



Comprehensive Civil Rights Plan (CCRP)

Kandiyohi County Health and Human Services
 2200 23rd Street NE, Suite 1020, Willmar, Minnesota 56201
 320-231-7800 Human.Services@kcmn.us

Civil Rights Coordinator: Jennifer Lippert 320-231-7800
 ADA Coordinator: Kim Lindahl 320-235-5133
 Limited English Proficiency Coordinator: Jennifer Lippert 320-231-7800
 This CCRP is posted in the Health and Human Services Lobbies

Americans with Disabilities Act Advisory

For accessible formats of this information or assistance with additional equal access to human services, call 320-231-7800 or use your preferred relay service. You can also write to: Human.Service@kcmn.us

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Kandiyohi County Health and Human Services Equal Opportunity in Service Delivery Policy

It is the policy of Kandiyohi County Health and Human 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.

Kandiyohi County Health and Human Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity or expression, status with regard to public assistance, familial status, membership or activity in a local Human Rights Commission, or on the basis of any other characteristic protect by law. "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 Kandiyohi County Health and Human Services' full range of services, program 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 Kandiyohi County Health and Human Services. The Minnesota Human Rights Act also applies to the work of Kandiyohi County Health and Human Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities

Kandiyohi County Health and Human 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 discrimination, Kandiyohi County Health and Human Services will

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act (ADA)
- 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

Physical access includes:

- Convenient off-street parking designated specially for people with disabilities
- Curb cuts and ramps between parking areas and the Kandiyohi County Health and Human Services building with elevator access to all other floors
- Level access into the first floor of the Kandiyohi County Health and Human Services building with elevator access to all other floors

Reasonable Modifications to Policies, Procedure or Practices

Kandiyohi County Health and Human Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Kandiyohi County Health and Human 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

Kandiyohi County Health and Human 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, Kandiyohi County Health and Human Services will provide 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, Kandiyohi County Health and Human Services will give primary consideration to the requests of people with disabilities. Kandiyohi County Health and Human Services will honor the choice of the person requesting the auxiliary aid or services unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Kandiyohi County Health and Human Services will find another equally effective auxiliary aid or service.

Kandiyohi County Health and Human Services Complaint Procedure: *Kandiyohi County Health and Human Services Complaint Notification Form – Appendix A*

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. Kandiyohi County Health and Human 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, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity or expression, status with regard to public assistance, familial status, membership or activity in a local Human Rights Commission, or on the basis of any other characteristic protect by law. "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.

Kandiyohi County Health and Human Services will make appropriate arrangements to ensure that people with disabilities are provided reasonable modifications or effective communication, if needed, to participate in the complaint process. Reasonable modifications or effective communication 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, among other reasonable modifications and effective communication. The Civil Rights Contact (or designee) is responsible for working with people who file complaints to make appropriate arrangements.

It is against the law for anyone who works for Kandiyohi County Health and Human 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 the agency's equal opportunity policy, complaint resolution procedure, and a complaint form. *Kandiyohi County Health and Human Services Complaint Notification Form – Appendix A* Use the contact information below to file a complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office.

Civil Rights Coordinator: Jennifer Lippert 320-231-7800

ADA Coordinator: Kim Lindahl 320-235-5133

Limited English Proficiency Coordinator: Jennifer Lippert 320-231-7800

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. Other important contact information is telephone number, relay number and email address. 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. The county agency must conduct an investigation of the complaint, if it is a true civil rights 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. The agency will issue a written decision on the complaint within 120 days after its filing. The county will maintain the complaint records and files for three years. Complaint about program rules are NOT civil rights complaint and will be resolved through a different complaint process.
4. The person filing the complaint may appeal the decision by writing to the Director within 15 days of receiving the written decision. The Director must issue a written decision in response to the appeal, no later than 30 days after the appeal is filed. The decision is final. This appeal process is not the same as filing a fair hearings appeal with the DHS Appeals and Regulation Division.
5. The person filing the complaint must be informed that they 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. Contact the Federal agency directly:

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

- b. 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 our 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; or
- (3) email: program.intake@usda.gov

6. Filing Complaints with State Agencies

The person filing the complaint must also be informed that they 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

7. SNAP Civil Rights Complaints

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 USDA. Kandiyohi County Health and Human Services will refer SNAP civil rights complaints directly to DHS or USDA.

