Chippewa County Family Services
Comprehensive Civil Rights Plan (CCRP)

Chippewa County Family Services
719 N 7th St. Ste. 200
Montevideo MN 56265
(320) 269-6401
1-877-450-6401
Pbruflat@co.chippewa.mn.us

Civil Rights Coordinator: (320) 269-6401 (voice)
ADA Coordinator: (320) 269-6401 (voice)
Limited English Proficiency Coordinator: (320) 269-6401 (voice)

This CCRP is posted in the lobby next to the reception desk

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Americans with Disabilities Act Advisory
This information is available in accessible formats to individuals with
disabilities and for information about equal access to services, call
(320) 269-6401. TTY users place calls through 1-877-450-6401
(such as, MN Relay Service: 711 or (800) 627-3529
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1. **Purpose**
   As a recipient of federal financial assistance, Chippewa County Family Services is responsible for providing core services to assist and support Minnesota’s most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. Chippewa County Family Services has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out Chippewa County Family Services civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

2. **Legal Authorities** (See full list in Appendix, Attachment A)
   - Title VI of the Civil Rights Act of 1964 (race, color, national origin)
   - Section 504 of the Rehabilitation Act of 1973 (disability)
   - Section 508 of the Rehabilitation Act of 1973 (disability)
   - Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
   - Age Discrimination Act of 1975 (age)
   - Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
   - Title IX of the Education Amendments of 1972 (sex)
   - Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
   - Minnesota Human Rights Act, Chapter 363A

3. **Civil Rights Contact**
   Chippewa County Family Services designates Patrick Bruflat to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

   Patrick Bruflat
   (320) 269-6401
   1-877-450-6401
   MN Relay Service: 711 or (800) 627-3529
   pbruflat@co.chippewa.mn.us
4. Equal Opportunity Policy and Procedure

Chippewa County Family Services Equal Opportunity Policy and Procedure
It is the policy of Chippewa County Family Services to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Chippewa County Family Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. “Sex” includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers Chippewa County Family Services full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Chippewa County Family Services. The Minnesota Human Rights Act also applies to the work of Chippewa County Family Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities
Chippewa County Family Services and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Chippewa County Family Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact and maintain a complaint procedure
- Make sure that its buildings are physically accessible for people with disabilities
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities
• Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities

**Physical access includes:**
• Convenient off-street parking designated specifically for people with disabilities

• Curb cuts and ramps between parking areas and the Chippewa County Family Services building

• Level access into the first floor of the Chippewa County Family Services building with elevator access to all other floors

**Reasonable Modifications to Policies, Procedures or Practices**
Chippewa County Family Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Chippewa County Family Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

**Effective Communication and Auxiliary Aids and Services**
Chippewa County Family Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Chippewa County Family Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, Chippewa County Family Services will give primary consideration to the requests of people with disabilities. Chippewa County Family Services will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Chippewa County Family Services will find another equally effective auxiliary aid or service.

**5. Complaint Resolution Procedure**

Chippewa County Family Services **Civil Rights Complaint Procedure**
You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. Chippewa County Family Services has a civil rights
complaint procedure that provides prompt and thorough resolution of civil rights complaints.

Civil rights complaints allege discrimination. You have a right to file a civil rights complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs, insurance companies and state health insurance exchanges.

It is against the law for anyone who works for Chippewa County Family Services to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for Chippewa County Family Services equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at Chippewa County Family Services.

Patrick Bruflat
Chippewa County Family Services
719 N 7th St. Ste. 200
Montevideo MN 56265
(320) 269-6401
1-877-450-6401
(320) 269-6405 (fax)
pbruflat@co.chippewa.mn.us

Procedure:

1. Civil rights complaints must be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.

2. A complaint must be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. The complaint must state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.

3. Chippewa County Family Services must conduct an investigation of the complaint. The investigation may be informal, but it must be thorough and timely. People who have an interest in the complaint must have an opportunity to submit relevant evidence about the complaint. Chippewa
County Family Services will issue a written decision on the complaint within 90 days after its filing. Chippewa County Family Services will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.

