Des Moines Valley Health and Human Services
Comprehensive Civil Rights Plan (CCRP)

Des Moines Valley Health and Human Services
11 Fourth Avenue
PO Box 9
Windom, MN 56101
(507) 831-1891
TTY/TDD (800) 627-3529

Civil Rights Coordinator: 507-831-1269 (voice)
ADA Coordinator: 507-831-1269 (voice)
Limited English Proficiency Coordinator: 507-831-1262 (voice)

This CCRP is posted in the lobby next to the reception desk
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 507-831-1891. TTY users place calls through MN Relay Service: 711 or (800) 627-3529

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1. **Purpose**
   As a recipient of federal financial assistance, Des Moines Valley Health and Human Services (DVHHS) 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. DVHHS 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 DVHHS’s 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 A, 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**
   DVHHS designates Craig Myers to serve as the agency’s Civil Rights Contact, agency point person on civil rights matters.

   Craig Myers
   507-831-1269
   MN Relay Service: 711 or (800) 627-3529
   Craig.myers@dvhhs.org
4. **Equal Opportunity Policy and Procedure**

**DVHHS Equal Opportunity Policy and Procedure**

It is the policy of DVHHS 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.

DVHHS 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 DVHHS’ s 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 DVHHS. The Minnesota Human Rights Act also applies to the work of DVHHS and those agencies carrying out its programs.

**Program Accessibility for People with Disabilities**

DVHHS 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, DVHHS 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 DVHHS building
- Level access into the first floor of the DVHHS building with elevator access to all other floors

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

Effective Communication and Auxiliary Aids and Services
DVHHS 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, DVHHS 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, DVHHS will give primary consideration to the requests of people with disabilities. DVHHS 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, DVHHS will find another equally effective auxiliary aid or service.

5. Complaint Resolution Procedure

DVHHS Complaint Procedure
You have the right to file a discrimination complaint with DVHHS if you believe you have been treated in a discriminatory way. It is against the law for any human services agency to discriminate against applicants, clients, or members of the public because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance).

DVHHS will refer all civil rights complaints to the Minnesota Department of Human Services (DHS). Complaints must be in writing unless you need special help. Contact our office or contact DHS directly through its Civil Rights Coordinator to get the complaint forms.
Or contact:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
Office of Equal Opportunity
PO Box 64997
St. Paul, MN  55164-0997
651-433-3040 (voice) or use your preferred relay service
651-431-7444 (fax)

You also have the right to file a discrimination complaint directly with the
Minnesota Department of Human Rights, and the federal agencies that
operate the benefits programs.

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

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, religion and sex (including sex stereotypes
and gender identity under any health program or activity receiving federal
financial assistance). Contact the agency directly.

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

DVHHS 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. DVHHS 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 DVHHS 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 DVHHS’s 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 DVHHS:

Executive Director, Craig Myers
Des Moines Valley Health and Human Services
11 4th Avenue PO Box 9
Windom, MN 56101
507-831-1269 (voice)
MN Relay Service: 711 or (800) 627-3529
507-831-0216 (fax)

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. DVHHS **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. DVHHS will issue a written decision on the complaint within 90 days after its filing. DVHHS 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 USDOS 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:
7. Arrangements for People with Disabilities: 
DVHHS 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. DVHHS 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 
DVHHS will use the Complaint Notification Form to notify DHS in writing of all service delivery discrimination complaints filed against DVHHS and resolved on the county agency level. DVHHS 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
DVHHS 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.

Executive Director, Craig Myers
507-831-1269 (voice)
MN Relay Service: 711 or (800) 627-3529

c. Disability Complaints
People filing disability complaints will use DVHHS ‘s civil rights complaint procedure.

d. ADA Notice Document
DVHHS 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 DVHHS 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.

DVHHS 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 DVHHS 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

COTTONWOOD COUNTY FAMILY SERVICE AGENCY
P.O. BOX 9
WINDOM, MN. 56101

LIMITED ENGLISH PROFICIENCY PLAN
11/2008

Purpose:
The purpose of this plan is to ensure customers of Cottonwood County Family Service Agency meaningful access to program information and services although they may be limited in their English language proficiency. The plan is consistent with federal requirements (authorities listed below). Cottonwood County will take adequate steps to ensure that persons with limited English proficiency receive the language assistance necessary to allow them meaningful access to services, free of charge.