Civil Rights Coordinator: Jennifer Lippert 320-231-7800

ADA Coordinator: Kim Lindahl 320-235-5133

Limited English Proficiency Coordinator: Jennifer Lippert 320-231-7800

Complaint Notification Form

Kandiyohi County Health and Human Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against the agency and resolved at the county agency. Kandiyohi County Health and Human Services will make sure the complaint notification form is completed and sent to DHS within 120 days of the date the complaint was filed at the county agency. A copy of the *Complaint Notification Form* is located in the Appendix A.

Disability Compliance

ADA/504 Contact Person

Kandiyohi County Health and Human Services has as an ADA/504 Coordinator who serves as the agency's point person on disability matters.

Kim Lindahl, Director, Emergency Management
2201 23rd Street Northeast, Willmar, Minnesota 56201
320-235-5133 (Main) 320-214-6777 (Fax)
Kim.Lindahl@kcmn.us

ADA Public Notice Document

Kandiyohi County Health and Human Services will use the Minnesota Department of Human Services Brochure: *Do you have a disability (DHS-4133-ENG)* as its ADA notice document

(Appendix I). This document informs applicants, clients and members of the public that Kandiyohi County Health and Human Services does not discriminate on the basis of disability. *DHS brochure: Do you have a disability*, also gives information to the public about the rights of people with disabilities under Title II of the Americans with Disabilities Act as they participate in state and local government services.

Equal Opportunity Policy

The Kandiyohi County Health and Human Services Equal Opportunity in Service Delivery Policy includes specific provisions that prohibit disability discrimination. The policy is posted in the Department's main lobby of the Health and Human Services Building in Suite 1020. It is found on page 2 in this comprehensive civil rights plan.

LEGAL AUTHORITIES

As a recipient of federal financial assistance, DHS and its sub-recipients have civil rights compliance obligations. The following statutes, regulations and guidance documents set out those obligations.

FEDERAL

Title VI of the Civil Rights Act of 1964 (race, color, national origin/FFA)

Statutory Citation: 42 USC 2000d et seq.

Regulatory Citation: 45 CFR Part 80

Section 504 of the Rehabilitation Act of 1973 (disability/FFA)

Statutory Citation: 29 USC 794

Regulatory Citation: 45 CFR Part 84

Section 508 of the Rehabilitation Act of 1973 (disability/FFA)

Statutory Citation: 29 USC 794

Prohibits disability discrimination in electronic information and technology as they relate to programs and activities conducted by HHS.

Americans with Disabilities Act of 1990, Title II (disability/state/local government services)

Statutory Citation: 42 USC 12131

Regulatory Citation: 28 CFR Part 35

Age Discrimination Act of 1975 (age/FFA)

Statutory Citation: 42 USC 6101

Regulatory Citation: 45 CFR Part 91

Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds/ race, color, national origin, creed, or any other ground unrelated to an individual's need for the service or the availability of the needed service in the facility)

Statutory Citation: 42 USC 291 and 300

Regulatory Citation: 45 CFR Part 124

Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs/FFA)

Statutory Citation: 42 USC 18116

Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants)

Statutory Citation: 42 USC 300w et seq., 300x et seq., 300y et seq., 701 et seq., 9901 et seq., 8621 et seq., and 1397 et seq.

- Community Services Block Grant (race, color, national origin, sex)
- Social Services Block Grant (race, color, national origin, age, disability, sex, religion)
- Maternal and Child Health Services Block Grant (race, color, national origin, age, disability, sex, religion)
- Projects for Assistance in Transition from Homelessness Block Grant (race, color, national origin, age, disability, sex, religion)
- Preventive Health and Health Services Block Grant (race, color, national origin, age, disability, sex, religion)
- Community Mental Health Services Block Grant (race, color, national origin, age, disability, sex, religion)
- Substance Abuse Prevention and Treatment Block Grant (race, color, national origin, age, disability, sex, religion)

Title IX of the Education Amendments of 1972 (sex/FFA)

Statutory Citation: 20 USC 1681

Regulatory Citation: 45 CFR Part 86

Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)

Statutory Citation: 42 USC 10406

Food Stamp Act of 1977

Statutory Citation: 7 USC 2011 et seq.

Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture

Regulatory Citation: 7 CFR Part 272.6

Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture

Regulatory Citation: 7 CFR Part 272.4

Current version of **FNS Instruction 113-1**, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)

Equal Opportunity for Religious Organizations (religion)

Regulatory Citation: 7 CFR Part 16

STATE

Minnesota Human Rights Act, Chapter 363A

DHS-3276 – Civil Rights in Human Services (booklet) What you should know about fair treatment in service delivery <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3276-ENG>

COUNTY

Kandiyohi County Health and Human Services Limited English Proficiency (LEP) Plan (Appendix C): The county agency reviews its LEP plan, and if needed, updates the plan. LEP contact person completes the Annual Review Guide and submits it with the most recent LEP plan. The Kandiyohi County Health and Human Services LEP Plan can be found at this link: <https://www.kcmn.us/> search the Document Center

ENFORCEMENT AGENCIES' CONTACT INFORMATION

FEDERAL AGENCIES

The federal Office for Civil Rights carries out federal laws that protect you from discrimination in human services programs receiving federal funds from the U.S. Department of Health and Human Services. You have 180 days after the alleged discrimination has occurred to file a complaint. For more information, contact:

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

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
800-368-1019 (voice)
800-537-7697 D)

Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

The U.S. Department of Agriculture oversees the federal Supplemental Nutrition Assistance Program (SNAP). The State and the county agencies run the programs for USDA. You have 180 days after the alleged discrimination has occurred to file a complaint under the SNAP program. However, county human services agencies are not permitted to investigate civil rights complaints in the SNAP program because counties directly administer SNAP benefits. County agencies must refer SNAP civil rights complaints to DHS or to the USDA directly. For more information, contact:

U.S. Department of Agriculture (USDA)

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Washington, D.C. 20250-9410
(202) 690-7442 (fax)
program.intake@usda.gov

STATE AGENCIES

Minnesota Department of Human Rights

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)

Minnesota Department of Human Services

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

Annual Civil Rights Training for the Supplemental Nutrition Assistance (SNAP) Program

Kandiyohi County Health and Human Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program and staff who have direct contact with the public, such as support staff, supervisors and managers.

ADDITIONAL INFORMATION CAN BE FOUND AT:

ADA.gov



Appendix A

Civil Rights Complaint Form: Discrimination in Service Delivery

Client/complainant information

CLIENT'S NAME		EMAIL ADDRESS (OPTIONAL)	
CLIENT'S STREET ADDRESS	CITY	STATE	ZIP CODE
CLIENT'S PHONE NUMBER	NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WHO WILL KNOW HOW TO REACH YOU (OPTIONAL)		

Information about discriminating agency and/or parties

AGENCY NAME AND/OR PERSON'S NAME		AGENCY PHONE NUMBER	
AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE

Information about discrimination (check as many as apply)

- Race Color National origin Sex Creed Religion
 Political beliefs Age Disability Public assistance status
 Sexual orientation Marital status

If you filed this charge with any other agency, please give the name, address and phone number of the agency and the name of the investigator assigned to the case.

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Details of discrimination

Explain what happened to you, including the following points:

- Explain why you believe you were treated differently.
- Explain how you were treated differently from other people.
- Give the date(s) of the incident(s).
- Give the name(s) of the people who were directly involved.
- If there were any witnesses, give their name(s) and explain what information they can provide.

If you need more space, attach additional pages.

SIGNATURE	DATE



For accessible formats of this information or assistance with additional equal access to human services, write to Human.Services@kcmn.us, call 320-231-7800, or use your preferred relay service.

Civil Rights Coordinator
 320-231-7800 (voice)
 320-231-6285 (fax)
 Use preferred relay service

Appendix B



Bulletin

NUMBER

#16-89-01

DATE

March 25, 2016

OF INTEREST TO

County Commissioners

County Human Services Directors,
Managers and
Supervisors

ACTION/DUE DATE

Please implement updates by
Friday, July 22, 2016

EXPIRATION DATE

March 25, 2018

DHS Announces Updates for County Agencies' Comprehensive Civil Rights Plans**TOPIC**

County human services agencies must update civil rights plans to ensure compliance with civil rights laws and improved practice.

PURPOSE

Provide county agencies with the instructions, updated information and resources to revise civil rights plans.

CONTACT

Joann daSilva, DHS Civil Rights Coordinator
540 Cedar Street, P.O. Box 64997, St. Paul, MN 55164
651-431-3034 (voice) or use your preferred relay
service 651-431-7444 (fax)
Joann.daSilva@state.mn.us

SIGNED**CONSTANCE TUCK**

Chief Equity and Development Officer
Office for Equity, Performance, and Development

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services supports the use of "People First" language.

