Suab); los yog tias koj tsis hnov lus thiab/los yog muaj teeb meem tsis hnov lus zoo, hu rau peb hauv Wisconsin Relay ntawm 711 los yog _____ (TTY/TDD).

Lub koom txoos ua hauj lwm no txwv tsis pub cais neeg tsis raws cai rau ntawm haiv neeg, tsos nqaij daim tawv, keeb kwm teb chaws, muaj mob xiam oob qhab, hnuv nyoog, poj niam txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev plees kev yi txawv hauv ib cov yog kev ntseeg thiab cov kev ntseeg kev tswj hwm teb chaws.

U.S. Department of Health and Human Services (HSS) thiab Department of Agriculture (USDA) txwv tsis pub cais neeg tsis raws cai rau nws cov neeg yuav khoom los yog siv khoom thiab tau txais nws cov kev pab (customers), cov neeg ua hauj lwm, thiab cov ua ntawv thov rau kev ua hauj lwm los ntawm haiv neeg, tsos nqaij daim tawv, keeb kwm teb chaws, hnuv nyoog, muaj mob xiam oob qhab, poj niam txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev ntseeg, kev ua pauj (reprisal), thiab nyob ntawm qhov siv rau, cov kev ntseeg kev tswj hwm teb chaws, muaj txij nkawm los yog tsis muaj, tsev neeg muaj me nyuam los yog muaj niam muaj txiv, kev plees kev yi txawv, los yog tag nrho los yog ib feem ntawm ib tug tib neeg cov nyiaj tau los yog tau los ntawm ib qho kev pab cuam twg, los yog raug tiv thaiv los ntawm caj ces hauv kev ua hauj lwm los yog hauv ib qho kev pab cuam twg los yog kev ua ub no muab kev coj ua los yog tau nyiaj los ntawm lub Department. **(Tsis yog tag nrho cov kev txwv yuav siv rau tag nrho cov kev pab cuam thiab/los yog cov kev ua hauj lwm).**

Tsoom Fwv Teb Chaws Cov Cai Tiv Thaiv Cov Muab Kev Pab Kho Mob (Federal Health Care Provider Conscience Protection Laws) txwv cov neeg tau txais nyiaj ntawm tsoom fwv teb chaws ib txhia nyiaj pab los ntawm qhov cais neeg tsis raws cai rau cov muab kev pab kho mob vim tus muab kev kho mob tsis kam los yog tsis tuaj yeem los mus koom rau hauv kev txiav hlab kom txhob muaj taus me nyuam cov txheej txheem los yog kev rho me nyuam tsis thooj li los yog raws nkaus li tus neeg muab kev kho mob cov kev ntseeg kev cai dab qhuas los yog lub siab ntseeg tuag nthi. Cov kev tiv thaiv no siv rau kev ua hauj lwm thiab muab kev pab cuam.

Rau tej lus hais ntsig txog Supplemental Nutrition Assistance Program (SNAP), hu rau USDA SNAP Tus Xov Tooj Hu Pab ntawm 800-221-5689, los yog nias rau ntawm State information /Hotline Number. Nias rau qhov txuas mus rau qhov teev Wisconsin Income Maintenance (IM) Consortia's Call Center tus naj npawb rau koj cheeb tsam los yog lub county thiab/los yog tribal ntawm koj nyob cov naj npawb hu tau rau: Wisconsin IM Consortia.

Yog koj xav sau Neeg Txoj Cai Qhov Kev Pab Cuam ib daim ntawv tsis txaus siab hais txog kev cais neeg tsis raws cai mus rau USDA, ua kom tiav daim foos USDA Program Discrimination Complaint form, nrhiav tau online ntawm http://www.ascr.usda.gov/complaint_filing_cust.html los yog USDA ib qhov chaw ua hauj lwm

twg, los yog hu rau (866) 632-9992 mus thov kom tau daim foos. Koj yuav sau koj ib tsab ntawv muaj tag nrho cov ntsiab lus kom muab nyob hauv daim foos. Xa koj daim foos ua tiav txhij txhua los yog tsab ntawv mus rau USDA ntawm:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) los yog email rau ntawm program.intake@usda.gov

Cov tib neeg uas lag ntseg, hnouv lus tsis zoo los yog muaj teeb meem hais lus tsis tau yuav hu tau rau USDA ntawm Federal Relay Service ntawm tus xov tooj 800- 877-8339; los yog 800- 845-6136 (Spanish).

Yuav sau ib daim ntawv tsis txaus siab txog kev cais neeg tsis raws cai hais txog ib qhov kev pab cuam tau txais nyiaj pab ntawm tsoom fwm teb chaws tuaj ntawm U.S. Department of Health and Human Services (HHS), sau rau:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Xov tooj hu dawb 800-368-1019 los yog 800-537-7697 (TDD)

Cov ntawv tsis txaus siab kuj muab xa tau mus rau:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Xov tooj hu dawb 800-368-1019, 315-353-5693 (TDD), los yog 312-886-1807 (Fax)


DHS, USDA thiab HHS yog cov chaw muab kev pab cuam thiab yog cov tswv hauj lwm muab vaj huam sib luag rau sawv daws.

Koj kuj tseem sau tau ntawv tsis txaus siab hais txog cais neeg tsis raws cai mus rau Department of Health Services (DHS). Ib tug neeg twg uas tau txais kev pab thiab tau txais nyiaj pab uas yog muab tuaj ntawm HHS los yog USDA yuav ua tau ntawv tsis txaus siab hais txog neeg cov cai uas yog hu rau Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). Yog sau ib daim ntawv tsis txaus siab, sau mus rau:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Suab), 608-266-0583 (Fax)
Wisconsin Relay Services 711 los yog hu rau 1-888-701-1251 (TTY)

Kom pab tau peb ua tau raws li cov cai tswj, cov cai kav thiab cov lus taw qhia hais txog kev muab vaj huam sib luag rau sawv daws, kuv tau tsa (Mr./Ms.) Jenny Seefeldt

Xov tooj: 920-834-4621 Ua Tus Xyuas Kev Muab Vaj Huam Sib Luag Rau Sawv Daws (Equal Opportunity Coordinator). Peb txhawb kom koj tham tej teeb meem uas zoo li yog kev cais neeg tsis raws cai hauv kev ua hauj lwm los yog muab kev pab cuam nrog rau tus neeg no. Tej ntaub ntawv qhia paub txog kev daws teeb meem tsis txaus siab tus txheej txheem yuav muaj muab rau sawv daws thaum thov txog.

KOS NPE – Tus Thawj Coj (Executive Director los yog Chief Executive Officer) 	Hnub Kos Npe <u>1/3/14</u>
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Para presentar una queja por discriminación relativa a un programa que reciba asistencia financiera federal a través del U.S. Department of Health and Human Services (HHS), escriba a:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Línea gratis 800-368-1019 o al 800-537-7697 (TDD)

Las quejas también pueden ser dirigidas a:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Línea gratis 800-368-1019, 315-353-5693 (TDD), o por fax al 312-886-1807

DHS, USDA y HHS son empleadores y proveedores de servicios que ofrecen igualdad de oportunidades.

También puede presentar una queja por discriminación formal con el Department of Health Services (DHS). Cualquier consumidor que reciba servicios y beneficios financiados por el U.S. Department of Health and Human Services (HHS) o el U.S. Department of Agriculture (USDA) puede presentar una queja de violación de los derechos civiles contactando a la Affirmative Action and Civil Rights Compliance Office (AA/CRC) del Department of Health Services (DHS) de Wisconsin. Para presentar una queja, escriba a:

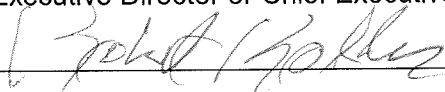
Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voz), 608-266-0583 (Fax)
Wisconsin Relay Services 711 o llame al 1-888-701-1251 (TTY)

Para ayudarnos a cumplir con todas las normas, reglamentos y pautas aplicables de igualdad de oportunidades, he nombrado a (Sr./Sra.) Jenny Seefeldt

Teléfono: 920-834-4621 como Coordinador(a) de Igualdad de Oportunidades. Le animamos a tratar con su Coordinador de Igualdad de Oportunidades cualquier problema percibido como discriminación en el empleo y la prestación de servicios. La información sobre el proceso de resolución de quejas por discriminación está disponible a petición de usted.

FIRMA – Executive Director or Chief Executive Officer

Fecha de la firma



1/3/14

APÉNDICE E
DECLARACIÓN DE IGUALDAD DE OPORTUNIDADES
EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AVISO PÚBLICO – VESTÍBULOS Y SALAS DE ESPERAS
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

El (County Department of Health and Human or Social Services, I.M. Consortia) es un empleador y proveedor de servicios que ofrece igualdad de oportunidades. Si usted requiere asistencia especial para acceder a este material en un formato alternativo o si requiere que sea traducido a otro idioma, por favor llame al 800-242-7334 (Voz); o si usted es una persona sorda o con problemas de audición, llámenos a través del Wisconsin Relay al 711 o _____ (TTY/TDD).

Esta institución prohíbe discriminar sobre la base de raza, color, país de origen, discapacidad, edad, sexo, identidad de género, orientación sexual, y en algunos casos, religión y creencias políticas.

El U.S. Department of Health and Human Services (HSS) y el U.S. Department of Agriculture (USDA) prohíben la discriminación contra sus clientes, empleados y solicitantes de empleo sobre la base de raza, color, país de origen, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, creencias políticas, estado civil, situación familiar o parental, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. **(No todos los criterios prohibidos se aplican a todos los programas y/o actividades laborales).**

Los Federal Health Care Provider Conscience Protection Laws prohíben que los recipientes de cierta asistencia financiera federal discriminen contra los proveedores de cuidado de salud por causa del rechazo o la disposición del proveedor de participar en los procedimientos de esterilización o abortos, contrario a, o consistente con, las creencias religiosas o convicciones morales del proveedor. Estas protecciones se aplican tanto al empleo como a la prestación de servicios.

Para información relacionada con el Supplemental Nutrition Assistance Program (SNAP), llame al número de línea directa del USDA SNAP al (800) 221-5689, o haga clic en el enlace State Information/Hotline Numbers. Haga clic en el enlace Wisconsin IM Consortia para una lista de los números del Centro de Llamadas del Wisconsin Income Maintenance (IM) Consortia en su área o condado y/o los números de contacto de las tribus locales.

Si desea presentar una queja al USDA por discriminación de los derechos civiles, complete el USDA Program Discrimination Complaint Form (Formulario de Quejas por Discriminación del Programa del USDA), que se puede encontrar por internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta que contenga toda la información solicitada en el formulario. Envíe su formulario de queja completo o carta al USDA a:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) o por correo electrónico a program.intake@usda.gov

Las personas sordas, con dificultades auditivas o con discapacidades del habla pueden contactar al USDA a través del Federal Relay Service (Servicio Federal de Transmisión) al (800) 877-8339; o al (800) 845-6136 (para español).

APPENDIX F
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

NEWCAP, Inc., is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 800-242-7334 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with Jenny Seefeldt, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed Mr./Ms Jenny Seefeldt_____, (telephone: 920-834-4621) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or 1-888-701-1251 (TTY)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 or
Toll Free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:
HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll Free 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws complaints must be filed at the Federal level with the HHS Office for Civil Rights (OCR).

We recommend that you use the Civil Rights Discrimination Complaint Form Package, which can be found on the federal website at <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. However, you also may file a complaint by mail, fax or email. If you need help filing a complaint, please email HHS OCR at OCRMail@hhs.gov.