Authorities:
• Department of Justice regulation, 28 CFR 42.405 (d) (1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation
• Bilingual requirements in the Food Support Program, 7 CFR 272.4 U.S. Department of Agriculture, Food and Consumer Service

Definition of terms:
• Effective communication: In a human services setting, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with limited English proficiency is given adequate information to understand the services and benefits available and receives the benefits for which he/she is eligible. Effective communication also means that a person with limited English proficiency is able to communicate the relevant circumstances of his/her situation to the provider.
• Interpretation: Interpretation means the oral or spoken transfer of a message from one language into another language.
• Limited English Proficiency (LEP): A person with limited English proficiency or LEP is not able to speak, read, write or understand the English language well enough to allow him/her to interact effectively with health and social services agencies and other providers.
• Meaningful access: Meaningful access to programs and services is the standard of access required of federally funded entities to comply with Title VI's language access requirements. To ensure meaningful access for people with limited
English proficiency, service providers must make available to applicants/recipients free language assistance that results in accurate and effective communication.

- Office for Civil Rights (OCR): The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human service agencies/providers.
- Primary languages: Primary languages are the languages other than English that are most commonly spoken by DHS clientele as identified by DHS’ methodology workgroup. Currently there are 10: Arabic, Hmong, Khmer (Cambodian), Lao, Oromo, Russian, Serbo-Croatian (Bosnian), Somali, Spanish, and Vietnamese.
- Translation: Translation means the written transfer of a message from one language into another language.

Meaningful Access Policy

Persons covered by this plan: This plan was developed to serve Cottonwood County customers, prospective customers, their family members, or other interested members of the public (hereafter called "clients") who do not speak, read, write or understand English or who do so on a limited basis. A client has LEP when 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 county human service staff.

Commitment to meaningful program access: No person will be denied access to program information or programs because he/she does not speak English or communicates in English on a limited basis. Cottonwood County will provide for effective communication between clients with LEP and Cottonwood County staff by making appropriate language assistance services available when clients need these services. Cottonwood County will provide its customers with meaningful access to programs and services in a timely manner and at no cost to them.

Affirmative offer of language assistance: Cottonwood County staff will initiate an offer for language assistance to customers who have difficulty communicating in English. Also, when customers ask for language assistance, staff must offer free interpretation and/or translation services in a language they understand, in way that preserves confidentiality, and in a timely manner. Whenever possible, staff are encouraged to follow a client’s preferences.

Competency standards for interpreters: To provide effective service to LEP persons, Cottonwood County will use competent interpreters. "Competency” requires that interpreters will have demonstrated proficiency in both English and the intended language; training that includes the skills and ethics of interpreting (e.g. issues of confidentiality); fundamental knowledge in both languages of any specialized terms or concepts; and sensitivity to the client’s culture.
Using an interpreter:
General requirements:
1. Verify client identity
   - Before releasing case-specific information, staff must verify the identity of the client.
2. Document use of interpreter
   - Cottonwood County staff must always document in the client's case file or keep appropriate records when an interpreter is used.
3. Do not use minor children
   - Staff must NEVER use minor children as interpreters
4. Use of family or friends as interpreters
   - Client's wishes to have family or friends serve as interpreters whenever possible should be respected. However, staff must keep in mind issues of client confidentiality and interpreter competency.

   Follow these rules:
   - Protection of confidentiality and accuracy of interpretation should always be of the highest concern, particularly if the interview concerns topics that may negatively affect eligibility for services.
   - Always offer free interpreter services.
   - If a client prefers to have a family member or friend serve as an interpreter, ask if the client will allow a trained interpreter to listen in to ensure accuracy of interpretation.
   - If these offers are refused, document the offers and refusals and accommodate the client's wishes.
   - Remember- minor children should never be used as interpreters.
   - Bilingual staff or contracted interpreters should be used in circumstances when a client is giving information that may negatively impact his/her eligibility for services.
   - Bilingual staff or contracted interpreters are preferred in situations where a client must answer complicated or detailed questions about his/her case. If handled by family or friends, bilingual staff or contracted interpreters should do follow-up calls or letters.
   - If private information will be disclosed, please refer to the requirements of the Minnesota Government Data Practices Act.