Appendix C



Kandiyohi County Health and Human Services 2020 Limited English Proficiency Plan

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**KANDIYOHI COUNTY HEALTH AND HUMAN SERVICES
LIMITED ENGLISH PROFICIENCY PLAN**

I. Purpose and Legal Authority

The following document serves as Kandiyohi County Health and Human Services' plan to meet the legal obligation of limited English proficiency requirements in compliance with:

- Title VI of the Civil Rights Act of 1964; 42 U.S.C. § 2000 et seq; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance Through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Office of Civil Rights Policy Guidance, 65 Fed. Reg. 52762 (2000), Department of Health and Human Services, Office of Civil Rights, Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons With Limited English Proficiency (August 30, 2000); OCR Website: www.hhs.gov/ocr/lep/
- Department of Justice Regulation, 28 CFR § 42.405(d)(1), Department of Justice, Coordination of Enforcement of Nondiscrimination in Federally Assisted Programs, Requirements for Translation.
- Bilingual Requirements in the Food Stamp Program, 7 CFR §272.4 U. S. Department of Agriculture, Food And Consumer Service
- Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. Information that is collected regarding our customers is considered private data. Except in emergency situations, this data may not be released to anyone other than the customer, our employees, or others authorized by the court or federal law, without the customers' written consent.

II. Policy and Procedures

A. Persons Covered by Limited English Proficiency Plan

Kandiyohi County Health and Human Services' Limited English Proficiency (LEP) plan is updated annually based on the need for interpreter services in an effort to serve our customers, prospective customers, and their families who do not speak English or who speak limited English.

B. Definitions:

- **Limited English Proficiency Person** An individual has Limited English Proficiency (LEP) if he/she is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Health and Human Services staff.
- **Interpretation** is defined as a spoken or visual explanation provided to enable two or more individuals who do not speak the same language to communicate with each other.
- **Translation** is defined as a written version of a document that is provided in a language different than that of the original document.

C. Commitment to Meaningful Access

No person will be denied access to Kandiyohi County Health and Human Services program information or programs because he/she does not speak English or communicate in English on a limited basis. Kandiyohi County will provide assistance to all customers with limited English proficiency in obtaining necessary interpreter services in order for him/her to effectively communicate with staff. Customers will be provided with meaningful access to programs and services in a timely manner and at no cost to the customer.

D. Offering Language Assistance Services

Signs are posted in our reception area and interview rooms and staff have "I Speak" cards to assist our limited English proficiency customers. Staff will initiate an offer for language assistance to customers who have difficulty communicating in English, have difficulty reading their spoken language, or when a customer asks for language assistance. Staff must offer, without charge, interpretation and/or translation services to persons with limited English proficiency in a language they understand, in a way that preserves confidentiality, in a timely manner.

Staff will appropriately code the following systems to ensure identification of clients potentially requiring Limited English Proficiency services:

- **MAXIS:** Workers will appropriately code the following fields on the STAT/MEMB panel for every person entered into the MAXIS system: Spoken Language (enter appropriate code from F1 Help) Written Language (enter appropriate code from F1 Help) Needs Interpreter Y/N
- **PRISM:** Child Support workers will appropriately code the following fields on the demographics [panel (CPDE or NCDE) for each custodial/noncustodial parent entered into the PRISM system: Primary Language (enter appropriate code from F1 Help) Interpreter Needed (enter Y/N)
- **SSIS:** Social Service workers will appropriately code language preference on the client entry screen and in case notes.

E. Telephone Interpreter Services – Non-English

Staff will use United Language Group (UGL) or a county-contracted interpreter service for interpreter assistance when needed. The telephone number for UGL is 1-844-757-6534 and instructions for use are available. These instructions are also available in each interview room and provided to staff. Staff will become familiar with how to use this service. Being familiar with the service will help staff act quickly when customers need interpreter assistance. Our reception staff will act as a resource guide for staff. Training will be provided all new staff. Current staff will each be provided printed materials.

F. Telephone Interpreter Services - Hearing Impaired

For our hearing impaired customers, Minnesota Relay is available by dialing 711. If in-person assistance is needed for our hearing impaired clients, staff will request this service through the appropriate county-contracted interpreter service.

G. In-Person Interpreter Services

We primarily use well recognized county-contracted interpreter services; they have provided documentation that they will provide competent and experienced interpreters. Competency includes:

- Being bilingual and fluent in both English and the language of the limited English proficiency customer
- Accuracy and completeness
- Impartiality
- Confidentiality
- Registration with the Minnesota Department of Health's Interpreter Roster when appropriate.

Interpreters will have training/orientation that includes:

- The skills and ethics of interpreting
- Basic knowledge in both languages of specialized program terms or concepts

- Sensitivity to the customer’s culture

For in-person interpreter services, staff will follow the instructions for each county-contracted interpreter service and complete an Interpreter Worksheet when appropriate.