4. The person filing the complaint may appeal the decision by writing to the agency’s Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact will issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. – This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services’ Appeals and Regulations Division.

5. The person filing the complaint must be informed that he/she can file a discrimination complaint directly with the U.S. Department of Health and Human Services’ Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

(a) The U.S. Department of Health and Human Services’ Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and state health insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights
Region V
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

(b) USDA requires that the following nondiscrimination statement be provided exactly as it is shown below:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political
beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who required alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program_intake@usda.gov

This institution is an equal opportunity provider.

6. Filing Complaints with State Agencies:
   The person filing the complaint must also be informed that he/she can file a discrimination complaint directly with the Minnesota Department of Human Rights and the Minnesota Department of Human Services.

(a) The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
(b) The Minnesota Department of Human Services prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or activities receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division directly only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

(c) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies must refer SNAP civil rights complaints to DHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service
Tamara.earley@fns.usda.gov

7. Arrangements for People with Disabilities:
Chippewa County Family Services will make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact or designee is responsible for making these arrangements.

8. Chippewa County Family Services will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.
6. **Complaint Notification Form**
Chippewa County Family Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against Chippewa County Family Services and resolved on the county agency level. Chippewa County Family Services will make sure the complaint notification form is completed and sent to DHS within 90 days of the date the complaint was filed in the county, so DHS can report the complaint to the appropriate federal office. A copy of the *Complaint Notification Form* is located in the Appendix; Attachment B.

7. **Disability Compliance**
   a. **Disability Law and Standard of Access for State and Local Government Services**
   
   **Section 504 of the Rehabilitation Act of 1973** protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

   **Title II of the Americans with Disabilities Act of 1990** (Title II of the ADA) protects qualified individuals with disabilities from discrimination on the basis of their disability when the discrimination occurs in state or local government services. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

   County human services agencies must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

   A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

   b. **ADA Contact**
   Chippewa County Family Services has designated an ADA Contact person to serve as its point person on disability matters raised by applicants, clients and members of the public. ADA Contact information is located on the cover page of this CCRP.

   Patrick Bruflat  
   (320) 269-6401  
   1-877-450-6401  
   MN Relay Service: 711 or (800) 627-3529  
   pbruflat@co.chippewa.mn.us
c. Disability Complaints
People filing disability complaints will use Chippewa County Family Services civil rights complaint procedure.

d. ADA Notice Document
Chippewa County Family Services will use the DHS brochure: Do you have a disability (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that Chippewa County Family Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

Chippewa County Family Services has a copy of DHS brochure: Do you have a disability (DHS-4133-ENG) posted in the lobby next to the reception desk.

A copy of the DHS brochure: Do you have a disability (DHS-4133-ENG) is located in the Appendix; Attachment C.

e. Disability Policy Prohibiting Discrimination
The Chippewa County Family Services Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

8. Limited English Proficiency Plan
See below:
CHIPPEWA COUNTY FAMILY SERVICES
719 N 7TH St – Suite 200
Montevideo MN 56265
320-269-6401

Limited English Proficiency Plan
July 2004

Purpose and Legal Basis
The following document serves as the Chippewa County Family Services (CCFS) plan to meet the legal obligation of language access requirements in compliance of Title VI of the Civil Rights Act of 1964; 7 CFR, 273 et seq; and 42 CFR 435 et seq.

Assessment
Needs Assessment - CCFS will on an ongoing basis assess the unique language needs within Chippewa County. The County will also be amenable to receive County-specific data from the Department of Human Services to assist in this form of needs assessment. The following non-English language has been identified as being the most likely to be encountered in Chippewa County: Spanish

Case Finding - Specific language needs of each applicant with LEP will occur at the time of intake or application. This will primarily be done by reviewing the language preference questions on various DHS application forms and “I Speak” poster. Language preferences will be entered into the applicant’s primary language field in the MAXIS system. If an interpreter is needed, it also will be entered in the MAXIS system. If the main receptionist or intake worker suspects that the applicant is a person with LEP, the worker will refer the LEP person to the “I Speak” poster that lists major languages in order to determine which language is involved, if any. It is expected that reasonable efforts will be made by CCFS to provide interpreter services as soon as possible.