For further information, contact:
Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Toll Free 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: <http://www.hhs.gov/ocr>

NEWCAP, Inc., DHS, and HHS are equal opportunity service providers and employers.

DAIM NTAUV NTXIV F
Lus Hais Txog Kev Muaj Vaj Huam sib Luag Hauv Kev Ua Hauj Lwm thiab Muab
Kev Pab Cuam
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

COV KEV PAB CUAM TAU NYIAJ TUAJ NTAWM
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES

Cov Chaw Muab Kev Kho Mob Thiab Cov Neeg Muab Kev Kho Mob
HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

NEWCAP, Inc. (Recipient's Name Here) yog ib tug tswv hauj lwm thiab ib qhov chaw muab kev pab cuam muaj vaj huam sib luag rau sawv daws. Yog hais tias koj xav tau kev pab tshwj xeeb kom muab cov ntau ntawv no ua lwm hom kom koj nyeem tau los yog kom muab txhais ua ib hom lus txawv, thov hu rau 800-242-7334 (Suab); los yog tias koj tsis hnov lus thiab/los yog muaj teeb meem tsis hnov lus zoo, hu rau peb hauv Wisconsin Relay ntawm 711 los yog _____ (TTY/TDD).

Lub koom txoos ua hauj lwm no txwv tsis pub cais neeg tsis raws cai rau ntawm haiv neeg, tsos nqaij daim tawv, keeb kwm teb chaws, muaj mob xiam oob qhab, hnuv nyoog, poj niam txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev plees kev yi txawv los yog kev ntseeg. Federal Health Care Provider Conscience Protection Laws txwv cov neeg tau txais nyiaj ntawm tsoom fwm teb chaws HHS ib txhia nyiaj pab los ntawm qhov cais neeg tsis raws cai rau ib txhia cov muab kev pab kho mob vim tus muab kev kho mob tsis kam los yog tsis tuaj yeem los mus koom rau hauv kev txiav hlab kom txhob muaj taus me nyuam cov txheej txheem los yog kev rho me nyuam tsis thooj li los yog raws nkaus li tus neeg muab kev kho mob cov kev ntseeg kev cai dab qhuas los yog lub siab ntseeg tuag nthi. Cov kev txwv no siv rau kev ua hauj lwm thiab muab kev pab cuam.

Yog koj xav tias leej twg los yog lub koom txoos ua hauj lwm no tau cais koj tsis raws cai rau ntawm ib qhov uas raug txoj cai tiv thaiv, koj yuav sau tau ib daim ntawv tsis txaus siab mus rau Jenny Seefeldt (Name of the Entity), Tus Xyuas Kev Muab Vaj Huam Sib Luag Rau Sawv Daws (Equal Opportunity Coordinator).

Kom pab tau peb ua tau raws li cov cai tswj, cov cai kav thiab cov lus taw qhia hais txog kev muab vaj huam sib luag rau sawv daws, peb tau tsa Mr./Ms. Jenny Seefeldt, (xov tooj: 920-834-4621) Ua Tus Xyuas Kev Muab Vaj Huam Sib Luag Rau Sawv Daws. Peb txhawb kom koj tham tej teeb meem uas zoo li yog kev cais neeg tsis raws cai hauv kev ua hauj lwm los yog muab kev pab cuam nrog rau tus neeg no.

Koj kuj tseem sau tau ntawv tsis txaus siab hais txog cais neeg tsis raws cai mus rau Department of Health Services (DHS). Ib tug neeg twg uas tau txais kev pab thiab tau txais nyiaj pab uas yog muab tuaj ntawm HHS los yog USDA yuav ua tau ntawv tsis txaus siab hais txog neeg cov cai uas yog hu rau Wisconsin DHS, Office of Affirmative Action thiab Civil Rights Compliance (AA/CRC). Yog sau ib daim ntawv tsis txaus siab, sau mus rau:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Suab), 608-266-0583 (Fax)
Wisconsin Relay Services 711 los yog 1-888-701-1251 (TTY)

Tsis hais leej twg yeej ua tau ntawv tsis txaus siab mus rau Office of Civil Rights. Peb xav hais kom koj siv cov foos Civil Rights Discrimination Complaint Form Package. Koj kuj tseem thov tau ib daim qauv luam ntawm daim foos no ntawm OCR regional office. Yog koj xav tau kev pab ua daim ntawv tsis txaus siab los yog muaj lus nug txog cov foos tsis txaus siab los yog pom zoo tso cai, thov sau email xa mus rau OCR ntawm OCRAMail@hhs.gov.

LOS YOG

Yuav ua ntawv tsis txaus siab txog cais neeg tsis raws cai hais txog ib qhov kev pab cuam twg uas tau txais nyiaj tsoom fwm pab tuaj ntawm U.S. Department of Health and Human Services (HHS), sau rau:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 los yog
Xov Tooj Hu Dawb 800-368-1019 los yog 800-537-7697 (TDD)

Cov ntawv tsis txaus siab kuj tseem xa tau mus rau:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Xov Tooj Hu Dawb 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws cov ntawv tsis txaus siab yuav tsum yog sau mus rau theem siab hauv Tsoom Fwm Teb Chaws ntawm qhov chaw ua hauj lwm HHS Office for Civil Rights (OCR).

Peb xav hais kom koj siv cov foos Civil Rights Discrimination Complaint Form Package, uas nrhiav tau nyob rau ntawm tsoom fwm lub website ntawm <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. Li cas los xij, koj yuav ua tau ntawv tsis txaus siab xa hauv tsev xa ntawv mus, fax los yog email. Yog koj xav tau kev pab ua ib daim ntawv tsis txaus siab, thov sau email xa mus rau HHS OCR ntawm OCRMail@hhs.gov.

Yog xav paub ntxiv, hu rau:

Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Xov Tooj Hu Dawb 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: <http://www.hhs.gov/ocr>

NEWCAP, Inc. (Name of Entity), DHS, thiab HHS yog cov chaw muab kev pab cuam thiab cov tswv hauj lwm muab vaj huam sib luag rau sawv daws.

APÉNDICE F
DECLARACIÓN DE IGUALDAD DE OPORTUNIDADES
EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS
FACILIDADES Y PROVEEDORES DE CUIDADO DE SALUD

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

NEWCAP, Inc. (Escriba nombre del recipiente aquí) es un empleador y proveedor de servicios que ofrece igualdad de oportunidades. Si usted requiere asistencia especial para acceder a este material en un formato alternativo o si requiere que sea traducido a otro idioma, por favor llame al 800-242-7334 (Voz); o si usted es una persona sorda o con problemas de audición, llámenos a través del Wisconsin Relay al 711 o _____ (TTY/TDD).

Esta institución se prohíbe discriminar sobre la base de raza, color, país de origen, discapacidad, edad, sexo, identidad de género, orientación sexual o religión. Los Federal Health Care Provider Conscience Protection Laws prohíben que los recipientes de cierta asistencia financiera federal (HHS) discriminen contra los proveedores de cuidado de salud por causa del rechazo o la disposición del proveedor de participar en los procedimientos de esterilización o abortos, contrario a, o consistente con, las creencias religiosas o convicciones morales del proveedor. Estas protecciones se aplican tanto al empleo como a la prestación de servicios.

Si usted siente que esta institución o alguien ha discriminado en contra suya basado en una de las bases protegidas, usted puede presentar una queja por discriminación informal con el Jenny Seefeldt (Nombre de la entidad), Coordinador de Igualdad de Oportunidades (Equal Opportunity Coordinator).

Para ayudarnos a cumplir con todas las normas, regulaciones y pautas aplicables de igualdad de oportunidades, hemos nombrado al Sr./Sra. Jenny Seefeldt, (teléfono: 920-834-4621) como el Coordinador(a) de Igualdad de Oportunidades. Le animamos a tratar con el Coordinador de Igualdad de Oportunidades cualquier problema percibido como discriminación en el empleo o la prestación de servicios.

También puede presentar una queja por discriminación formal con el Department of Health Services (DHS). Cualquier beneficiario que reciba servicios y beneficios financiados por el HHS o el USDA puede presentar una queja por violación de los derechos civiles contactando a Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). Para presentar una queja, escriba a:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voz), 608-266-0583 (Fax)
Wisconsin Relay Services 711 o 1-888-701-1251 (TTY)

Cualquier persona puede presentar quejas por escrito con la Oficina de Derechos Civiles (OCR por sus siglas en inglés). Se recomienda que utilice el Civil Rights Discrimination Complaint Form Package. También puede solicitar una copia de este formulario a través del OCR regional office. Si necesita ayuda para presentar una queja o tiene alguna pregunta acerca de la queja o los formularios de consentimiento, por favor envíe un mensaje de correo electrónico (email) a OCR a OCRMail@hhs.gov.

O

Para presentar una queja por discriminación relativa a cualquier programa que reciba asistencia financiera federal a través del U.S. Department of Health and Human Services (HHS), escriba a:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 o
Línea gratis 800-368-1019 o 800-537-7697 (TDD)

Las quejas también pueden ser dirigidas a:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Línea gratis 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Las quejas relativas a los Federal Health Care Provider Conscience Protection Laws se tienen que presentar a nivel Federal con el HHS Office for Civil Rights (OCR).

Le recomendamos que utilice los documentos del Civil Rights Discrimination Complaint Form Package, que se pueden encontrar en el sitio web federal en <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. Sin embargo, también puede presentar una queja por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, por favor envíe un mensaje por correo electrónico a HHS OCR a la siguiente dirección OCRMail@hhs.gov.

Para más información, contacte al:

Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Línea gratis 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: <http://www.hhs.gov/ocr>

NEWCAP, Inc. (Nombre de la entidad), DHS, y HHS son empleadores y proveedores de servicios que ofrecen igualdad de oportunidades.

APPENDIX G
USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT
FOR
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
WEBSITES OR WEBPAGES STATEMENT

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities).**

If you wish to file a Civil Rights Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C., 20250-9410
202-690-7442 (Fax) or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish, or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.

DAIM NTAUV NTXIV G
LUS HAIS TXOG USDA-FNS KEV UA HAUJ LWM THIAB MUAB KEV PAB CUAM
USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT
RAU
COV NEEG TAU TXAIS SNAP/FOODSHARE, WIC, TEFAP THIAB FSET KEV PAB CUAM
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
COV WEBSITES LOS YOG WEBPAGES COV LUS HAIS
WEBSITES OR WEBPAGES STATEMENT

U.S. Department of Health and Human Services (HSS) thiab Department of Agriculture (USDA) txwv tsis pub cais neeg tsis raws cai rau nws cov neeg yuav khoom los yog siv khoom thiab tau txais nws cov kev pab (customers), cov neeg ua hauj lwm, thiab cov ua ntawv thov rau kev ua hauj lwm los ntawm haiv neeg, tsos nqaij daim tawv, keeb kwm teb chaws, hnuv nyoog, muaj mob xiam oob qhab, poj niam txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev ntseeg, kev ua pauj (reprisal), thiab nyob ntawm qhov siv rau, cov kev ntseeg kev tswj hwm teb chaws, muaj txij nkawm los yog tsis muaj, tsev neeg muaj me nyuam los yog muaj niam muaj txiv, kev plees kev yi txawv, los yog tag nrho los yog ib feem ntawm ib tug tib neeg cov nyiaj tau los yog tau los ntawm ib qho kev pab cuam twg, los yog raug tiv thaiv los ntawm caj ces hauv kev ua hauj lwm los yog hauv ib qho kev pab cuam twg los yog kev ua ub no muab kev coj ua los yog tau nyiaj los ntawm lub Department. **(Tsis yog tag nrho cov kev txwv yuav siv rau tag nrho cov kev pab cuam thiab/los yog cov kev ua hauj lwm).**

Yog koj xav sau Neeg Txoj Cai Qhov Kev Pab Cuam ib daim ntawv tsis txaus siab hais txog kev cais neeg tsis raws cai mus rau USDA, ua kom tiav daim foos [USDA Program Discrimination Complaint form](http://www.ascr.usda.gov/complaint_filing_cust.html), nrhiav tau online ntawm http://www.ascr.usda.gov/complaint_filing_cust.html los yog USDA ib qhov chaw ua hauj lwm twg, los yog hu rau (866) 632-9992 mus thov kom tau daim foos. Koj yuav sau koj ib tsab ntawv muaj tag nrho cov ntsiab lus kom muab nyob hauv daim foos. Xa koj daim foos ua tiav txhij txhua los yog tsab ntawv mus rau peb ntawm:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) los yog email rau ntawm program.intake@usda.gov

Cov tib neeg uas lag ntseg, hnouv lus tsis zoo los yog muaj teeb meem hais lus tsis tau yuav hu tau rau USDA ntawm Federal Relay Service ntawm tus xov tooj 800- 877-8339; los yog 800- 845-6136 (Spanish).