H. Procedure for Using and/or Distributing Forms – Non-English

Kandiyohi County Health and Human Services has access to a number of forms from Minnesota Department of Human Services which are available in languages other than English. Staff also have access to forms on the MAXIS system and can retrieve them. Forms can be interpreted for individuals as requested.

I. Procedure for Using and/or Distributing Forms - Blind

For our blind customers who request forms, contact the appropriate Unit Supervisor for more information.

J. Services to Illiterate

Staff will assess customer’s literacy level and determine interpreter needs. Staff should not send forms to illiterate customers. Staff will assist customers verbally to complete the required forms if needed. If a language other than English is spoken, staff shall use an interpreter to complete required forms verbally if needed. Staff should further inform the client to contact them for interpreter services if needed when they receive a Minnesota Department of Human Services or Kandiyohi County form.

- **Illiterate Non-English Speaking Customers:** Staff must assist limited English proficient customers who do not read their primary language to the same extent that they would assist an English speaker who does not read English.
- **English Speaking Customers Who Are Illiterate:** Staff will encourage and assist customers in identifying a responsible person to assist them. Economic Support customers may designate an “authorized representative” who can act on their behalf. Departmental staff may assist customers in completing necessary paper work only in the event that the customer cannot obtain assistance from another responsible person. Staff will indicate on the form their name and date and that they completed the form at the customer’s request because no other responsible person was available.

K. Bilingual Staff

Bilingual staff may be used for short questions and answers with permission from their supervisor. Kandiyohi County’s policy is to randomly assign cases to available bilingual staff as caseloads are not specialized by language. Through our county-contracted services, we are able to provide efficient and consistent interpreter services to meet our customers’ needs.

L. Using Adult Family and/or Friends as Interpreters

Staff should never require, suggest, request, or encourage a customer with limited English proficiency to use family or friends as interpreters. Use of family or friends could result in a breach of confidentiality or reluctance on the part of the customer to reveal personal information that may be critical to their situation. Family or friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, or have little familiarity with specialized program terminology. If the limited English proficient person declines this service, the worker will document in case notes that services were offered and declined. The Interpreter Offer Form will be filled out and filed with the case notes.

M. Using Minor Children as an Interpreter

Minor children should never be used as an interpreter.

N. When A Customer Declines Services

When a customer declines services, the worker will document in case notes that services were offered and declined. The Interpreter Offer Form C) will be filled out and filed with the case notes.

O. Competency Standards for Interpreters

We contract with contracted interpreter agencies who have provided documentation that they will provide competent and experienced interpreters. Competency includes:

- Being bilingual and fluent in both English and the language of the limited English proficient client
- Accuracy and completeness
- Impartiality
- Confidentiality
- Interpreters provided by agency contracts are required to be registered either with the Minnesota Department of Health MN Health Care Interpreter Roster (spoken language) or the Minnesota Department of Human Services Sign language Interpreter Referral Registry (American Sign Language (ASL) or other signed language systems).

Interpreters will have training/orientation that includes:

- The skills and ethics of interpreting
- Basic knowledge in both languages of specialized program terms or concepts
- Sensitivity to the customer's culture

P. Notice of Rights to Language Assistance

Kandiyohi County Health and Human Services staff will inform all customers with limited English proficiency of the public's right to free interpreter services and that these services must be provided in a timely manner during normal business hours. We have posted the "I Speak" poster (DHS-4739) in our primary reception areas and also have available the "I Speak" cards (DHS-4374) in the sixteen "primary" languages (which includes American Sign Language) identified by Minnesota Department of Human Services. Kandiyohi County Health and Human Services staff will use "I Speak" cards to help customers with limited English proficiency to be able to identify their language needs for staff. Posters will also be used throughout the Department to inform customers that language interpreters are available at no cost to them.

III. Limited English Proficiency Training for Kandiyohi County Health and Human Services Staff

Annually, Kandiyohi County Health and Human Services will distribute the Limited English Proficiency Plan to all staff once approved by Minnesota Department of Human Services so they can learn the policies and procedures required to make language assistance available to our customers with limited English proficiency. Included in this plan are Guidelines for Working with an Interpreter. New employees will have the Limited English Proficiency Plan incorporated into their New Employee Orientation.

Limited English proficiency training will include legal obligation to provide language assistance to customers with limited English proficiency, policies and procedures to access language assistance services and how to properly document information about the customer's language needs in the case file. All staff with ongoing customer contact are required to receive limited English proficiency updates annually.

IV. Monitoring of the Limited English Proficiency Plan

An evaluation will be conducted annually to determine the overall effectiveness of the plan. It will assess the current language needs of these customers to determine if these needs are being met. It will assess if our staff understand the Limited English Proficiency Plan policies and procedures, know how to carry them out, and whether language assistance resources are still current and accessible.