Points of Contact - The greatest likelihood of need for interpreter services will be at the point of intake - at the time of an emergency or application for financial assistance. The principal point of contact will most likely be, therefore, in the office setting in Montevideo. The most appropriate form of interpreter services will likely be language assistance in completion of an application for financial assistance or health care. The other point of contact may involve field-based contact when conducting child protection assessments. These contacts will typically take place in the home of the child’s caretaker or parent.

Resources Needed - CCFS will utilize local interpreters and, when feasible, on-site interpreter services will be made available and would be the first preference.

Policies and Procedures
Agency Commitment - CCFS is committed to the spirit of the Civil Rights Act of 1964. It recognizes the importance of providing meaningful access to all persons, including persons with LEP, to the various programs operated under Chippewa County Family Services.
Access - Face-to-face interpreter service will make every attempt to be available during customary business hours, Monday through Friday, 8:00 a.m. to 3:30 p.m. Language Line Services are available during working hours.

Range of Oral Language Assistance - With Spanish being identified as the primary non-English language in Chippewa County, use of the local interpreter’s services is seen as encompassing close to 100% of the LEP needs of CCFS. Subsidiary use of the Language Line Services for Spanish and all other non-English languages will take place as necessary. CCFS will take advantage of the documents for persons with LEP as they are made available by the Department of Human Services.

Uncommon Languages - There may be circumstances when customers present for services who use a language other than that most commonly used in Chippewa County. DHS posters will be used to assist applicants. Once determined, contact will be made with an appropriate Language Line Services interpreter in the customary manner.

Affirmative Action - At no time in the service delivery process will the customer incur any costs associated with LEP-directed interpreter services.

Use of Family and Friends - Use of family or friends as interpreters is not the preferred method of providing interpreter services. The worker can determine that a family member, friend or other responsible party can adequately perform the interpreter service. The worker needs to feel confident that the client’s data privacy rights will be protected and that the quality of the interpreter services to be provided by the family member or friend will be acceptable. Under no circumstances may minor children be used for interpreter services.

Competency Standards for Interpreters - When using well-recognized interpreter services provided from a recognized agency - such as the Private Industry Council and Language Line Services, competency is presumed. When using family, friends or other significant others, the intake worker must make a judgment as to the competency of the proposed interpreter. “Certification” as an interpreter is not a prerequisite.

Dissemination of the LEP Plan - Copies of the LEP Plan will be available to all CCFS employees and others upon request. A copy of this Plan will be prominently displayed in the CCFS reception area.

Services to Illiterate - When confronted with a situation in which the customer is illiterate, CCFS will use interpreter services similar to literate LEP applicants. CCFS staff will link the consumer with help in completing forms, as we do with non-LEP clients who are illiterate.

Emergency Situations - When a determination has been made that an emergency exists and LEP considerations are identified as being present, CCFS staff will access Language Line Services to assist in providing emergency services.
County-Produced Materials - Insofar as the LEP census in Chippewa County is low, it is not anticipated that CCFS will develop any CCFS-produced material. Rather, CCFS will rely on the state-produced documents as the primary source of translated materials.

Complaint Resolution Procedure - CCFS’ policy on receiving complaints in followed for all clients. Use of interpreters/Language Line Services will be offered.

Training
LEP Plan – The Plan will be made available to all CCFS employees. Staff will be notified of changes to the LEP plan as changes occur, as well as an annual review of the Plan.

Monitoring
Evaluation of the LEP - On at least an annual basis, the LEP Plan will be reviewed. Elements of the evaluation will include the following:

• Number of persons with LEP in Chippewa County

• Assessment of current language needs of CCFS applicants and clients to determine if the clients need an interpreter and/or translated materials; updating case files which lack information about a client’s language preference; determining if clients need to be asked their language preference at the time of re-certification.

• Determining whether existing assistance is meeting the needs of applicants and clients with LEP.