Rau lwm cov lus hais ntsig txog Supplemental Nutrition Assistance Program (SNAP) cov teeb meem, cov neeg yuav tau hu rau USDA SNAP Tus Xov Tooj Hu Pab ntawm 800-221-5689, uas muaj hais ua lus Spanish thiab, los yog hu rau [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (nias rau qhov txuas mus rau cov npe teev cov naj npawb hu tau raws Xeev) nrhiav tau online ntawm http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA yog ib qhov chaw muab kev pab cuam thiab yog ib tug tswv hauj lwm muab vaj huam sib luag rau sawv daws.

APÉNDICE G
USDA-FNS DECLARACIÓN DE IGUALDAD DE OPORTUNIDADES
EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS

PARA BENEFICIARIOS DE LOS PROGRAMAS DE
SNAP/FOODSHARE, WIC, TEFAP y FSET
DECLARACION PARA EL WEB

USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT FOR
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
WEBSITES OR WEBPAGES STATEMENT

El U.S. Department of Agriculture (USDA) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo sobre la base de raza, color, país de origen, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, creencias políticas, estado civil, situación familiar o parental, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. **(No todos los criterios prohibidos se aplican a todos los programas y/o actividades laborales).**

Si desea presentar una queja por discriminación de los derechos civiles, complete el USDA Program Discrimination Complaint Form (Formulario de Quejas por Discriminación del Programa del USDA), que se encuentra por internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar un formulario. También puede escribir una carta que contenga toda la información solicitada en el formulario. Envíe su formulario de queja completo o carta al:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) o por correo electrónico a program.intake@usda.gov

Las personas sordas, con dificultades auditivas o con discapacidades del habla pueden contactar al USDA a través del Federal Relay Service (Servicio Federal de Transmisión) al (800) 877-8339; o al (800) 845-6136 (para español).

Para información relacionada con el Supplemental Nutrition Assistance Program (SNAP), llame al número de línea directa del USDA SNAP al (800) 221-5689 (para inglés o español), o llame el State Information/Hotline Numbers (clic el enlace para una lista de las líneas directas de cada estado) que se encuentra por internet en http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

APPENDIX H LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The NEWCAP, Inc.

is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of NEWCAP, Inc.>

to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed

(Mr./Ms.) Jenny Seefeldt

Phone (920)834-4621

as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.



SIGNATURE - Executive Director or Chief Executive Officer

1/3/14

Date Signed

**APPENDIX H: KEV PAB COV Tsis PAUB LUS AS KIV TXOJ CAI NTHUAV TAWM
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

Chaw Khiav Hauj Lwm NEWCAP, Inc.

cog lus yuav muab vaj huam sib luag rau cov neeg uas lawv hais tsis tau lus As Kiv (persons with limited English proficiency, LEP) kom lawv tau txais cov pab ib yam li lwm cov. Qhov kom cov neeg LEP hais tsis tau lus As Kiv tau txais kev pab ib yam no yeej muab hais rau hauv tsab cai Title VI of the Civil Rights Act of 1964 uas txwv tsis pub ntub ntug cais leej twg los ntawm nws keeb kwm haiv neeg (national origin); cov lus no tseem hais ntiv nyob rau hauv tsab ntawv Executive Order 13166. Cov kev pab no yog pab txhais lus thiab txhais ntaub ntawv pub dawb rau cov neeg LEP hais tsis tau lus As Kiv xwv kom lawv tau txais kev pab ib yam nkaus li lwm cov thiab.

Nws yog txoj cai ntawm (Chaw Khiav Hauj Lwm Lub Npe) NEWCAP, Inc.

tsis pub siv ib tus neeg hauv tsev neeg los yog ib tus phooj ywg los ua tus txhais lus vim qhov no yog ib qho yuam cai ntawm tus uas nws muaj tej yam tsis pub lwm tus paub (person's privacy) thiab yuav muab tau yam uas tsis pub lwm tus paub ntawm nws tus kheej (confidential information) qhia tawm rau lwm tus. Nws yog peb txoj cai qhia rau cov neeg LEP uas lawv hais tsis tau lus As Kiv kom lawv paub txog txoj cai lawv muaj uas yog peb yuav tsum nrhia kom tau neeg txhais lus rau cov neeg LEP yam tsis tau them dab tsi. Cov neeg LEP tsis paub lus As Kiv uas tsis yuav kev pab es ho kom nws ib tus neeg txheeb ze txhais lus rau nws ntawd yuav tau kos npe rau ib daim ntawv Tso Tawm (Release) lees paub tias qhov lawv cia ib tus neeg txheeb ze txhais lus no yuav ua rau lwm tus paub tej hauj lwm ntawm lawv tus kheej los muaj. Yog thaum ho muaj li no los lawv yuav tsis nrog qhov chaw khiav hauj lwm no (this agency) yuav ib txoj cai dab tsi thiab yog thaum ho txhais tau cov lus tsis raug los lawv yuav tsis hais kom qhov chaw khiav hauj lwm ris lub nra.

Qhov chaw khiav hauj lwm no txwv tsis pub siv cov me nyuam tsis tau muaj hnuv nyoog (18 xyoo rov hauv) los ua tus txhais lus tsis hais lub sij hawm twg los yog thaum twg.

Ib xyoo twg, qhov chaw khiav hauj lwm no yuav tshawb xyuas cov pej xeem nyob hauv nws cheeb tsam muab kev pab kom paub cov neeg tsiv los ntiv thiab cov tseem hais tsis tau lus As Kiv zoo seb muaj li cas xwv thiaj li paub npaj nrhiav kev pab rau lawv.

Tas nrho cov koom haum los yog chaw khiav hauj lwm uas muaj ntaub ntawv cog lus nrog peb qhov chaw khiav hauj lwm los yuav tsum ua kom tau raws li cov cai hais txog muab kev pab rau cov neeg LEP hais tsis tau lus As Kiv no tib si thiab.

Yuav kom pab peb ua tau raws li cov cai no, kuv tau tsa

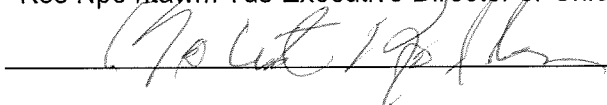
(Mr./Ms.) Jenny Seefeldt

Xov Tooj 920-834-4621

ua Tus Xyuas Kev Pab Cov Tsis Paub Lus As Kiv (Limited English Proficiency Coordinator.) Cov neeg LEP tsis paub lus As Kiv yuav tau hu rau tus no thiab thov kev pab txhais lus los yog txhais ntawv, los yog hais rau nws paub yog thaum pom tias muaj kev ntub ntug cais tsis kam muab kev pab thiab yog xav paub seb yog tsis txaus siab no yuav ua li cas.

Kos Npe ntawm Tus Executive Director or Chief Executive Officer

Hnuv Kos Npe



1/3/14

APPENDIX H LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

Dominio Limitado del Idioma Inglés Declaración de Política

El NEWCAP, Inc. (Organization name)
se compromete a proveer igualdad de oportunidades en todos los programas y servicios a aquellas personas con dominio limitado del idioma inglés (Limited English Proficiency – LEP por sus siglas en inglés). El acceso al programa para las personas LEP es tratado en el Título VI del Civil Rights Act de 1964 el cual prohíbe la discriminación sobre la base de país de origen. Esta protección se afirma con más detalle en Executive Order 13166. Los servicios incluyen traducción escrita e interpretación oral, a ningún costo, a las personas LEP para garantizar acceso significativo, preciso y equitativo a los programas, beneficios y actividades.

Es la política de NEWCAP, Inc. (Organization name)
disuadir el uso de miembros de familia o amigos como intérpretes ya que esto podría violar la privacidad de la persona y revelar información confidencial y sensible. Es nuestra política el informar al cliente LEP sobre su derecho a recibir los servicios de asistencia / interpretación de idioma a ningún costo para el cliente LEP. A los clientes LEP que rechazan tales servicios y que solicitan el uso de un miembro de familia o amigo, se les pedirá que firmen un documento que reconozca que esta práctica podría constituir una infracción de la confidencialidad y que él / ella no hará a la agencia responsable por cualquier traducción incorrecta o falta de comunicación.

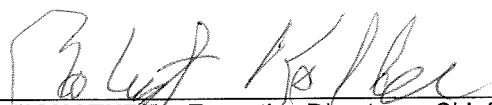
Esta organización prohíbe el uso de niños menores (18 años de edad o menos) como intérpretes y no permitirá que niños menores sirvan de intérpretes bajo ninguna circunstancia.

Esta agencia supervisa los cambios demográficos y las tendencias de la población de forma anual para garantizar el conocimiento de los cambios demográficos y las necesidades de idioma en nuestra área de servicio.

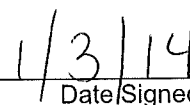
Todos los sub-beneficiarios de un contrato con esta agencia están obligados a cumplir con los requisitos de la política del LEP.

Para ayudarnos a cumplir con todas las normas, reglamentos y pautas aplicables a la política de Dominio Limitado del Idioma Inglés, he nombrado a (Sr./Sra.) Jenny Seefeldt

Teléfono 920-834-4621 como Coordinador de acceso a servicios para personas con dominio limitado del idioma inglés (LEP). Les exhortamos a los clientes LEP a pedirle al Coordinador asistencia de idioma o discutir cualquier problema percibido como discriminación en el empleo o la prestación de servicios. La información sobre el proceso de resolución de quejas por discriminación está disponible a petición de usted.



SIGNATURE – Executive Director or Chief Executive Officer



Date/Signed

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E

Health Services
F-00166

Workforce Development
DETS-16707-E (R. 12/2013)

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator Jenny Seefeldt	Phone (Voice) (920) 834-4621	Phone (TDD) () -
Name of Complainant	Phone () -	
Address (number, street, city, state, zip code)		

Basis for Service Delivery or Employment Discrimination Complaint: In service delivery, discrimination is prohibited on the following basis: age, color, disability, national origin, religion, political belief or affiliation, marital status, familial or parental status, race, sex, gender identity, sexual orientation, genetic testing, or all or part of an individual's income is derived from any public assistance program, retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity conducted or funded with federal assistance.