Emergency Situations:
When assistance requested require immediate action, Cottonwood County will take whatever steps necessary to ensure that all clients have access to services or information within the appropriate time frames.

Translation resources:
Vital documents are those that are critical for accessing federally funded services or benefits or are documents that are required by law. They include:
Staff should always ask for a client's language preference for forms and record that language preference in the client's case file. Staff should send translated forms to clients whenever a client has indicated the need to receive forms in his/her preferred language.

**Assisting clients who can't read:**
Staff must assist LEP clients who cannot read their preferred language to the same extent, as staff would assist English-speaking clients who cannot read English.

**LEP plan distribution and public posting:**
Upon completion and approval by DHS management, the LEP plan will be:
- Distributed to all staff
- Posted for public review in the lobby
- Cottonwood County staff will receive training once per year and information about the LEP plan will be incorporated into the Cottonwood County Family Service Agency New Employee Orientation.

**Complaints:**
Cottonwood County has a complaint resolution procedure to resolve civil rights-related disputes and complaints that will be used to resolve LEP-related disputes and complaints. The agency director, Craig Myers, will provide technical assistance and respond to inquiries and complaints from the public.

Craig Myers, Director Cottonwood County Family Service Agency
PO Box 9
Windom, MN 56101
A. Purpose and Legal Basis

The purpose of this limited English proficiency plan is to ensure meaningful access to program information and services for persons with limited English language proficiency. The legal basis for this plan comes from Title VI of the Civil Rights Act of 1964. This plan implements the Title VI language access responsibilities of human services providers receiving federal financial assistance form the U.S. Department of Health and Human Services.

This information is available in other forms to people with disabilities by contacting us at 507-847-4000 (Voice), or though the Minnesota Relay Service at 1-800-627-3529 or 1-877-627-3848 (speech to speech relay service).
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B. Legal Authorities/References

According to the Office for Civil Rights (OCR), in order to avoid discrimination on the basis of national origin against persons with limited English language proficiency, recipients of federal financial assistance from the U.S. Department of Health and Humans Services must take adequate steps to ensure that persons with limited English proficiency receive the language assistance necessary to allow them meaningful access to services, free of charge. This limited English proficiency plan for Jackson County Human Services has been completed at OCR’s instruction. In OCR’s August 30, 2000 Policy guidance, issued to interpret the regulations under Title VI, OCR states that a recipient of federal financial assistance can ensure effective communication (which leads to meaningful access) by implementing a limited English proficiency plan that accounts for how the recipient (agency) will provide language assistance services when they are needed by applicants, clients, and members of the public.


- **Department of Justice Regulation**, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs

C. Written Plan

1. **Persons Covered by Policy – Identifying Clients with Limited English Proficiency**

   Jackson County Human Services limited English proficiency plan has been developed to serve its clients, prospective clients, family member of clients or prospective clients, or other interested members of the public (hereafter called “clients”) who do not speak English or who speak limited English.

   A client has limited English language proficiency (LEP) when he/she is not able to speak, read, write or understand the English language at a level that allow him/her to interact effectively with Jackson County Human Service staff. Sometimes it is not this easy to identify a person with LEP.
Some clients may know enough English to manage basic life skills, but may not speak, read or understand English well enough to understand in a meaningful way some of the more complicated concepts they may encounter within the human services systems (i.e., legal, medical or program language). These clients may also fit the description of a person with LEP.

2. Statement of Commitment to Meaningful Access

No person will be denied access to Jackson County Human Services programs or program information because he/she does not speak English or speaks limited English. Jackson County Human Services will provide for effective communication between clients with LEP and Jackson County Human Services staff by making appropriate language assistance services available when clients need these services. Clients will be provided with meaningful access to programs and services in a timely manner and at no cost to the client.