• Assessing whether staff members understand CCFS LEP policies and procedures and how to carry them out, and whether language assistance resources and arrangements for those resources are still current and accessible.

• Seeking and obtaining feedback from non-English or limited-English speaking communities in Chippewa County including applicants and clients as well as any known community organization or advocacy group working with non-English or limited-English speaking communities.

LEP Contact Person - For purposes of the LEP Plan, Chippewa County’s designated contact person is the Director.
COUNTY LIMITED ENGLISH PROFICIENCY PLAN ANNUAL REVIEW

Background

In the mid-1990s, the Minnesota Department of Human Services (DHS) began a series of initiatives to improve access to services for people with Limited English Proficiency (LEP).

In 2000, the DHS issued Instructional Bulletin #00-89-4 requiring county human services agencies (agency) to develop and implement a written LEP plan to ensure compliance with the language access requirements of Title VI of the Civil Rights Act of 1964 (Title VI).

Each agency was required to submit an LEP plan to DHS describing how the county performs its Title VI responsibilities. This ensures that access to its programs, activities or information, normally provided in English, are accessible to LEP persons. DHS completed approvals of all county plans in October 2002.

Purpose

The purpose of the annual review is to evaluate how a county’s LEP plan is being implemented.

Process

Step 1: The agency’s LEP contact person receives and completes the Annual Review Guide (Guide). The initial review period is from the date the agency’s LEP Plan was approved to the current date. Thereafter, the review will be completed annually.

Agency responses to the Guide must be submitted no later than July 28, 2004 as an email attachment to Anna.Wagner@state.mn.us or mailed to Anna Wagner, DHS/LEP Program, 444 Lafayette Rd, St. Paul, MN 55155-3837.

Step 2: DHS reviews the agency responses. DHS staff may schedule an on-site visit, particularly in counties with complex plans.

Step 3: DHS informs the agency, in writing, regarding its findings.
9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)
Chippewa County Family Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, such as support staff, supervisors and managers. Chippewa County Family Services will use DHS’ PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

10. Civil Rights Assurance of Compliance
The Chippewa County Family Services director and county attorney representative have signed the 2016 Civil Rights Assurance of Compliance. A copy is located in the Appendix; Attachment D.

11. CCRP Administration
Chippewa County Family Services will:

- Post a copy of its CCRP in the agency lobby where members of the public can review it and in the employee break room where staff can review it
- Post the CCRP on the agency’s public website
- Review the CCRP annually with ALL staff
- For the benefit of applicants, clients and members of the public, prominently post in the lobby a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure
- Post a copy of the DHS brochure: Do you have a disability (DHS-4133-ENG) in the lobby next to the reception desk
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors and managers. Chippewa County Family Services will document the date of the training each year and document who attends the training.
12. Appendix

a. Attachment A – Full List of Legal Authorities

Federal

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 of the Rehabilitation Act of 1973 (disability)
4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
   - Community Services Block Grant (race, color, national origin, sex) Remaining block grants (race, color, national origin, age, disability, sex, religion)
   - Social Services Block Grant
   - Maternal and Child Health Services Block Grant
   - Projects for Assistance in Transition from Homelessness Block Grant
   - Preventive Health and Health Services Block Grant
   - Community Mental Health Services Block Grant
   - Substance Abuse Prevention and Treatment Block Grant
9. Title IX of the Education Amendments of 1972 (sex)
10. Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)
11. Food Stamp Act of 1977
12. Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
13. Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
15. Equal Opportunity for Religious Organizations Regulation

State
Minnesota Human Rights Act, Chapter 363A

b. Attachment B – Complaint Notification Form
COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM
COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY

AUTHORITY: U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1.