Employment discrimination is prohibited on the basis of: age (over 40), national origin or ancestry, arrest record, conviction record, color, creed or religion, disability or association with a person with a disability, genetic testing, honesty testing, marital status, pregnancy or childbirth, military service, race, sex, sexual orientation, use or non use of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery; however, not all prohibited bases will apply to all programs and/or employment activities.

Name of the Agency and/or Employee or Employer Against Whom the Complaint is Filed.

Describe the action or treatment that you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the Relief or Satisfaction you Want:

SIGNATURE - Complainant or Complainant Representative	Date Signed
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The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

INFORMAL COMPLAINT

Date Received	Received By	Title
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Agency

Actions and Individual(s) to be Investigated:

Findings (Must be completed within 30 days):

Action Taken:

Further Action Required? ☐ Yes ☐ No
If yes, what action is recommended?

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Instructions for Completing Employment or Service Delivery Discrimination Complaint

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employer's or service provider's premises during non-working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

IMPORTANT: If your application for service was not taken or your were told you were not eligible for a particular program, BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. Your right to appeal a decision or to request a State administrative hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. Complaints alleging discrimination on the basis of age in programs funded by U.S. Department of Agriculture, Food and Nutrition Services (USDA-FNS) must be filed directly with the USDA Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. This complaint will be forwarded to the appropriate FNS Regional OCR within five (5) working days after receipt. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say what they saw, heard or experienced. Complaints filed under the Federal Health Care Provider Conscience Protection Laws must be filed directly with HHS Office of Civil Rights.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place. IF you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at 920-834-4621 or TDD - - - .

Send the completed form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

File formal discrimination complaints about these services with the state agency listed below.

PROGRAM	STATE AGENCY
<p>Wisconsin (WI) Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the WI Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance)</p>	<p>WI Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 608-266-5335 (voice) 800-864-4585 (TTY)</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services</p>	<p>WI Department of Health Services Office of Affirmative Action and Civil Rights Compliance 1 W. Wilson, Room 656 P.O. Box 7850 Madison, WI 53707 608-266-9372 (voice) 608-266-0583 (fax) 888-701-1251 (TTY) or Wisconsin Relay 711</p>
<p>Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.</p>	<p>WI Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 608-266-6889 (voice); 866-275-1165 (TDD)</p>
<p>Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and/or DWD funded entities and their subcontractors.</p>	<p>Equal Rights Office P.O. Box 8928 Madison, WI 53708 608-266-6860 (voice) : 608-264-8752 (TDD)</p> <p>Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 414-227-4384 (voice); 414-227-4081 (TDD)</p> <p>U.S. Equal Employment Opportunity Commission Reuss Federal Plaza 310 West Wisconsin Ave., Suite 800 Milwaukee, WI 53203-2292 800-669-4000 (voice) 414-297-4133 (fax); 800-669-6820 (TTY)</p> <p>Milwaukee District Office U.S. Department of Labor, OFCCP Federal Building 310 West Wisconsin Avenue, Suite 1115 Milwaukee, WI 53203 414-297-3821 (voice); 414-297-4038 (fax)</p>

You also have the right to file a formal complaint with a federal agency listed below.

PROGRAM	FEDERAL AGENCY
<p>Formal Discrimination Complaints about any of the above services administered by the Wisconsin Department of Health Services.</p> <p>Formal Discrimination Complaints filed based on the Federal Health Care Providers Conscience Protection Law.</p>	<p>Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019 (voice, toll free) 800-537-7697 (TDD toll free)</p> <p>U.S. Dept. of Health and Human Services Office for Civil Rights – Region V 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 800-368-1019 (voice, toll free) 312-886-1807 (fax) 800-537-7697 (TDD, toll free)</p>
<p>Formal Discrimination Complaints about any program receiving federal assistance.</p>	<p>Coordination and Review Section - NWB Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, D.C. 20530</p> <p>888-848-5306 - English and Spanish (ingles y español) 202-307-2222 (voice) 202-307-2678 (TDD)</p> <p>Title VI Hotline: 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p>Disability Complaints: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530</p> <p>800-514-0301 (voice) 800-514-0383 (TTY) (also in Spanish)</p>
<p>If you wish to file a Civil Rights Program of Discrimination with the USDA for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level) FoodShare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) Program complete the USDA Program Discrimination Complaint found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-623-9992 to request a form.</p>	<p>USDA Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410 866-632-9992 (request a form) Email: program.intake@usda.gov 800-877-8339 (Federal Relay Services) 800-845-6136 (Spanish)</p>

**UA NTAWV TSIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV PAB CUAM
LOS YOG KEV UA HAUJ LWM**

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E

Health Services
P-00166

Workforce Development
DETS-16707-E (R. 12/2013)

Yog koj xav tau kev pab ua daim ntawv no, hu rau los yog mus ntsib:

Tus Xyuas Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator) Jenny Seefeldt	Xov Tooj (Suab) 920-834-4621	Xov Tooj (TDD)
Tus Tsis Txaus Siab Lub Npe (Name of Complainant)	Xov Tooj	
Chaw Nyob (number, txoj kev, lub zos, lub xeev, zip code)		

Tsis Txaus Siab Rau Kev Ntxub Ntxaug Cais Neeg Tawm Hauv Kev Pab Cuam los yog Kev Ua Hauj Lwm (Basis for Service Delivery or Employment Discrimination Complaint:) Nyob hauv kev pab cuam, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov npe lus no: hnuv nyoog, tsos nqaj daim tawv, muaj mob xiam oob qhab, keeb kwm teb chaws, kev ntseeg, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv, muaj txij nkawm los tsis muaj, muaj tsev neeg los yog muaj niam muaj txiv los tsis muaj, haiv neeg, poj niam/txiv neej, nws hais tias nws yog poj niam los txiv neej (gender identity), kev plees kev yi txawv, kev kuaj caj ces/noob, los yog tag nrho los yog ib feem ntawm ib tug tib neeg cov nyiaj tau los yog tau los ntawm ib qho kev pab cuam twg, ua pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, los yog tau pab ib tus ua ntawv tsis txaus siab, tsis nrog pom zoo rau kev ntxub ntxaug cais neeg tawm nyob rau hauv ib qhov kev pab cuam koj ua los yog tau foom fwv teb chaws nyiaj pab.

Nyob hauv kev ua hauj lwm, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov npe lus no: hnuv nyoog (tshaj 40), keeb kwm teb chaws los yog poj koob yawm txwv, raug ntes raug kaw, tsos nqaj daim tawv, kev ntseeg, muaj mob xiam oob qhab los yog koom nrog ib tus neeg xiam oob qhab, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing), muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, poj niam/txiv neej, kev plees kev yi txawv, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv qhov chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv lawv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntxub ntxaug cais neeg hauv qhov chaw ua hauj lwm. Tsoom Fwv Teb Chaws Cov Cai Tiv Thaiv Cov Muab Kev Pab Kho Mob (Federal Health Care Provider Conscience Protection Laws) txwv cov neeg tau txais nyiaj ntawm tsoom fwv teb chaws ib txhia nyiaj pab los ntawm qhov cais neeg tsis raws cai rau cov muab kev pab kho mob vim tus muab kev kho mob tsis kam los yog tsis tuaj yeem los mus koom rau hauv kev txiav hlab kom txhob muaj taus me nyuam cov txheej txheem los yog kev rho me nyuam tsis thooj li los yog raws nkaus li tus neeg muab kev kho mob cov kev ntseeg kev cai dab qhuas los yog lub siab ntseeg tuag nthi. Cov kev tiv thaiv no siv rau kev ua hauj lwm thiab muab kev pab cuam; li cas los, tsis yog tag nrho cov kev txwv yuav siv rau tag nrho cov kev pab cuam thiab/los yog cov kev ua hauj lwm.

Lub npe ntawm qhov chaw khiav hauj lwm thiab/los yog lwm tus neeg ua hauj lwm los yog tus tswv hauj lwm uas daim ntawv tsis txaus siab no ua foob nws.

Piav kom meej qhov uas lawv ua rau koj ntawd uas koj ntseeg tias yog ntxub ntxaug cais neeg. Muab kom tau xws li nws yog leej twg, yog dab tsi, thaum twg, nyob qhov twg, ua li cas, vim li cas, thiab yog muaj neeg ua pov thawj lub sij hawm ntawd no muab kom tau lawv lub npe, chaw nyob thiab xov tooj. Hais kom meej seb qhov teeb meem tshwm sim hnuv twg. Yog qhov chaw hauv qab no tsis txaus sau koj cov lus, koj muab mus sau ntxiv rau ib daim ntawv tshiab los tau. Nyob rau qhov chaw hauv qab no, qhia seb muaj pes tsawg phab ntawv ntxiv uas muab tom ua ke nrog daim no.

Piav seb yuav kom daws qhov teeb meem li cas thiaj tau raws li koj siab nyiam (Description of the relief or satisfaction you want):

Tus Neeg Tsis Txaus Siab los yog nws Tus Sawv Cev Kos Npe	Hnuv Kos Npe (mm/dd/yyyy)
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Cov lus hauv qab no yog cia rau qhov chaw uas koj tsis txaus siab rau ua tus teb xa rov qab rau koj.

UA NTAWV TSIS TXAUS SIAB

Hnub Txais Tau	Tus Neeg Txais Daim Ntawv Lub Npe	Nws Tuav Hauj Lwm Dab Tsi (Title)
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Qhov Chaw Lub Npe (Agency)

Cov Hauj Lwm Yuav Nqes Tes Ua thiab Cov Neeg Uas Yuav Raug Nug Txog Qhov Teeb Meem (Actions and Individual(s) to be Investigated:)

Tshawb Tau Dab Tsi (Findings) (Yuav tsum ua kom tiav tsis pub dhau 30 hnub):

Cov Hauj Lwm Tau Nqes Tes Ua Lawm (Action Taken:)

Puas Tshuav Dab Tsi Yuav Ua Ntxiv? (Further Action Required?)
Yog Tshuav, yog dab tsi?

☐ Tshuav

☐ Tsis Tshuav

**YUAV UA NTAWV TSIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV UA
HAUJ LWM LOS YOG KEV PAB CUAM LI CAS
HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT**

**Cov Lus Qhia Ua Daim Ntawv Tsis Txaus Siab Rau Kev Ntxub Ntxaug Cais Neeg Hauv Kev Ua
Hauj Lwm Los Yog Kev Pab Cuam**

Yog koj xav tias luag ua tsis ncaj rau koj vim koj lub hnuv nyoog, haiv neeg, kev ntseeg, tsos nqaij daim tawv, poj niam/txiv neej, keeb kwm teb chaws los yog poj koob yawm txwv, muaj mob xiam oob qhab los yog muaj kev koom nrog ib ib tug neeg muaj mob xiam oob qhab, raug ntes raug kaw, kev plees kev yi txawv, muaj txij nkawm los tsis muaj los yog cev xeeb tub, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv, ua tub rog, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm, koj yuav ua daim ntawv tsis txaus siab tau. Yog luag tsis kam muab kev pab rau koj raws txoj cai, los yog qhov kev pab koj tau txais ntawd raug muab cais los yog muab tsis thooj li lwm tus, los yog qhov pab koj raug muab faib tsis thooj li lwm tus los sis txawv dua lwm tus li, los yog qhov kev pab cuam ntawd tsis yooj yim rau koj mus cuag tau lawv, tej zaum nws yuav yog lawv ua tsis ncaj lawm tiag.