3. Offering Language Assistance Services

Staff will initiate an offer for language assistance to clients who have difficulty communicating in English, or when a client asks for language assistance. Whenever possible, staff are encouraged to follow the client’s preferences. For example, if a client wants a family member or friend to interpret rather than a Jackson County Human Service provided interpreter, staff should allow this if doing so will not violate the client’s data privacy rights and the friend/family member can demonstrate that he/she is competent to interpret. Staff must offer free interpretation and/or translation services to person with LEP in a language they understand, in a way that preserves confidentiality, and in a timely manner. [See rule for using family and friends as interpreters on pages 6 and 7.]

4. Uncommon Languages; In-Person Interpreter Services

When interpreter services are needed in a language not commonly used, the client with LEP will be connected to a telephone interpreter service.

If an interpreter is needed in-person, rather than over the telephone, arrangements will be made to have an interpreter available at a time and place that is convenient for both the interpreter and the client.

Arrangements for in-person interpreting should be made by contacting vendors directly. List of in-person interpreters is attached. These interpreters are contracted independently.

5. Emergency Situations

When programs require access to services within short time frames, Jackson County Human Services will take whatever steps necessary to ensure that all clients, including clients with LEP, have access to services within the appropriate time frames. For example, when a client needs an interpreter or other language
assistance services to obtain expedited program services, Jackson County Human Service’s goal is to make the services accessible within the required time frame, whether that means using an interpreter or any other appropriate type of language assistance.

6. Interpretation and Translation Defined

For Purposes of this policy, interpretation is defined as a spoken or visual explanation provided to help two or more people who do not speak the same language to communicate with each other. Translation is defined as a written version of a document provided in a different language than the original document.

7. Assisting Clients That Don’t Read Their Language

Jackson County Human Services staff must assist a client with LEP who does not read his/her primary language to the same extent as staff would assist an English speaker who does not read English. “I Speak” cards will be available to identify the clients preferred language.

D. Procedure for Using Interpretation

1. Verification of Client’s Identity

Jackson County Human Service staff should continue the existing practice of verifying the identity of the client before releasing case-specific information. Language Line staff or others providing interpretation or translation services (on Attachment 1), may be used in making verifications. These interpreters are contracted independently.

2. Language Assistance Resources – Order of Preference for Use

As much as possible, staff should use these language assistance services in the order set out below.

a. Interpreter Contacts: see attachment 1

b. Telephone Interpreter Services

When an interpreter from the Interpreter List in attachment 1 is not available, Staff should use

1.LLE-LINK - This is the primary contact for interpreter services when the language is not one commonly encountered at Jackson County Human services. The process is defined on attachment 3.

2. Language Line Services is a second contact for interpreter assistance when the language is one not commonly encountered at Jackson County Human Services. The process is defined on attachment 3.
The Language Line telephone number is 1-800-367-9559

Jackson County Humans Services staff should familiarize themselves with the Language Line before they actually need to use it. Being familiar with how to use this service will help staff act quickly when clients need interpreter assistance. See “Helpful Hints for Using Telephone Interpreters,” Attachment 2 of this Policy.

b. Contract Interpretation and Translation Services

The State Department of Administration holds contracts with several interpretation and translation services contractors in the metro area. Jackson County Human Services divisions can contract on an individual basis to set up short/long term arrangements with these (and other) contractors. Jackson County Human Services staff can access these contractor lists electronically at the Department of Administration’s website. By making these lists available to staff, Jackson County Human Services does not endorse them, nor does it claim that they are exhaustive lists of providers for these services. For an extensive listing of additional interpretation and translation vendors, see the Yellow Pages under “Translators and Interpreters.” See also, “Helpful Hints for Using Interpreters,” Attachment 2 of this Policy.

Spoken Interpretation Services:
www.mmd.admin.state.mn.us/mn05002.htm

c. Using Family and/or Friends as Interpreters

Staff is asked to accommodate clients’ wishes to have family or friends serve as interpreters whenever possible. However, staff must keep in mind both client confidentiality and interpreter competency and should also follow the rules set out below.