REQUIREMENT: County human service agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

ACTION REQUIRED:

Complete this form and send it to the DHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

1. Name, address, telephone number of complainant:

2. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:

3. Type of discrimination alleged.

4. Describe the alleged discrimination, including the dates it happened. Give names and contact information of any witnesses:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Give a summary of the investigation findings, including any corrective action ordered:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
CONTACT INFORMATION: DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3034 (voice) or use your preferred relay service
651-431-7444 (fax)
joann.dasilva@state.mn.us

c. **Attachment C** – DHS Brochure: *Do you have a disability*, DHS-4133-ENG

   See Link Below:
   https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4133-ENG

d. **Attachment D** – Signed Copy of the 2016 Civil Rights Assurance of Compliance
MINNESOTA DEPARTMENT OF HUMAN SERVICES
CIVIL RIGHTS ASSURANCE OF COMPLIANCE
NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS

NAME OF COUNTY HUMAN SERVICE AGENCY
(HEREAFTER CALLED THE “COUNTY AGENCY”)

THE COUNTY AGENCY provides this civil rights Assurance of Compliance (hereafter called the “Assurance”) in consideration of and for the purpose of obtaining any and all federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The County Agency agrees that compliance with this Assurance is a condition of continued receipt of federal financial assistance and that it is binding upon the County Agency directly or through contract, license, or other provider of services, as long as it receives federal or state financial assistance; and shall be submitted with the required Comprehensive Civil Rights Plan update.

THE COUNTY AGENCY ASSURES that it will comply with:


PURSUANT TO THE CIVIL RIGHTS PLAN for the Minnesota Department of Human Services, by accepting this Assurance, the County Agency agrees to allow access, by authorized personnel of the Minnesota Department of Human Services and the United States Departments of Health and Human Services and Agriculture, during normal working hours, to private and/or confidential data maintained by the County Agency (or other sub-recipient of federal financial assistance) to the extent necessary to conduct a full and complete investigation into any complaint of discrimination, including to compile data, maintain records and submit reports as required to determine compliance with the above mentioned laws, rules and regulations. The Minnesota Department of Human Services agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minnesota Statutes, section 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or after it has been concluded. If there are any violations of this assurance, DHS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Minnesota Statutes, section 256.017.
THE PERSON WHOS SIGNATURE APPEARS BELOW is authorized to sign this Assurance and commit the County Agency to its terms.

06-13-16
Date

Director's Signature

I CERTIFY that the signatory for the County Agency has lawful authority to bind the County Agency to the terms of this civil rights Assurance.

10-9-2016
Date

County Attorney’s Signature
Do you have a disability?
If you have a disability, you have the same rights as others.

Please tell us if you have a disability so we can help you access human services programs and benefits.

What medical conditions may be disabilities?
A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:
- Diseases like diabetes, epilepsy or cancer
- Learning disorders like dyslexia
- Developmental delays
- Clinical depression
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of alcohol or drug addiction, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability using information from you and your doctor.

What help is available?
If you have a disability, your county or the state human services agency can help you by:
- Calling you or meeting with you in another place if you are not able to come into the office
- Using a sign language interpreter
- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work even with your disability
- Sending you to other services that may help you
- Helping you to appeal agency decisions about you if you disagree with them.

You will not have to pay extra for help. If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

How does the law protect people with disabilities?
The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.
Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- creed
- public assistance status
- disability
- color
- religion
- marital status
- sex
- national origin
- sexual orientation
- age
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact DHS directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

- In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
  - race
  - sex
  - color
  - sexual orientation
  - national origin
  - marital status
  - religion
  - public assistance status
  - creed
  - disability

Contact the MDHR directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- disability
- color
- sex
- national origin
- religion
- age

Contact the OCR directly to file a complaint:

Director, U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
2. fax: (202) 690-7442;
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

مالحة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، أطلب ذلك من مشرفك أو اتصل على الرقم 0377-358-800-1.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nycem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

알리드림니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

โปรดทราบ. ทำการขอความช่วยเหลือในภาษาอังกฤษหรือสเปนเราต้องไม่ได้ต้องที่ต้องต้องทำให้ในทางฝั่งฝ่ายที่ต้องยังไม่ได้ทำ 1-888-487-8251.

Hubachiisa. Dokumenttiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjetoota kee gaafadhu ykn afaan ati dubbattuuf bilibili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniiin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, hawiwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.