TSEEM CEEB: Yog luag tsis kam txais koj daim ntawv thov kev pab los yog luag hais rau koj tias koj tsis muaj feem tau txais ib qhov kev pab twg, TIAM SIS koj xav tias koj yeej muaj feem tau txais, nug qhov chaw ua hauj lwm muab kev pab ntawd kom lawv muab daim ntawv qhia txog qhov chaw ua hauj lwm txoj kev pab daws teeb meem tsis txaus siab los yog lub Xeev txoj kev pab taug kev ncaj ncees seb yuav ua li cas. Koj txoj cai thov kom rov qab muab qhov luag tau txiav txim ntawd los sib hais dua los yog thov kom Xeev tsa ib lub rooj taug kev ncaj ncees no nws tsis tas yuav tsum yog tsis txaus siab vim muaj kev ntxub ntxaug cais neeg tsis kam pab xwb.

Qhov ua ntaub ntawv tsis txaus siab los ntawm kev ntxub ntxaug cais neeg no, koj yuav ua xa mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab cuam, los yog ua xa mus rau tsoom fww xeev los yog tsoom fww teb chaws qhov chaw ua hauj lwm muab kev pab. Cov ntaub ntawv ua tsis txaus siab vim los ntawm hnuv nyoog hauv cov kev pab cuam tau nyiaj pab los ntawm U.S Department of Agriculture, Food and Nutrition Services (USDA-FNS) yuav tsum muab ua xa ncaj nraim mus rau USDA Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. Koj cov ntawv tsis txaus siab yuav muab xa mus rau FNS Regional OCR tsis pub dhau tsib (5) hnuv tom qab tau txais daim ntawv tsis txaus siab. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj vim koj tau ua ntawv tsis txaus siab. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj cov neeg ua pov thawj vim lawv tau tuaj yeem hais raws li qhov lawv tau pom, tau hnov thiab tau ntsib los mus. Cov ntaub ntawv tsis txaus siab ua raws li Tsoom Fwv Teb Chaws Cov Cai Tiv Thaiv Cov Muab Kev Pab Kho Mob (Federal Health Care Provider Conscience Protection Laws) yuav tsum muab xa ncaj nraim mus rau HHS Office of Civil Rights.

Cov ntawv tsis txaus siab yuav tsum ua tsis pub dhau 180 hnuv suav txij hnuv koj ntseeg tias muaj qhov teeb meem ntxub ntxaug cais neeg los mus. Tab txawm li no los, koj yuav tau ua kom sai li sai tau tom qab qhov teeb meem tshwm sim. YOG koj xub ua ntawv tsis txaus siab mus sib hais rau ntawm koj tus tswv hauj lwm los yog qhov chaw muab kev pab es koj ho tsis txaus siab raws li qhov luag tau txiav txim ntawd, koj tseem muaj cai ua ntawv tsis txaus siab ntiv mus rau theem siab hauv xeev los yog tsoom fww teb chaws thiab, tsuav yog koj ua raws lub sij hawm tsis pub dhau xwb. Yog koj yeej npaj yuav ua ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fww teb chaws no ces koj tsis tas tos kom tau lus teb los ntawm qhov koj xub ua mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab tso.

Yog koj yuav ua daim ntawv tsis txaus siab mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab, koj yuav tau thov kom lawv muab ib daim qauv rau koj. Hu rau los yog mus ntsib tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator) ntawm 920-834-4621 lossis TDD _____. Tom qab muab daim qauv los yog daim form ua tiav lawm, rov qab muab xa mus rau tus Xyuas Txog Kev Muab Vaj Huam Sib Luag. Nws tus xov tooj yuav tsum muaj nyob rau ntawm daim form no.

Yog koj xav ua daim ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fwv teb chaws, koj yuav tau xa ncaj nraim mus rau tsoom fwv xeev los yog tsoom fwv teb chaws qhov chaw ua hauj lwm uas tau muab teev rau nplooj ntawv phab tom qab no. Nrog rau tsab ntawv tsis txaus siab no koj yuav tau sau ib daim hais qhia rau lawv tias koj tsis txaus siab rau ib qhov chaw ua hauj lwm muab kev pab los yog ib tus tswv hauj lwm uas tau nyiaj ntawm lawv los khiav hauj lwm pab sawv daws. Cov neeg khiav hauj lwm hauv xeev los yog tsoom fwv teb chaws yuav ua ntawv tuaj qhia rau koj paub tsis pub dhau 90 hnuv seb qhov teeb meem muab daws li cas lawm.

Ua ntawv tsis txaus siab txog cov kev pab cuam no xa mus rau lub xeev qhov chaw khiav hauj lwm teev hauv qab no.

KEV PAB CUAM (PROGRAM)	TSOOM FWV XEEV COV CHAW KHIIV HAUJ LWM (STATE AGENCY)
Wisconsin (WI) Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the WI Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),	Wisconsin Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services.	Wisconsin Department of Health Services Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voice: (608) 266-9372 TTY: 1-888-701-1251
Wisconsin Workforce Investment Act, thiab lwm cov kev pab cuam uas yog Wisconsin Department of Workforce Development ua tus saib xyuas.	Wisconsin Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165
Unsubsidized and Trial Jobs Complaints. Tsis txaus siab rau cov chaw khiav hauj lwm uas tau nyiaj los ntawm DCF, DHS los yog DWD (Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.)	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: (608) 266-6860 TDD-Hearing Impaired: (608) 264-8752 Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: (414) 227-4384 TDD: (414) 227-4081 U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115

Children and Families
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	<p>The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: 312-353-2158, TDD: 312-353-2158</p>
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Koj tseem muaj cai ua ntawv tsis txaus siab xa mu rau ib qhov chaw khiav hauj lwm ntawm tsoom fww teb chaws teev nram qab no thiab.

KEV PAB CUAM (PROGRAM)	TSOOM FWW TEB CHAWS COV CHAW KHIAB HAUJ LWM (FEDERAL AGENCY)
<p>Cov ntawv ua tsis txaus siab tsis hais qhov kev pab cuam twg uas tau teev los saum toj no uas yog Wisconsin Department of Health Services ua tus saib xyuas.</p> <p>Cov Ntawv Ua Tsis Txaus Siab raws li Tsoom Fww Teb Chaws Cov Cai Tiv Thaiv Cov Muab Kev Pab Kho Mob (Federal Health Care Providers Conscience Protection Law).</p>	<p>HHS, Director, Office for Civil Rights Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voice) (202)-619-3257 (TTY)</p> <p>U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693</p>
<p>Cov ntawv ua tsis txaus siab tsis hais qhov kev pab cuam twg (Formal Discrimination Complaint about any program.)</p>	<p>U.S. Dept of Justice Civil Rights Division 10th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD: 800-800-3302</p>
<p>Yog koj xav ua ib daim ntawv tsis txaus siab txog Neeg Cov Cai ntawm Kev Cais Neeg (Civil Rights Program of Discrimination) mus rau qhov kev pab cuam Supplemental Nutrition Assistance Program (SNAP) (thaum ub hu ua Food Stamp Program nyob rau theem siab ntawm Tsoom Fww teb chaws) FoodShare (thaum ub hu ua Food Stamps in Wisconsin), WIC, TEFAP thiab qhov kev pab cuam Food Stamp Employment and Training (FSET) Program, ua kom tiav daim USDA Program Discrimination Complaint nrhiav tau online ntawm: http://www.ascr.usda.gov/complaint_filing_cust.html, los yog nyob rau ntawm USDA ib qhov chaw ua hauj lwm, los yog hu rau 866-623-9992 mus thov ib daim foos.</p>	<p>USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY)</p> <p>Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)</p>

QUEJA POR DISCRIMINACIÓN EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E

Health Services
F-00166

Workforce Development
DETS-16707-E (R. 12/2013)

Si necesita ayuda para completar este formulario póngase en contacto con:

Nombre – Coordinador de Igualdad de Oportunidades Jenny Seefeldt	Teléfono (Voz) 920-834-4621	Teléfono (TDD)
Nombre del Demandante		Teléfono
Dirección (Número, Calle, Ciudad, Estado, Código Postal)		

Bases de las quejas por discriminación en la prestación de servicios o en el empleo: En la prestación de servicios, se prohíbe la discriminación sobre las bases siguientes: edad, color, discapacidad, país de origen, religión, creencia política o afiliación, estado civil, situación familiar o parental, identidad de género, orientación sexual, pruebas genéticas, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, represalias por presentar una queja o por ayudar con una queja, por oposición de discriminación en un programa, servicio o actividad realizados o financiados con ayuda federal. Los Federal Health Care Provider Conscience Protection Laws prohíben que los recipientes de cierta asistencia financiera federal discriminen contra los proveedores de cuidado de salud por causa del rechazo o la disposición del proveedor de participar en los procedimientos de esterilización o abortos, contrario a, o consistente con, las creencias religiosas o convicciones morales del proveedor. Estas protecciones se aplican al empleo como a la prestación de servicios; sin embargo, no todas las bases prohibidas se aplicarán a todos los programas y/o actividades de empleo.

Nombre de la agencia y/o empleado o empleador contra quien la queja es presentada.

Describa la acción o el tratamiento que usted piensa fue discriminatorio. Incluya información sobre quién, qué, cuándo, dónde, cómo, por qué, y los nombres, direcciones y números de teléfono de cualquier testigos, si usted los sabe. Por favor, proporcione la fecha exacta del último incidente. Usted puede escribir en otra hoja de papel si necesita más espacio. En el espacio de abajo, favor de indicar cuantas páginas hay adjuntas, si es necesario añadir páginas.

Descripción de la solución o indemnización que usted desea recibir:

FIRMA – Demandante o Representante del Demandante	Fecha de la firma
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La siguiente información es para que la persona que reciba su queja en la agencia la complete, la examine y le responda a usted.

QUEJA INFORMAL

Fecha recibida	Recibida por	Título
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Agencia

Acciones y persona(s) para ser investigadas:

Fallos (Se tienen que completar dentro de 30 días):

Medidas adoptadas:

¿Es necesaria alguna otra medida? ☐ Sí ☐ No
Si responde sí, ¿qué otra medida se recomienda?

CÓMO PRESENTAR UNA QUEJA POR DISCRIMINACIÓN EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Instrucciones para completar una queja por discriminación en el empleo o la prestación de servicio

Si usted siente que se le ha tratado de forma diferente debido a su edad, raza, religión, color, sexo, origen nacional o ascendencia, discapacidad o asociación con una persona que tiene una discapacidad, antecedentes penales o registro de convicción, orientación sexual, estado civil o embarazo, creencias o afiliación política, participación militar, uso o no uso de productos legales fuera de los locales del empleador durante las horas que no sean de trabajo, usted podría presentar una queja. Si a usted le fueron negados servicios por error, o si el tratamiento que usted recibió fue separado o diferente al de otros, o si el programa no fue accesible para usted, podría ser discriminación.

IMPORTANTE: Si no le aceptaron su solicitud o le dijeron que usted no era elegible para un programa en particular, PERO usted cree que usted es elegible, pida al proveedor que le dé un panfleto el cual explica cómo solicitar un proceso de apelación de la agencia local o una audiencia administrativa a nivel estatal. Su derecho de apelar a una decisión o a solicitar una audiencia administrativa a nivel estatal no tiene que estar relacionado con una queja por discriminación.

