

State of Wisconsin



Chippewa County Civil Rights Compliance

January 1, 2018 to December 31, 2021

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E (R. 11/2017)

Health Services
F-00165

Workforce Development
DETS-16705-E (R. 12/1/2013)

Chippewa County (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the "State Agencies") and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.

8. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities.

9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

Recipient identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:

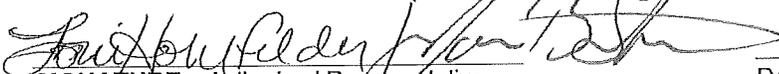
Name Toni Hohlfelder	Title Human Resources Director
Telephone Number 715-726-7970	Email Address thohlfelder@co.chippewa.wi.us

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

Name Toni Hohlfelder	Title Human Resources Director
Telephone Number 715-726-7970	Email Address thohlfelder@co.chippewa.wi.us

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.

 _____ Date 1-18-18
SIGNATURE – Authorized Representative

Printed name: Toni Hohlfelder / Jim Sherman
Title: Joint Acting County Administrator

RECIPIENT CONTACT INFORMATION

Name of Recipient		
Chippewa County		
Street Address		
711 N. Bridge Street, Chippewa Falls, WI 54729		
City	State	Zip Code
Chippewa Falls	Wisconsin	54729

Name of Individual Designated as contact for Civil Rights Compliance questions:	
Toni Hohlfelder	<i>Toni Hohlfelder</i>
Address	Date Signed
711 N. Bridge Street, Chippewa Falls, WI 54729	1-18-18
Telephone Number (715) 726 - 7970	Email Address thohlfelder@co.chippewa.wi.us

Name of individual designated to assist with LEP individuals and individuals with disabilities:	
Toni Hohlfelder	<i>Toni Hohlfelder</i>
Address	Date Signed
711 N. Bridge Street, Chippewa Falls, WI 54729	1-18-18
Telephone Number (715) 726 - 7970	Email Address thohlfelder@co.chippewa.wi.us

Name of Authorized Representative - Joint Acting County Administrator	
Toni Hohlfelder	<i>Toni Hohlfelder</i> James Sherman
Address	Date Signed
711 N. Bridge Street, Chippewa Falls, WI 54729	1-18-18
Telephone Number (715) 726 - 7970	Email Address thohlfelder@co.chippewa.wi.us

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| <p>Instructions for completing Recipient Contact Information</p> <ul style="list-style-type: none"> • Fill in all the blanks on this form. • Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative). |
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Funding Relationship to DHS/DCF/DWD and/or another Recipient

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. Human Services	3,158,448
			2. Public Health	627,667
			3. ADRC	411,068
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF <input checked="" type="radio"/> Yes	No	1. Child Welfare	1,591,538
			2. Child Support	211,184
			3. Child Care	142,670
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	DWD Yes	<input type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD. Name of County or Consortium? _____	Yes	<input type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD. Name of the entity/entities: _____	Yes	<input type="radio"/> No	1.	
			2.	
			3.	

Instructions for completing Funding Relationship to DHS, DCF or DWD

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

Funded Programs Checklist

- Completing this Section will allow DHS, DCF or DWD to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

Check the type of program or funding applicable to your entity.

USE this checklist for Department of Health Services (DHS)

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

<p>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</p> <p><input checked="" type="checkbox"/> BadgerCare Plus</p> <p><input checked="" type="checkbox"/> Birth to 3</p> <p><input checked="" type="checkbox"/> Children's Long Term Support Waiver</p> <p><input checked="" type="checkbox"/> Children's Community Options Program</p> <p><input checked="" type="checkbox"/> Family Care</p> <p><input checked="" type="checkbox"/> Family Planning Only</p> <p><input type="checkbox"/> IRIS</p> <p><input type="checkbox"/> Katie Beckett</p> <p><input checked="" type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled</p> <p><input checked="" type="checkbox"/> Medicaid Purchase Plan</p> <p><input type="checkbox"/> PACE</p> <p><input checked="" type="checkbox"/> SeniorCare</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> Well Women Medicaid</p> <p><input checked="" type="checkbox"/> Other: Specify</p> <p>Please list your specific Federal grant/funding source if not listed above.</p>	<p>USDA (FNS) programs:</p> <p><input checked="" type="checkbox"/> FoodShare/SNAP</p> <p><input checked="" type="checkbox"/> Food Stamp Employment and Training (FSET)</p> <p><input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP)</p> <p><input checked="" type="checkbox"/> Women Infants and Children (WIC)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p> <p><input checked="" type="checkbox"/> WIC Farmer's Market Nutrition Program</p> <p><input checked="" type="checkbox"/> Senior Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Other: Specify</p>
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- Aging and Disability Resource Center
- Comprehensive Community Services
- Substance Abuse and Mental Health Services
- Children & Youth with Special Needs
- Targeted Case Management
- Newborn Hearing
- Breastfeeding Peer Counseling
- Prenatal Care Coordination
- Childhood Lead
- Fluoride Supplement
- Immunization
- Maternal and Child Health (MCH) Prevention
- Forward Health Outreach
- Dual Protection
- Home Health Care - Medicare, Medicaid
- Wisconsin Wins (Tobacco)
- Preparedness