Jackson County Human Services may expose itself to liability under Title VI if it requires, suggests, or encourages a client with LEP to use friends, minor children, or family members as interpreters because family, friends, or minor children may not be competent to serve as interpreters.

Use of family or friends could result in a breach of confidentiality or reluctance on the part of clients to reveal personal information critical to their situations. Family and friends may not be competent at act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, and/or have little familiarity with specialized program terminology.
If a client still prefers a family member or friend to interpret after Jackson County Human Service offers free interpreter services, Jackson County Human Services may use the family member or friend if doing so will not compromise the effectiveness of the interpretation and/or violate the client’s confidentiality. Jackson County Human Services staff should document in the client’s case file their offer of interpreter assistance and the fact that the client declined the offer. Even if a client elects to use a family member or friend as an interpreter, Jackson County Human Services staff should suggest that a trained interpreter listen in on the interview to ensure accurate interpretation.

Jackson County Human Services contracted interpreters should be used in circumstances when a client is giving information that may negatively impact his/her eligibility for services – e.g., deadlines or certifications. Contracted interpreters should also be preferred in situations where a client must answer complicated or detailed questions about his/her case. These interpretations may also be handled by family or friends, but should also be referred to Language Line staff or contractors for follow-up calls or letters. If needed Jackson County Human Services staff must consider the requirements of the Minnesota Data Practices Act when determining whether or not, or in what capacity, a family member or friend may be used to interpret.

d. Rule of Minor Children

Jackson County Human Services staff should never use minor children as interpreters.

3. Minnesota Data Practices Act

Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. In the case of Jackson County Human Services, the information that is collected regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, Jackson County Human Services employees, the agents of Jackson County Human Services, or other authorized by the courts or federal law, without the client’s written, informed consent.

For purposes of the Data Practices Act, organizations and persons who contract to provide translation and interpretation services to Jackson County Human Services clients are considered agent of Jackson County Human Services. They may be privy to Jackson County Human Service clients’ private data and are bound by the same requirements for confidentiality as are Jackson County Human Services employees.
4. Competency of Interpreters

Jackson County Human Services screens all contracted interpreters to assure they are competent to provide interpreter services. The interpreter must be proficient in both English and the target language and be able to convey information in both languages accurately, have had orientation/training that includes the skills and ethics of interpreting, have basic knowledge in both languages of specialized program terms or concepts, and be sensitive to the client’s culture.

E. Notice of Rights to Language Assistance

Jackson County Human Services staff must inform all clients with LEP of the public’s right to free interpreter services, that these services must be provided in a timely manner and must be available during Jackson County Human Services business hours.

Jackson County Human Services will use “I Speak” cards to help clients with LEP be able to identify their language needs for staff. Jackson County Human Services will also use “I Speak” posters in the agency to help staff inform clients that language interpreters are available at no cost to the client.

Jackson County Human Services staff will also use the language Line identification sheet to help identify the client’s language needs to the staff.

F. Procedure for Using/Distributing Translated Forms

Jackson County Human Services staff with access to MAXIS can retrieve another list of Jackson County Human Services translated documents/forms found in POLI/TEMP Manual at TE12.01.13. Staff who does not have access to MAXIS can obtain this list by calling the LEP plan contact person listed below.

Additionally, the Health Care Application Form, The Renewal Form, and the Household Report Form have been translated into Spanish, Russian, Somali, Hmong, Cambodian, Lao, Vietnamese, and Arabic. The English and translated versions are all available on the DHS website at www.dhs.state.mn.us/Forms.

Regularly used Jackson County Human Services forms will be made available in translated form by posting them in a central location in the Jackson County Human Services lobby at 402 White Street Suite 101, Jackson, MN 56143. At the appropriate times, Jackson County Human Services staff must send clients the preferred translated forms automatically when the same forms are sent to clients automatically in English.
G. Translation Plan

Jackson County Human Services will rely on DHS produced documents as our primary source of Translated materials. Downloading of documents form the DHS web site will also be used as necessary.

H. LEP Training for Jackson County Staff

Jackson County Human Services will distribute the LEP plan to all staff so they can learn the policies and procedures required to make language assistance available to clients with LEP. All staff with ongoing client contacts is required to attend LEP training on an annual basis. In addition, information about the LEP plan will be incorporated into the Jackson County Human Services New Employee Orientation.