Usted puede presentar una queja informal por discriminación a su empleador o proveedor de servicios, o puede presentar una queja formal con una agencia estatal o federal. Las quejas por discriminación sobre la base de edad en los programas financiados por el U.S. Department of Agriculture, Food and Nutrition Services (USDA-FNS) tiene que ser presentadas directamente al USDA Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. La queja se remitirá a la FNS Regional OCR (Office of Civil Rights) adecuada dentro de cinco (5) días hábiles después de recibida. Nadie puede amenazarlo o acosarlo por poner una queja. Nadie puede amenazar o acosar a sus testigos porque están dispuestos a decir lo que vieron, escucharon o experimentaron. Las quejas presentadas bajo los Federal Health Care Provider Conscience Protection Laws tiene que ser presentadas directamente con el HHS Office of Civil Rights.

Todas las quejas formales tienen que ser presentadas en un plazo de 180 días del suceso o trato que usted piensa fue discriminatorio. Sin embargo, usted debe presentar la queja tan pronto como sea posible después del suceso. Sí usted presenta una queja informal y no está satisfecho con el resultado, todavía puede presentar una queja formal siempre y cuando lo haga en un plazo de 180 días a partir de la presunta discriminación. No espere hasta después de los 180 días para recibir una respuesta a su queja informal si está planeando presentar una queja formal.

Para presentar una queja informal por discriminación a su proveedor o empleador, solicite un formulario de queja través del Coordinador de Igualdad de Oportunidades (*Equal Opportunity Coordinator*) al 920-834-4621 o TDD _____.

Envíe el formulario completo al Coordinador de Igualdad de Oportunidades de su proveedor. Encontrará el nombre del Coordinador en este formulario.

Si usted desea presentar una queja formal por discriminación, puede enviar el formulario de queja directamente a una de las oficinas estatales o federales apropiadas que aparecen en la lista de las páginas a continuación. Incluya una carta que indique que está presentando una queja formal con su agencia como la fuente de financiación. El personal de esa agencia investigará su queja y le responderá dentro de 90 días.

Presente quejas formales por discriminación sobre estos servicios con la agencia estatal que se indica a continuación.

PROGRAMA	AGENCIA ESTATAL
Wisconsin (WI) Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the WI Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance)	WI Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 608-266-5335 (voz) 800-864-4585 (TTY)
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), y otros programas administrados por el WI Department of Health Services	WI Department of Health Services Office of Affirmative Action and Civil Rights Compliance 1 W. Wilson, Room 656 P.O. Box 7850 Madison, WI 53707 608-266-9372 (voz) 608-266-0583 (fax) 888-701-1251 (TTY) or Wisconsin Relay 711
Wisconsin Workforce Investment Act, y otros programas administrados por el Wisconsin Department of Workforce Development.	WI Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 608-266-6889 (voz); 866-275-1165 (TDD)
Quejas para Trabajos sin Subsidios o de Prueba (Unsubsidized and Trial Jobs Complaints). Cualquier condición de trabajo como empleado del DCF, DHS y/o entidades financiadas del DWD y sus subcontratistas.	Equal Rights Office P.O. Box 8928 Madison, WI 53708 608-266-6860 (voz) 608-264-8752 (TDD) Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 414-227-4384 (voz); 414-227-4081 (TDD) U.S. Equal Employment Opportunity Commission Reuss Federal Plaza 310 West Wisconsin Ave., Suite 800 Milwaukee, WI 53203-2292 800-669-4000 (voz) 414-297-4133 (fax); 800-669-6820 (TTY) Milwaukee District Office U.S. Department of Labor, OFCCP Federal Building 310 West Wisconsin Avenue, Suite 1115 Milwaukee, WI 53203 414-297-3821 (voz); 414-297-4038 (fax)

Usted también tiene derecho a presentar una queja formal ante la agencia federal que se indica a continuación.

PROGRAMA	AGENCIAS FEDERALES
<p>Quejas Formales sobre cualquiera de los servicios anteriores administrados por el Wisconsin Department of Health Services.</p> <p>Quejas Formales por Discriminación basadas en el Federal Health Care Providers Conscience Protection Law.</p>	<p>Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019 (voz, línea gratis) 800-537-7697 (Línea gratis de TDD)</p> <p>U.S. Dept. of Health and Human Services Office for Civil Rights – Region V 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 800-368-1019 (voz, línea gratis) 312-886-1807 (fax) 800-537-7697 (Línea gratis de TDD)</p>
<p>Quejas Formales por Discriminación sobre cualquier programa que reciba asistencia financiera.</p>	<p>Coordination and Review Section - NWB Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, D.C. 20530</p> <p>888-848-5306 - inglés y español) 202-307-2222 (voz) 202-307-2678 (TDD)</p> <p>Línea gratis del Title VI: 1-888-TITLE-06 (1-888-848-5306) (Voz / TDD)</p> <p>Disability Complaints: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530</p> <p>800-514-0301 (voz) 800-514-0383 (TTY) (también disponible en español)</p>
<p>Si desea presentar una queja del Civil Rights Program of Discrimination con el USDA para el Supplemental Nutrition Assistance Program (SNAP) (Anteriormente conocido como el Food Stamp Program a nivel estatal) FoodShare (Anteriormente conocido como el Food Stamp Program en Wisconsin), WIC, TEFAP y el programa Food Stamp Employment and Training (FSET) complete el USDA Program Discrimination Complaint que se encuentra por Internet en: http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al 866-623-9992 para solicitar un formulario.</p>	<p>USDA Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410 866-632-9992 (solicite un formulario) Email: program.intake@usda.gov 800-877-8339 (Federal Relay Services) 800-845-6136 (Español)</p>

COMPLAINANT CONSENT / RELEASE

Children and Families
DCF-F-157

Health Services
F-00167

Workforce Development
DETS-16708-E (R. 12/1/2013)

Complainant's Name			Date Completed	
Address		City	State	Zip Code
Telephone Number - -	Cell Phone Number - -	Email Address		
Program(s) for which this Consent / Release form applies				

Please read the information below, initial the appropriate space, sign and date this form.

I have read the Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DCF, DHS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DCF, DHS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that, as a complainant, I am protected by federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the federal government.

CONSENT / RELEASE

CONSENT GRANTED - I have read and understand the above information and authorize DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation and to other federal agencies that provide federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DCF, DHS or DWD to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and or medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent: ____ (*Initials*).

CONSENT DENIED - I have read and understand the information and do not want DCF, DHS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on this line if you do not give consent: ____ (*Initials*).

SIGNATURE - Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
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**TUS TSIS TXAUS SIAB DAIM NTAWV TSO CAI
COMPLAINANT CONSENT/RELEASE FORM**

Children and Families
DCF-F-157H

Health Services
F-00167H (12/2013)

Workforce Development
DETS-16708H-E

Tus Tsis Txaus Siab Lub Npe:			Hnub Tim (mm/dd/yyyy)	
Chaw Nyob:		Lub Zos:	Xeev	Zip Code
Xov Tooj	Cell Xov Tooj	Email Chaw Nyob		
Cov Kev Pab Cuam Uas Daim Ntawv Tso Cai No Hais Txog (Program(s) for which this Consent/Release Form apply)				

Thov nyeem cov lus hauv qab no, kos npe thiab sau hnub kos npe rau ntawm qhov chaw luag kom sau.

Kuv tau twm Daim Ntawv Ceeb Toom (Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD). Kuv tus tsis txaus siab, kuv to taub tias thaum lub sij hawm luag tshawb nug txog qhov teeb meem kuv tsis txaus siab ntawd, DCF, DHS los yog DWD yuav tau qhia kuv tus kheej rau cov neeg los yog cov chaw uas kuv tau muaj lus tsis txaus siab rau lawv. Kuv paub tias DCF, DHS los yog DWD yuav hwm thiab ua raws li txoj cai Freedom of Information Act. Kuv to taub tias DCF, DHS los yog DWD yuav tau qhia txog kuv tus kheej kom paub tseeb tias kuv yog leej twg rau lawv txoj hauj lwm tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab. Ntxiv rau qhov no, kuv tus tsis txaus siab, kuv to taub tias muaj tsoom fwm teb chaws cov cai pab tiv thaiv kuv kom kuv txhob rau luag hem los yog raug luag ua phem pauj txiaj ntsim rau qhov uas kuv tau ua daim ntawv tsis txaus siab no.

TSO CAI (CONSENT / RELEASE)

TSO CAI (CONSENT GRANTED) – Kuv tau nyeem thiab to taub cov lus hais saum toj no thiab tso cai rau DCF, DHS los yog DWD muab kuv npe qhia rau cov neeg los yog cov chaw uas kuv tsis txaus siab lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no thiab muab qhia rau tsoom fwm teb chaws cov chaw khiav hauj lwm uas tau muab nyiaj txiaj tuaj pab rau cov chaw no khiav hauj lwm thiab muaj cai tsom kwm taug qab kom lawv ua hauj lwm pab sawv daws raws li tsoom fwm cov cai. Kuv tseem tso cai rau DCF, DHS los yog DWD txais tau tej ntaub ntawv hais txog kuv tus kheej thaum lub sij hawm tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab no thiab. Tej ntaub ntawv muab tso tawm txog kuv tus kheej no kuj muaj xws li cov ntawv kuv tau ua thov kev pab, tej ntaub ntawv luag khaws cia txog kuv tus kheej. Kuv to taub tias cov ntaub ntawv qhia txog kuv tus kheej no yuav muab siv mus rau cov hauj lwm ntsig txog neeg cov cai thiab kev tswj kom ua raws li neeg cov cai (civil rights compliance and enforcement activities.) Kuv tseem to taub ntxiv tias tsis muaj leej twg yuam kom kuv tso cai li no. Qhov no yog kuv ua raws li kuv siab yeem xwb. Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tso cai: _____ *(Initials)*.

TSIS KAM TSO CAI (CONSENT DENIED) -- Kuv tau nyeem thiab to taub cov lus hais thiab kuv tsis xav kom DCF, DHS los yog DWD muab kuv npe qhia rau qhov chaw uas kuv tsis txaus siab rau lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no. Tsis tas li no kuv tsis xav kom qhov chaw tau txais tej ntaub ntawv hais txog kuv tus kheej, muab kuv tej ntaub ntawv koj mus xyuas los yog koj mus sib tham txog qhov kuv tsis txaus siab. Kuv to tau tias qhov kuv tsis tso cai no yuav ua rau kev tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab mus nyuaj thiab tej zaum kuv yuav mus tsis taus, thiab thaum kawg kuj yuav cia li muab kuv qhov teeb meem tsis txaus siab kaw tseg cia xwb los muaj. Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tsis kam tso cai: _____ *(Initials)*.

Tus Neeg Tsis Txaus Siab los yog nws Tus Sawv Cev Kos Npe	Hnub Kos Npe (mm/dd/yyyy)
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CONSENTIMIENTO DE QUEJA / FORMULARIO DE DIVULGACIÓN
COMPLAINANT CONSENT / RELEASE FORM

Children and Families
DCF-F-157S

Health Services
F-00167S (12/2013)

Workforce Development
DETS-16708S-E

Nombre del Demandante		Fecha (mes/día/año)	
Dirección	Ciudad	Estado	Código Postal
Número de Teléfono	Número de Celular	Dirección de Correo Electrónico (Email)	
Programa(s) para el que el Formulario de Consentimiento/Divulgación aplica			

Por favor, lea la siguiente información, ponga sus iniciales en el espacio apropiado, firme y feche este formulario.