A. Limited English Proficiency Plan Posted for Public Review

The Kandiyohi County Health and Human Services Limited English Proficiency Plan will be posted for public review in the reception area and on the Departmental website. The Limited English Proficiency Plan will be available in English, but interpreters will be available to translate the plan for those who do not read English who wish to read it. For those unable to read, staff will be available to read the plan to those who wish to hear it.

B. Distribution of Limited English Proficiency Plan

Immediately upon approval, the Kandiyohi County Health and Human Services Limited English Proficiency Plan will be distributed to all staff.

C. Adoption of a Procedure for the Resolution of Complaints

Any consumer, applicant or recipient has the right to file a complaint. The Kandiyohi County Health and Human Services Department has a formal complaint process that can be utilized to try and resolve the problem. Should that not occur, the person making the complaint will be informed in a language understandable to them, of the process to follow, making known their complaint to the Minnesota Department of Human Services or the Office of Civil Rights. The complaint procedure will conform in all respects to the Kandiyohi County Health and Human Services Department procedure included in Comprehensive Civil Rights Plans.

D. Responsible Authority/Complaint Process - Contact Person

Each Unit will be responsible for implementing this Limited English Proficiency Plan in its area. The person responsible to provide technical assistance, respond to inquiries and complaints from the public, and monitoring and updating this plan will be:

Health and Human Services Director
Kandiyohi County Health and Human Services
2200 23rd Street NE, Suite 1020, Willmar, MN 56201-6611
(320) 231-7800 (general/voice) - (320) 231-6285 (fax)
Or use your preferred Relay Service

Appendix D

Using ULG© for Telephone Interpreting

Step 1 Dial 9-1-844-757-6534

Step 2 Tell them which Language

Step 3 Provide them with the access code for your area:

Access Code 00000 (Child Support)

Access Code 00000 (Finance)

Access Code 00000 (Social Services)

Step 4 Press the Conference button and dial your client's number

- Dial a "9" and then the client's number
- ULG interpreter is put on hold

Step 5 When your client answers, press the Yes soft key and you will be connected again with the interpreter

- After a conference call has started, you can use the Show soft key to display all connected parties
- If you wish to disconnect someone, scroll down to their number and press the Drop soft key

Guidelines for Working with an Interpreter

General Guidelines:

- Be sure to speak directly to your customer, not the interpreter
- Use words, not gestures, to convey your meaning
- Speak in an audible tone and speak slowly
- Explain jargon and technical terms to the interpreter when necessary
- Use simple vocabulary
- Speak in short sentences and pause to allow the interpreter to speak
- Ask one question at a time
- Control the environment

To assist the customer, if appropriate:

- Ask your customer if they feel they understand your question and if they need to ask any questions themselves.
- Ask your customer if there is something in their culture that makes this situation different, hard to understand, difficult or embarrassing
- Ask your customer if they need anything re-explained and if your message is not understood, be prepared to say it differently.
- If you think that your message may not be fully understood by your customer, double check by saying "Tell me what you understand."

To assist the interpreter:

- Allow the interpreter to top you and seek clarification when necessary.
- Allow the interpreter to take notes if things get complicated.
- Allow the interpreter to clarify cultural issues if appropriate.

Appendix E INTERPRETER WORKSHEET

- West Central Interpreting
- ULG
- Somali Connection
- ARCH Interpreting

Date ____/____/____

Start Time: _____
Client Information
First Name _____
Last Name _____
PMI Number _____
Date of Birth _____

End Time: _____
Program Information
<input type="checkbox"/> SOCIAL SERVICES <input type="radio"/> MnChoices Assessment <input type="radio"/> Waiver Case Management _____
<input type="checkbox"/> INCOME MAINTENANCE * <input type="radio"/> Application for cash, supplemental nutrition, medical programs or child care. <input type="radio"/> Renewal or Re-certification for cash, supplemental nutrition, medical programs or child care.
<i>*Email from Bob Ries, Benefit Policy Specialist, on 11/12/13</i>

Language: _____ Interpreter ID: _____
Comments: _____
Staff Signature: _____ Printed Name: _____

Return form to Accounting when completed.

Appendix F



Kandiyohi County

2200 23rd Street Northeast, Willmar MN 56201

www.kcmn.us

An equal opportunity provider and employer

Interpreter Offer Form (English)

I acknowledge that Kandiyohi County _____
(Department) has offered me interpretive services today through its worker, (listed below), and I have chosen to decline such services. However, it was explained to me today that, at any time, I may request the services of an interpreter. The services of such interpreter will be provided without undue delay and free of charge to me. The interpretive service may be provided in person or using the phone (conference call).