LEP training will include information on the following topics: Jackson County Human Service’s legal obligation to provide language assistance to clients with LEP; the substance of Jackson County Human Service’s LEP plan including its policies and procedures to access language assistance services; tips on working with interpreters; and how to properly document information about a client’s language needs in the client’s case file.

I. Monitoring of the LEP Plan

Beginning in January each year, Jackson County Human Services will conduct an evaluation of its LEP plan to determine its overall effectiveness. The evaluation will consider what is working and what is not and make adjustments to the LEP plan accordingly. The evaluation will also determine whether new languages will be added for translation and whether existing languages will be dropped. Jackson County Human Service’s LEP Manager will lead the annual evaluation activities with the help of a team of staff persons familiar with the LEP plan and how it functions.

Jackson County Human Service’s annual evaluation of its LEP plan will include the following activities:

- Assessment of the numbers of persons with LEP in the service delivery area.

- Assessment of the current language needs of clients with LEP to determine whether clients need an interpreter and/or translated materials to communicate effectively with staff; updating files which lack information about a client’s language needs; and confirming information with clients about their language preference at recertification.

- Determining if existing language assistance services are meeting the needs of clients with LEP.
• Assessing whether staff members understand Jackson County Human Services LEP policies and procedures, how to carry them out and whether language assistance resources and arrangements for those resources are still current and accessible.

• Seeking and getting feedback from LEP communities, including clients and community organizations and advocacy groups working with LEP communities, about the effectiveness of Jackson County Human Service’s LEP plan.

J. LEP Plan Posted for Public Review

The LEP plan will be posted for public review in the Jackson County Human Services lobby. The LEP plan will be available in English, but interpreters will be available to translate the plan for those who do not speak English who wish to read it. The words “Limited English Proficiency Plan” or something to that effect, in all appropriate languages, will be posted next to the LEP plan so clients with LEP know that such a plan exists and that they can get help to read it.

K. Distribution of LEP Plan

Immediately upon its completion, the Jackson County Human Services LEP plan will be distributed to all Jackson County Human Services Staff.

L. Responsible Authority/Complaint Process – Contact Person

Each Jackson County Human Services division and special office is responsible for implementing this LEP plan in its area. The person designated to provide technical assistance and respond to inquiries and complaints from the public is listed below. Jackson County Human Services has an existing complaint resolution procedure used to resolve civil rights related disputes and complaints and this procedure will be used to resolve LEP-related disputes/complaints. The contact person listed below will provide information about this complaint procedure to all clients in a language they understand.

Rhonda Hines
Financial Assistance Supervisor I
Jackson County Human Services
PO Box 67
402 White Street Suite 101
Jackson, MN 56143
507-847-4000 (Voice)
507-847-5616 (Fax)
JACKSON COUNTY HUMAN SERVICES

INTERPRETER CONTACTS

SPANISH  Dina Gregory  507-847-5956
130 Bismark Ave
Alpha, MN 56111

Availability: Anytime after 2pm.

All other languages – LLE – LINK Language Services Attachment 3
Language Line – See Attachment 4
JACKSON COUNTY HUMAN SERVICES

HELPFUL HINTS FOR USING TELEPHONE INTERPRETERS

1. Tell the interpreter the purpose of your call – describe the type of information you are planning to convey.

2. Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning. i.e., “can’t - cannot.”

3. Speak in short sentences, expressing one idea at a time.

4. Speak slower than your normal speed of talking, pausing after each phrase.

5. Avoid the use of double negatives. E.g., “If you don’t appear in person, you won’t get your benefits.” Instead, “You must come in person in order to get your benefits.”

6. Speak in the first person. Avoid the “he said/she said.”

7. Avoid using colloquialisms and acronyms, e.g., “ABC,” “MFIP,” etc. If you must do so, please explain their meaning.

8. Provide brief explanations of technical terms, or terms of art, e.g., “Spend-down means the client must use up some of his/her monies or assets in order to be eligible for services.”