He leído el Aviso sobre los Usos de la Investigación de Información Personal de DCF, DHS o DWD. Como demandante, entiendo que en el curso de la indagación o investigación preliminar puede ser necesario para DCF, DHS o DWD revelar mi identidad a personas en la organización o institución bajo investigación. También estoy consciente de la obligación que tienen DCF, DHS o DWD para honrar peticiones en virtud de la Ley de la Libertad de Información (*Freedom of Information Act*). Entiendo que podría ser necesario que DCF, DHS o DWD divulgue información, incluyendo los detalles de identificación personal que hayan sido reunidos como parte de la indagación o investigación preliminar de mi queja. Además, entiendo que, como demandante, estoy protegido por regulaciones federales de intimidación y represalia por haber tomado o participado en una acción para garantizar los derechos protegidos por las leyes de no discriminación impuestas por el gobierno federal.

CONSENTIMIENTO / DIVULGACIÓN

AUTORIZACIÓN CONCEDIDA - He leído y entendido la información anterior y autorizo a DCF, DHS o DWD a revelar mi identidad a las personas en la organización o institución bajo investigación y a otras agencias federales que proporcionan ayuda financiera federal a la organización o institución o que también reciben supervisión del cumplimiento de los derechos civiles que cubren dicha organización o institución. Yo autorizo a DCF, DHS o DWD a recibir material e información sobre mí pertinente a la investigación de mi queja. Esto incluye, pero no está limitado a, aplicaciones, archivos, registros personales, y / o registros médicos. Yo entiendo que el material y la información se utilizarán para el cumplimiento de los derechos civiles autorizados y las actividades de aplicación. Además, entiendo que no estoy obligado a autorizar este comunicado, y lo hago de forma voluntaria. Ponga sus iniciales en esta línea si usted da su consentimiento: ____ (*Iniciales*).

CONSENTIMIENTO NEGADO - He leído y entendido la información y no quiero que DCF, DHS o DWD revele mi identidad a la organización o institución bajo investigación, o que revisen, reciban copias o discutan material e información de consentimiento relacionado conmigo, relativos a la investigación sobre mi queja. Entiendo que es probable que esto haga la investigación sobre mi queja y obtener todos los hechos más difícil y, en algunos casos, imposible, y puede resultar en el cierre de la investigación. Ponga sus iniciales en esta línea si usted no da su consentimiento: ____ (*Iniciales*).

FIRMA del Demandante o Representante del Demandante	Fecha de la Firma (mes/día/año)
--	---------------------------------




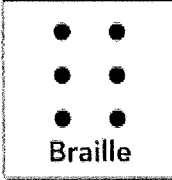
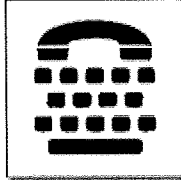




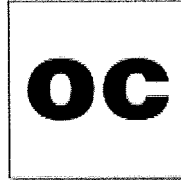
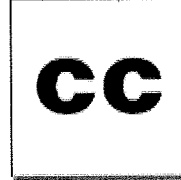
APPENDIX K ACRONYMS

Initial	Term	Initial	Term
AA	Affirmative Action	FBO	Faith Based Organization
AAP	Affirmative Action Plan	FMCS	Federal Mediation and Conciliation Services
ADA	American with Disabilities Act of 1990	FMNP	Farmers' Market Nutrition Program
ADAAG	ADA Accessible Guidelines	FOCC	Federal Office of Contract Compliance
CBO	Community Based Organization	FS	FoodShare (Formerly Food Stamps)
CEO	Chief Executive Officer	FSET	FoodShare Employment and Training
CRC	Civil Rights Compliance	LEP	Limited English Proficiency
CSPA	Customer Service Population Analysis	LEPC	Limited English Proficiency Coordinator
DCF	Wisconsin Department of Children and Families	LOA	Letter of Assurance
DET	DWD Division of Employment and Training	MAAs	Mutual Assistance Associations
DHS	Wisconsin Department of Health Services	ROCR	Regional Office for Civil Rights
DHHS	U.S. Department of Health and Human Services	OMB	Office of Management and Budget
DOA	Wisconsin Department of Administration	PRWORA	Personal Responsibility and Work Reconciliation Act
DOE	US Department of Education	SSN	Social Security Number
DOJ	U.S. Department of Justice	SNAP	Supplemental Nutrition Assistance Program (Formerly known as the Federal Food Stamp Program)
DOL	U.S. Department of Labor	TDD	Telecommunications Device for the Deaf
DPI	Wisconsin Department of Public Instruction	TEFAP	The Emergency Food Assistance Program
DWD	Wisconsin Department of Workforce Development	TTY	Teletypewriter
EEOC	Equal Employment Opportunity Commission	USDA-FNS	U.S. Department of Agriculture-Food and Nutrition Service
EOC	Equal Opportunity Coordinator	WIC	Women, Infants and Children Program
		WOCC	Wisconsin Office of Contract Compliance

Updated 09/2013

APPENDIX L

THE WISCONSIN PROGRAMS AND SERVICES ACCESS SELF-ASSESSMENT CHECKLIST

		
 Braille		
Large Print		
		

NOTE: Images are linked to definitions located elsewhere in Appendix I. To jump to an image definition, hold down the ctrl key, while clicking on the image.

INTRODUCTION

Section 504 of The Rehabilitation Act of 1973, as amended, (29 U.S.C. 794), HHS 45 C.F.R. Part 84 provide much broader protections than any disability law that came before it. The Rehabilitation Act makes it illegal for the federal government, federal contractors, and their sub-recipients that receive federal financial assistance to discriminate on the basis of disability. Section 504 obligates state and local governments and their sub-recipients to ensure that persons with disabilities have equal access to any programs, services, or activities receiving federal financial assistance. State and local governments and their sub-recipients must also insure that their employment practices do not discriminate on the basis of disability.

The Americans with Disabilities Act (ADA) of 1990 is built upon the foundation previously laid by the Rehabilitation Act. It uses as its model Section 504 definition of disability and then goes further. While Section 504 apply to entities receiving federal financial assistance only, the ADA covers all state and local governments, their federally funded recipients and sub-recipients; the law also applies to private businesses that meet the ADA's definition of "public accommodation" (examples: restaurants, hotels, movie theaters, and doctors' offices, hospitals, social service agencies, and schools), commercial facilities (examples: office buildings, factories, and warehouses), and many other private employers.

Title II is the section specifically applicable to "public entities" (state and local governments) and to the programs, services, and activities they administer. The Department of Justice (DOJ), through its Civil Rights Division (CRD), and the U.S. Department of Health and Human Services (DHHS), through its Office of Civil Rights (OCR), are the key agencies responsible for enforcing Title II and for coordinating with other federal agencies' enforcement activities under Title II. The DOJ has the ability

to enforce the employment provisions of Title I of the ADA through the U.S. Equal Employment Opportunity Commission (EEOC), as they pertain to state and local government employees. DOJ is the only federal entity with the authority to initiate ADA litigation against state and local governments for employment violations under Title I of the ADA and for all violations under Title II of the ADA.

Title II regulations for state and local governments are found at Title 28, Code of Federal Regulations Part 35 (abbreviated as 28 CFR pt. 35). The ADA Standards for Accessible Design are located in Appendix (A) of Title 28, Code of Federal Regulations, Part, 36 (abbreviated as 28 CFR pt. 36 app. A).

Title III regulations prohibits discrimination on the basis of disability in “places of public accommodation” (businesses and non-profit agencies that serve the public) and “commercial facilities” (other businesses). The regulation includes Appendix (A) to Part, 36 - Standards for Accessible Design establishing minimum standards for ensuring accessibility when designing and constructing a new facility or altering an existing facility.

PURPOSE

Section 504 of the Rehabilitation Act of 1973 and the ADA of 1990 require recipients to complete a self-assessment of their programs, services and physical accessibility to the facilities by persons with disabilities. The self-assessment must be conducted with the assistance of interested persons, including disabled persons and/or organizations representing disabled persons. All federally assisted recipients and sub-recipients must review their current policies and practices and the effects thereof that do not or may not meet the requirements of Section 504. Recipients and sub-recipients must modify and take remedial steps to eliminate the effects of any discrimination that resulted from adherence to existing policies and practices after consultation with interested persons, including disabled persons and/or organizations representing disabled persons.

Public entities that employ 50 or more employees must retain a copy of the self-assessment for a period of three years. Public entities with less than 50 employees are not required to retain their self-assessment by federal law; however, DHS, DCF and DWD encourage all entities to retain a copy of the self-assessment if one was conducted in the previous compliance period as evidence of the public entity's good faith efforts to comply with Title II requirements. Title II self-assessment requirements apply only to those policies and practices that previously had not been included in a self-assessment required under Section 504 if a previous Section 504 self-assessment was conducted. Since Section 504 self-assessment might have been done many years ago, DHS, DCF and DWD expects that many public entities will have to re-examine all their policies and practices. Programs and functions may have changed significantly since the Section 504 self-assessment was last completed. Actions that were taken to comply with Section 504 may not have been implemented fully or may no longer be effective.

In addition, Section 504 coverage was changed by statutory amendment by the Civil Rights Restoration Act of 1987, which expanded the definition of a covered “program or activity.” Public entities need to ensure that all programs, activities, and services are examined fully, except where there is evidence that all policies were previously scrutinized when they last conducted a Section 504 self-assessment. Public entities are not required to take actions that would result in undue financial and administrative burdens. They are, however, required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

Similarly, entities considered to be public accommodations must also conduct a self-assessment to comply with specific requirements related to architectural standards for new and altered buildings. They are expected to make modifications to policies, practices, and procedures; providing effective communication to people with hearing, vision, or speech disabilities; and other access requirements. Public accommodations entities may have to remove barriers in existing buildings where it is easy to do so without much expense, given the public accommodation's resources. Under the ADA, public

accommodations and other places of lodging designed or constructed after January 26, 1993, must be usable by persons with disabilities.

The following self-assessment checklists are being provided to help local government programs, and public accommodation entities receiving federal assistance to comply with these laws.

A self-assessment must be conducted “with the assistance of interested persons, including disabled persons or organizations representing disabled persons in order for it to be acceptable(45 C.F.R. § 84.6(c). We recommend entities seek the assistance of persons with disabilities or organizations that represent persons with disabilities to assist with the internal self-assessment to insure that knowledgeable persons who have major disabilities such as visual, hearing, mobility, and mental impairments, interests and concerns are addressed.

The self-assessment must identify the interested persons who have assisted in the process, the areas examined, the programs identified and the modifications made and/or remedial steps taken to correct the problems identified.