Forma de Ofrecimiento de Interprete (Spanish)

Yo reconozco que este día el departamento de _____ del
Condado de Kandiyohi me ha ofrecido su servicio de interpretación por medio de su empleado, cuyo nombre esta enumerado abajo, y Yo e decido declinar tal servicio. Sin embargo, también se me explico hoy que en cualquier momento yo puedo solicitar los servicios de un intérprete. Los servicios de interpretación serán proveídos sin excesivo retraso y serán gratuitos para mí. Los servicios de intérprete pueden ser proporcionados en persona o través de un sistema telefónico por medio de una llamada de conferencia.

Foomka Turjibaanka Ugu Deeqida (Somali)

Waxaan qirayaa in Degmada Kandiyohi _____ Hey'ada)
iigu deeqday adeeg turjubaan manta intey howsheydu socoto (ee hoosta ku xusan), waxaan iskey u doortay inaan adeegaas turjubaan diido. Si kastaba ha ahaatee, waxaa la'ii sharaxay manta in mar walba aan codsan karo adeeg turjubaan. Waxaa la'ii fidiyay adeega turjubaan iyada oo uu wax dib u dhac ah igu iman lacag la'aan ah. Waxaa suuragal ah in adeega turjubaan la ii sameeyo iyada oo la isticmaalayo khadka taleefoonka.

Client – Cliente – Magaca

Client Signature Date
Firma del cliente Fecha
Saxiixa Taariikhda

Client Name (print)
Nombre del cliente (letra de molde)
Magaca (daabac)

County Worker – Firma del empleado del condado Magaca Shaqaalaha /Haya'da (daabaca)

County Worker's Signature Date
Firma del empleado del condado Fecha
Saxiixa Shaqaalaha Taariikhda

County Worker's Name/Department (print)
Nombre del empleado del condado/departamento
(letra de molde)
Magaca Shaqaalaha /Haya'da (daabaca)

Appendix G

County-Contracted Interpreter Services

United Language Group

844-757-6534

ARCH Language Network, S Corporation

1885 University Avenue

West St. Paul, MN 55104

Email: archlanguage.com

Phone: 651-789-7897 or Toll Free: 877-789-7818

Fax: 651-789-7898 or Toll Free: 877-789-7819

West Central Interpreting Services, LLC

333 Litchfield Avenue Southwest, Suite #1, Willmar, MN 56201

Email: mahboub2000@gmail.com

Phone: 320-235-0165/ cell phone 612-636-9533

Fax # 320-235-0105

Somali Connection, LLC

400 Litchfield Avenue Southwest, Willmar, MN 56201

Phone: 320-214-1234

Fax: 320-214-1235

Appendix H



2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency: Kandiyohi County Health and Human Services agrees to comply with the civil rights assurance of compliance (hereafter "Civil Rights Assurance Agreement") as a condition of receiving Federal financial assistance through the Minnesota Department of Human Services. The Civil Rights Assurance Agreement is binding upon the County Agency, its successors, transferees, and assignees for as long as the County Agency receives Federal financial assistance. The Minnesota Department of Human Services may enforce all parts of the Civil Rights Assurance Agreement as a condition of receipt of such funds.

Compliance by Contractors and Vendors: The County Agency further agrees that by accepting this Civil Rights Assurance Agreement, it will obtain a written statement of assurance from all of its contractors and vendors (i.e., applying to all programs), assuring that they will also operate in compliance with the stated nondiscrimination laws, regulations, policies, and guidance. The written statement of assurance from all of its contractors and vendors must be maintained as part of the County Agency's *Comprehensive Civil Rights Plan* and must be made available for review upon request by the Minnesota Department of Human Services or the U.S. Department of Agriculture.

RECIPIENT AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS:

The County Agency agrees to:

1. Administer all programs in accordance with the provisions contained in the Food and Nutrition Act of 2008, as amended, and in the manner prescribed by regulations issued pursuant to the Act; implement the FNS-approved State Plan of Operation for the Supplemental Nutrition Assistance Program (SNAP); comply with Title VI of the Civil Rights Act of 1964; section 11(c) of the Food and Nutrition Act of 2008, as amended; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; and all the requirements imposed by the regulations issued pursuant to these Acts by the U.S. Department of Agriculture to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under SNAP.
2. Administer all programs in accordance with U.S. Department of Health and Human Services requirements imposed by the regulations pursuant to Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; Section 1557 of the Patient Protection and Affordable Care Act of 2010. Comply with the regulations to the effect that, no person in the United States

shall, on the grounds of race, color, national origin, sex, age, disability, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under U.S. Department of Health and Human Services programs.