9. Pause occasionally to ask the interpreter if he/she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client.

10. Ask the interpreter if, in his/her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way.

11. ABOVE ALL, BE PATIENT with the interpreter, the client and yourself!

12. Thank the interpreter for performing a very difficult and valuable service.
1. Dial 1-800-234-0780
2. Enter your assigned “access code” through your telephone keypad followed by the # key.
   2.b Clients utilizing “Optional Functions” please listen to the voice prompt for additional instructions.
3. Listen to the Menu and/or select the desired language or. Enter “0” to request a LINK Customer Care Representative (CCR) for any needed assistance.
   Note: for quicker service, if language code is known (as listed below), it may be entered immediately after the access/personal code(s) and # key.
4. Introduce yourself and briefly explain the situation to the CCR or interpreter.
5. Instruct the interpreter to proceed

Language Codes for frequently requested languages:

1   Spanish
2   Vietnamese
3   Korean
5   Polish
92  Arabic
93  Cantonese
95  French
96  Japanese
97  Mandarin
997 Russian

Interpreters for other languages are accessible by pressing “0” or by checking the Resource Drawer Interpreter Folder that contains the User Guide.
HOW TO REACH AN INTERPRETER USING THE LANGUAGE LINE

As a Language Line Services customer you have access to over-the-phone interpretation 24 hours a day, 7 days a week. To reach an interpreter, dial your special access number: 1 800 367 9559.

Our representative will ask for:
   The Language for which you need an interpreter. (If you’re not sure, tell us; together we’ll identify it.)

   Your Client Identification Number: 509052
   Your Organization’s Name: Jackson County Human Services
   Your Personal Code: see LEP contact person

You’ll be placed on hold while an interpreter is conferenced onto the call. Do NOT hang up.

When the interpreter joins the conversation, provide any special instructions and explain which communication method you will be using: passing the telephone handset back and forth, using a speakerphone, using an extension handset (via a splitter), or using Language Line headset. Add the non-English speaker to the line after you brief the interpreter.

When the call is complete, tell the interpreter, “End of call”.

As you would in any conversation, confirm or clarify details. Think how often miscommunication occurs when everyone is speaking English. Consider the potential for misunderstanding when you add another language. If possible avoid slang, jargon, acronyms or technical terms that may not interpret well into other languages and cultures.
**Language Line Instruction**

**Receive a call from a non-English speaker**

Or

**Place a call to a non English speaker**

Receive a call

- Answer the call
- Determine you need language assistance
- Create a 3-way conference call per our telephone instructions.
- Call language line (according to the dialing instructions below) and the interpreter will be on the line.
- Add the calling person back to the call; all three parties are connected.

Place a call

- Call Language Line (according to the dialing instructions below to bring the interpreter on the line
- Create a 3 way conference call per our telephone system instructions.
- Add the non-English speaker to the conversation; all 3 parties are connected
- The 3 way calling feature called conferencing is on our phone system.

**Dialing instructions:**

- Call Language Line: 1 800 367 9559
- Press (1) for Spanish
- Press (2) for all other languages
- After pressing (2) speak the name of the language desired
- If you do not know the language name, press (0) and you are transferred to an expert in language identification.
- Enter the Client ID:509052
- Enter the 6 digit Access Code followed by (#) “ pound key”
- Brief the interpreter on necessary details and have the conversation
- When the conversation is complete, say “end of call“ to the interpreter.
9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)
DVHHS 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. DVHHS 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 DVHHS 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
DVHHS 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. DVHHS 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
**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
Attachment C –
https://edocs.dhs.state.mn.us/ifs/Server/Public/DHS-4133-ENG
MINNESOTA DEPARTMENT OF HUMAN SERVICES
CIVIL RIGHTS ASSURANCE OF COMPLIANCE

NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS
Des Moines Valley Health and Human Services
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 WHOSE SIGNATURE APPEARS BELOW is authorized to sign this Assurance and commit the County Agency to its terms.

__________________________________  ______________________________________

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.

__________________________________  ______________________________________

Date  County Attorney’s Signature

__________________________________  ______________________________________

Date  County Attorney’s Signature