ACCESS ELEMENT		Suggested Modifications or Remedial Steps Taken
1. Has your entity completed a self-assessment of its policies and practices to determine compliance with: <ul style="list-style-type: none"> • Section 504 • Title II of the ADA (State & Local Governments) • Title III of the ADA (Entities considered to be Public Accommodations) 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Complete self-assessment
2. If your entity previously completed a self-assessment that is less than three years old, you may not have to conduct another self-assessment. Provide a copy of the complete self-assessment to the CRC monitoring team at the time of your onsite monitoring visit. Check which type of self-assessment checklist was used to assess your programs, services and your entity: <ul style="list-style-type: none"> <input type="checkbox"/> Section 504 of the Rehabilitation Act of 1973 <input type="checkbox"/> Title II of the ADA (State, County and local Municipalities) <input type="checkbox"/> Title III of the ADA (Entities covered under Public Accommodations) <input type="checkbox"/> Other: <u>Specify</u> 	Date self-assessment completed _____ N/A	N/A
3. Entities with fewer than 15 employees are not required to complete a full self-assessment but must describe and keep on file a description of the process used to evaluate the covered entity's accessibility to programs, services, activities and buildings. Description of the self-assessment process must include the following: <ul style="list-style-type: none"> • A list of disabled persons or other interested persons consulted. • A brief description of the policies, practices and structural issues examined. • A brief description of the problems identified, modifications made or remedial steps taken. 		
a. Entities that employ 15 or more persons must designate at least one person to coordinate its efforts to comply with Section 504 and the ADA. The Equal Opportunity Coordinator may serve this purpose when Section 504 and ADA duties are	Name of Equal Opportunity Coordinator <u>Jenny Secfeldt</u>	

ACCESS ELEMENT		Suggested Modifications or Remedial Steps Taken
assigned		
a. Entities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504 and the ADA. Entities utilizing DHS, DCF, and DWD Model Complaint Policies and Procedures are compliant with this requirement; otherwise, the entity's grievance procedures must incorporate due process standards as outlined in Section 504 and ADA regulations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>4. A self-assessment compliant process that meets Section 504 and ADA requirements must be performed with the assistance of interested persons with disabilities or organizations representing persons with disabilities.</p> <p>Entities must provide:</p> <p>A list of all interested persons consulted.</p> <p>✓ Identify the disabilities of each of the persons (i.e., hearing impaired, use of wheelchair, blind, etc.).</p> <p>✓ Identify each disability organization contacted.</p> <p>✓ Identify other interested persons contacted.</p> <p>List all policies and practices examined relating to services and employment.</p> <p>List all areas reviewed to determine physical accessibility.</p> <p>List the problems identified.</p> <p>Description or list the modifications made and/or remedial steps taken to correct the problems identified</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	Complete in 2015.
5. Has the entity taken initial and continuing steps to notify participants/customers, applicants and employees that you do not discriminate on the basis of disability?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the entity notified unions or professional organizations that you have collective bargaining or professional agreements of your nondiscrimination policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
7. Has the entity taken steps to include persons with impaired vision or hearing in fulfilling the community notification requirements of your nondiscrimination policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the entity's published material include a nondiscrimination notice stating the entity does not discriminate on the basis of disability?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has the entity reviewed contracts it may have with employment and referral agencies, with labor unions, with organizations providing or administering fringe benefits to employees, and with organizations providing training and apprenticeship programs to make sure that you are not subjecting disabled persons to discrimination through such contracts?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Has your entity included a nondiscrimination clause in your contracts and subcontract(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ACCESS ELEMENT		Suggested Modifications or Remedial Steps Taken
11. Has your entity taken steps to ensure that, when you recruit for employees, your hiring procedures do not exclude any class of disabled persons because of the nature of the media used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Has the entity reviewed policies related to hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right to return from layoff and rehiring to ensure that they are not discriminatory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Has the entity reviewed fringe benefits such as medical, hospital, accident or life insurance, and retirement offering to ensure that they are not discriminatory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is the entity's in-service educational, social and recreational opportunities and activities made available to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does the entity have a policy concerning reasonable accommodation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. Does the entity have an adequate process and procedures to ensure documentation of decisions regarding refusal to hire or promote because of undue hardship?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is the entity's Human Resource Office located in a facility that is fully accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Has the entity conducted a review of the physical and mental requirements of the primary duties of each job descriptions to ensure that no criteria are included that would discriminate against disabled persons unless such criteria are specifically necessary?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is the entity's employment application form and hiring process devoid of questions regarding disabilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. If the answer to item # 19 is no, do the entity employment application questions comply with 45 C.F.R. § Section 84.14 Pre-employment Inquiries of the regulations and with ADA Title I requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
21. Are all your programs or activities readily accessible to disabled persons?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. In choosing methods to make your programs accessible, have you given priority to those methods that allow disabled persons to participate in your programs or activities in the most integrated setting appropriate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. If you are planning structural changes, has the entity developed a transitional plan that identifies methods to be used to ensure program accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
24. Are you aware of the ADA requirements that contain the scoping and technical requirements that apply to design, construction and alteration of buildings and facilities of covered entities under Title II and Title III of the ADA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will review if needed.
25. Has the covered entity completed ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) Checklist prior to designing, constructing or doing alterations to existing buildings and facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
26. Does the covered entity have procedures to ensure that qualified disabled persons are not denied benefits or services solely on the basis of their disability?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ACCESS ELEMENT		Suggested Modifications or Remedial Steps Taken
27. Are the covered entity's procedures flexible enough to allow disabled persons to participate in programs or activities in the manner they choose even if access is not separate or different despite the existence of permissibly separate or different programs or activities (e.g., a blind applicant does not want to use Braille forms and does not want assistance in completing the form; therefore, the applicant is allowed to take the forms with him/her and return the forms at a later date).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. Are the covered entity's postings and notification statements clearly stated, visible, and in alternate formats and sufficient for insuring that people with impaired sensory or speaking skills receive information as to the existence and location of services, activities and facilities accessible to and usable by disabled persons?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Has the covered entity established procedures for communicating with hearing-impaired persons for the purpose of providing direct services or in the case of a hospital, provision of emergency care during an ER visit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Develop procedure
30. Has the covered entity prepared plans, procedures, and methods for providing auxiliary aids to disabled persons to afford them an equal benefit to the services offered by the entity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Covered entities that are hospitals, outpatient facilities and AODA programs must have procedures to ensure that a drug or alcohol abuser, who is suffering from a medical condition, is not denied admission or treatment solely because of his other drug abuse or alcoholism?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

The American with Disability Act of 1990 2010 Standards for Accessible Design “2010 Standards”

Americans with Disabilities Act (ADA) of 1990

The ADA is a major civil rights law prohibiting discrimination on the basis of disability in the private and state and local government sectors. The ADA requires access to programs and services, transportation, the built environment, employment, and communication. Under the ADA, the United States Access Board develops and maintains accessibility guidelines for the construction and alteration of facilities covered by the law, as well as guidelines for the design of transportation vehicles. These guidelines serve as the basis of standards used by other Federal agencies to enforce the ADA's design requirements.

ADA Standards

The ADA standards applicable to our funded recipients are issued by the Department of Justice (DOJ) and apply to facilities covered by the ADA in new construction and alterations. DOJ's standards apply to all facilities covered by the ADA, except public transportation facilities. The standards for covered entities of DOJ are very similar to those covered under the Department of Transportation (DOT) and are closely based on the Accessibility Board's ADA Accessibility Guidelines (ADAAG). However, each contains a few unique provisions, which are included in this edition of the standards.

Department of Justice ADA Standards (2010)

DOJ published revised regulations for Titles II and III of ADA in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design “2010 Standards” or “Standards.” The 2010 Standards set minimum requirements—both scoping and technical—for newly designed and constructed or altered State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities.

The 2010 standards became mandatory on March 15, 2012. They include provisions that modify certain portions of Chapters 1-10, including provisions addressing the following areas:

- Assembly Areas ([221](#))
- Medical Care Facilities (section [223](#))
- Places of Lodging (sections [224](#))
- Housing at Places of Education ([224](#) and [233](#))
- Detention and Correctional Facilities (section [232](#))
- Social Service Center Establishments ([233](#))
- Residential Dwelling Units (section [233](#))

Adoption of the 2010 Standards also establishes a revised reference point for Title II entities that choose to make structural changes to existing facilities to meet their program accessibility requirements; and it establishes a similar reference for Title III entities undertaking readily achievable barrier removal.

DOJ has assembled into a separate publication the revised regulation guidance that applies to the Standards. It includes guidance in its revised ADA regulations published on September 15, 2010. This guidance provides detailed information about the DOJ's adoption of the 2010 Standards including changes to the Standards, the reasoning behind those changes, and responses to public comments received on these topics. The document, [Guidance on the 2010 ADA Standards for Accessible Design](#), can be downloaded from www.ada.gov.

This version includes:

[2010 Standards for State and Local Government Facilities Title II](#)

[2010 Standards for Public Accommodations and Commercial Facilities Title III](#)

The full text of DOJ's **2010 ADA Standards**

DOJ's **ADA regulations** implementing the 2010 ADA Standards

Access (Other Than Print or Braille) for Individuals Who Are

BLIND OR HAVE LOW VISION



BLIND OR HAVE LOW VISION symbol may be used to indicate access for people who are blind or have low vision, including: a guided tour, a path to a nature trail or a scent garden in a park; and a tactile tour or a museum exhibition that may be touched.

SYMBOL FOR ACCESSIBILITY



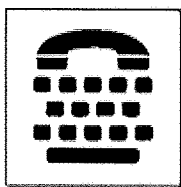
SYMBOL FOR ACCESSIBILITY, known as the wheelchair symbol, should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember that a ramped entrance is not completely accessible if there are no curb cuts, and an elevator is not accessible if it can only be reached via steps.

AUDIO DESCRIPTION



AUDIO DESCRIPTION is a service for persons who are blind or have low vision that makes the performing arts, visual arts, television, video, and film more accessible. Description of visual elements is provided by a trained Audio Descriptor through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the Blind, 800-829-0500. For live Audio Description, a trained Audio Descriptor offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition.

TELEPHONE TYPEWRITER (TTY)



TELEPHONE TYPEWRITER (TTY) device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). TTY indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.

VOLUME CONTROL TELEPHONE



VOLUME CONTROL TELEPHONE symbol indicates the location of telephones that have handsets with amplified sound and/or adjustable volume controls.

ASSISTIVE LISTENING SYSTEMS



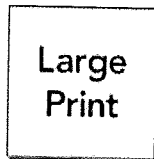
ASSISTIVE LISTENING SYSTEMS transmit amplified sound via hearing aids, headsets or other devices. They include infrared, loop and FM systems. Portable systems may be available from the same audiovisual equipment suppliers that service conferences and meetings.

SIGN LANGUAGE INTERPRETATION



SIGN LANGUAGE INTERPRETATION symbol indicates that Sign Language Interpretation is provided for a lecture, tour, film, performance, conference or other program.

ACCESSIBLE PRINT (18 pt. or Larger)



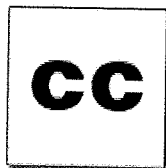
The symbol for large print is "Large Print" printed in 18 pt. or larger text. In addition to indicating that large print versions of books, pamphlets, museum guides and theater programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided in large print. Sans serif or modified serif print with good contrast is important, and special attention should be paid to letter and word spacing.

THE INFORMATION SYMBOL



One the most valuable commodity of today's society is information; to a person with a disability and others are essential. For example, the symbol may be used on signage or on a floor plan to indicate the location of the information or security desk, where there is more specific information or materials concerning access accommodations and services such as "LARGE PRINT" materials, audio cassette recordings of materials, or sign interpreted tours.

CLOSED CAPTIONING (CC)



CLOSED CAPTIONING (CC) symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry Act of 1990 requires TV sets (with screens 13" or larger) to have built-in decoders as of July 1993. Also, videos that are part of exhibitions may be closed captioned using the symbol with instruction to

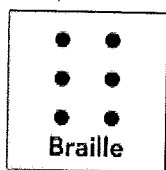
press a button for captioning.

OPENED CAPTIONING (OC)



OPENED CAPTIONING (OC) symbol indicates that captions, which translate dialogue and other sounds in print, are always displayed on the videotape, movie or television program. Open Captioning is preferred by many including deaf and hard-of-hearing individuals, and people whose second language is English. In addition, it is helpful in teaching children how to read and in keeping sound levels to a minimum in museums and restaurants.

BRAILLE SYMBOL



BRAILLE SYMBOL indicates that printed material is available in Braille, including exhibition labeling, publications and signage.