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

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

<input type="checkbox"/> Adoption Assistance Program	<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider
<input type="checkbox"/> Adoption Finalization and Post Adoption Services	<input checked="" type="checkbox"/> Promoting Safe and Stable Families
<input checked="" type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Refugee Assistance and Services
<input checked="" type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Other Services
<input checked="" type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> Runaway Youth Services
<input checked="" type="checkbox"/> Child Care Certification or Licensing	<input checked="" type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input checked="" type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input checked="" type="checkbox"/> Child Care Quality Improvement	<input type="checkbox"/> Wisconsin Works (W-2) Programs
<input checked="" type="checkbox"/> Child Placing Agencies - Foster Care	<input checked="" type="checkbox"/> Youth Aids and Youth Justice grants
<input checked="" type="checkbox"/> Child Residential Care Centers & Group Homes	<input type="checkbox"/> Other: Specify
<input checked="" type="checkbox"/> Child Support	
<input checked="" type="checkbox"/> Child Welfare Case Management Services	
<input checked="" type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input checked="" type="checkbox"/> Foster Care Payments	
<input checked="" type="checkbox"/> Home Visiting Services	
<input type="checkbox"/> Independent Living	
<input checked="" type="checkbox"/> Indian Child Welfare	
<input checked="" type="checkbox"/> Kinship Care Payments	

USE this checklist for Department Workforce Development (DWD)

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

Workforce Investment and Opportunity Act

Other: Specify

Note: The checklist is not an exhaustive list of programs funded through the DHS, DCF or DWD with HHS, USDA-FNS and DOL. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.

APPENDIX D: NONDISCRIMINATION NOTIFICATION

1. HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement in U.S. Health & Human Services Funded Programs and Activities.

Chippewa County – Child Support Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Chippewa County – Child Support Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Child Support Department

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Toni Hohlfelder

If you believe that Chippewa County - Child Support Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970, thohlfelder@co.chippewa.wi.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529). 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم): (TTY: 711 or 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ (TTY: 711 or 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (TTY: 711 or 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (TTY: 711 or 1-800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY: 711 or 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY: 711 or 1-800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY: 711 or 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa (TTY: 711 or 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (TTY: 711 or 1-800-947-3529). पर कॉल करें।

2. HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION

COMMUNICATIONS THAT ARE SMALL-SIZE:

Chippewa County – Child Support Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

3. USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):

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 affiliation or 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, audiotope, 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.

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 affiliation or beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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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.

4. USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN

SNAP/FOODSHARE AND FDIPIR):

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, disability, age, 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, audiotope, 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.

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (TTY: 711 or 1-800-947-3529) for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (TTY: 711 or 1-800-947-3529) para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知! 本文件包含重要資訊，事關您的權利、責任，和/或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電(TTY: 711 or 1-800-947-3529) 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (TTY: 711 or 1-800-947-3529) để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (TTY: 711 or 1-800-947-3529) upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (TTY: 711 or 1-800-947-3529) pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (TTY: 711 or 1-800-947-3529) pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número(TTY: 711 or 1-800-947-3529) para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic (TTY: 711 or 1-800-947-3529) تامولعملما مهفن ناكمب تيمهلا ان م. كدنا و ف و ا / و ك تاي لو و سمو ك فو ق ت ل و ح د تمهم ت امولعملما اذ ه ي و تحي ا مهم
لو ص ح ل م ق ر ل ا ي ل ع ل ص ت ا . ت ف ل ك ت ي ا ك ل م ح ت ن و د ت ل م ف م ل ا ك ت غ ل ب ت امولعملما ر فونسو ، د ن ت س م ل ا ا ذ ه ي ف د ر ا و ل ا (TTY: 711 or 1-800-947-3529)
ا ه م ه ف و د ن ت س م ل ا ا ذ ه ي ف د ر ا و ل ا ت امولعملما ت م ج ر ت ي ف د ع ا س م ي ل ع