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.
4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2019-2021 Civil Rights Assurance Agreement and commit it to the above provisions.

Jennie Lippert
SIGNATURE of Authorized Representative

Jennie Lippert, Director
Print Name

Kandiyohi County Health and Human Services
Name of County Agency

2200 23rd Street NE Willmar, MN 56201
Street Address, City, State, Zip Code

ADDENDUM

Clarification of SNAP Civil Rights Requirements – Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP),” and Titles II and III of the Americans with Disabilities Act

This addendum clarifies core civil rights requirements to ensure meaningful access to programs, services, and information for persons with Limited English Proficiency (LEP) and persons with disabilities in accordance with Federal law, regulations, and current guidance from the U.S. Department of Department of Justice (DOJ) and the U.S. Department of Agriculture (USDA).

Meaningful Access for LEP Individuals

State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and

certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

Federal LEP regulations and guidance include:

- SNAP regulations provided by 7 CFR Part 272.4 (b), “Bilingual requirements”;
- Executive Order 13166 of August 11, 2000, “Improving Access to Services for Persons with Limited English Proficiency,” reprinted in 65 FR 50121, 50122 (August 16, 2000);
- DOJ policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” published in 67 FR 41455, 41457 (June 18, 2002); and
- USDA policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” 79 FR 70771-70784 (November 28, 2014).

Four Factor Analysis for Assessing LEP Needs

To be in compliance, the Title VI guidance provided by DOJ and USDA instructs State Agencies to assess the LEP needs of the population served and determine the LEP services required by balancing four factors:

1. The number or proportion of persons with limited English proficiency are eligible to be served or likely to be encountered within the area serviced by the recipient;
2. The frequency with which persons with limited English proficiency come in contact with the program;
3. The nature and importance of the program, activity, or service to people’s lives; and
4. The resources available to the recipient and costs.

SNAP State agencies must also comply with the specific requirements established by 7 CFR Part 272.4 (b) and should include these obligations in the LEP assessment.

Developing an LEP Plan

After completing an assessment of LEP needs, SNAP State agencies should develop an implementing plan to address the LEP needs of the population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging for telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language line services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing State and local budgets and front line staff should understand how to obtain LEP services.

USDA’s 2014 policy guidance includes detailed information on assessing LEP needs, identifying

practices for translating documents that will be seen as strong evidence of compliance. For additional assistance and information on LEP matters, please also visit <http://www.lep.gov>. The website includes online LEP mapping tools designed to help assess the language needs of the population served by a particular program or facility.

Ensuring Equal Opportunity Access for Persons with Disabilities

SNAP State agencies must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. State agencies that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the Americans with Disabilities Act (ADA), and SNAP program regulations.

DOJ published revised final regulations implementing Titles II and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, "Nondiscrimination on the Basis of Disability in State and Local Government Services" and 28 CFR Part 36, "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities." In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

Please Deliver Signed
2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT to:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997, St. Paul, MN 55164-0997
joann.dasilva@state.mn.us

Appendix I



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 CB2 Food, Cash 10-16

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

- | | | | | |
|--------------------|------------|--------------------------|-------------------|----------------|
| Race | color | national origin | creed | religion |
| sexual orientation | | public assistance status | | marital status |
| age | disability | sex | 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 | color | national origin | religion |
| creed | Sex | sexual orientation | marital status |
| public assistance status | | 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; or
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.

ያስተውሉ፡ ይህንን ደብዳቤን ለመተርጎም እርዳታ የሚረዱን ከሆነ፡ የንዳየን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

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

သတိ၊ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လျော်ရေးအလုပ်သမား အားပေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

နံရံကန်ခံအား ၂ ပေါ်ရှိကုမ္ပဏီအဖွဲ့အစည်းများအားကူညီပေးရန်အတွက် ကူညီပေးမှုအဖွဲ့အစည်းများကို ဖိတ်ခေါ်မှု ပြုလုပ်ခြင်းအတွက် 1-888-468-3787 ၊

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

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 nyeem. 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.

විද්‍යාලයේ සිටින අයට මෙම ලේඛනයේ අර්ථය පැහැදිලි කිරීමට සහතික කිරීමේ සේවාවක් ලෙස 1-844-217-3549 කඟු.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의 하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣເຊດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຖາມພະນັກງານກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 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.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga 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.

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