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (TTY: 711 or 1-800-947-3529) для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (TTY: 711 or 1-800-947-3529) 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

6. WIOA Title I Equal Opportunity Notice/Statement/Poster:

"Equal Opportunity Is the Law"

It is against the law for Chippewa County – Child Support Department, a recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

- Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
- Chippewa County – Child Support Department as a recipient of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Local Level

The Chippewa County – Child Support Department Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users

Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with Chippewa County – Child Support Department, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the Chippewa County – Child Support Department does not give you a written Notice of Final Action

within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the Chippewa County – Child Support Department does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

APPENDIX D: NONDISCRIMINATION NOTIFICATION

1. HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement in U.S. Health & Human Services Funded Programs and Activities.

Chippewa County – Department of Human Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chippewa County – Department of Human Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Department of Human Services

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Toni Hohlfelder

If you believe that Chippewa County – Department of Human Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970, thohlfelder@co.chippewa.wi.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

(TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529). 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم): (TTY: 711 or 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸ່ມນີ້ມີພ້ອມໃຫ້ທ່ານ. ໂທສ (TTY: 711 or 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (TTY: 711 or 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (TTY: 711 or 1-800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY: 711 or 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY: 711 or 1-800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY: 711 or 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa (TTY: 711 or 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (TTY: 711 or 1-800-947-3529). पर कॉल करें।

2. HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:

Chippewa County – Department of Human Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

3. USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):

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 affiliation or 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, audiotope, 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.

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 affiliation or beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

4. USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN SNAP/FOODSHARE AND FDPIR):

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, disability, age, 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, audiotope, 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.

5. DOL Babel Notice:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (TTY: 711 or 1-800-947-3529) for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (TTY: 711 or 1-800-947-3529) para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知！本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電(TTY: 711 or 1-800-947-3529) 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (TTY: 711 or 1-800-947-3529) để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (TTY: 711 or 1-800-947-3529) upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (TTY: 711 or 1-800-947-3529) pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (TTY: 711 or 1-800-947-3529) pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número(TTY: 711 or 1-800-947-3529) para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic (TTY: 711 or 1-800-947-3529) تاملعملما مهفن اكمب تيمهلا ان م. كدنا و ف و ا / و كتاي لو و سمو كقو قدل و ح تهمه تاملعملما اذ هي و تحيد امهم لوصلا مقرلا لى لعل صتا . تفلكت ي ا كلمحت نود تلمضملا كتغلب تاملعملما رفونسو ، دننسملا اذ هي ف قدر اولما (TTY: 711 or 1-800-947-3529) اهمهفو دننسملا اذ هي ف قدر اولما تاملعملما تمجرتي ف قدر عاسمى لى

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (TTY: 711 or 1-800-947-3529) для получения помощи в переводе и понимании информации, содержащейся в данном документе.

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Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

- Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
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The Chippewa County – Department of Human Services Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

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David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users

Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

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Chippewa County – Public Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Chippewa County – Public Health Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chippewa County – Public Health Department

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Toni Hohlfelder

If you believe that Chippewa County – Public Health Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Toni Hohlfelder, Human Resources Director, 711 N. Bridge Street, Chippewa Falls, WI 54729, (715) 726-7970, thohlfelder@co.chippewa.wi.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Toni Hohlfelder, Human Resources Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services free of charge are available to you. (TTY: 711 or 1-800-947-3529).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

(TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (TTY: 711 or 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(TTY: 711 or 1-800-947-3529)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (TTY: 711 or 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY: 711 or 1-800-947-3529).번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم): (TTY: 711 or 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸ່ມນີ້ມີພ້ອມໃຫ້ທ່ານ. ໂທ (TTY: 711 or 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (TTY: 711 or 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (TTY: 711 or 1-800-947-3529).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY: 711 or 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY: 711 or 1-800-947-3529).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY: 711 or 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa (TTY: 711 or 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (TTY: 711 or 1-800-947-3529). पर कॉल करें।

2. HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:

Chippewa County – Public Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711 or 1-800-947-3529).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (TTY: 711 or 1-800-947-3529).

3. USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):

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 affiliation or 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, audiotope, 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.

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 affiliation or beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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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.

4. USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN SNAP/FOODSHARE AND FDPIR):

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, disability, age, 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.

5. DOL Babel Notice:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (TTY: 711 or 1-800-947-3529) for assistance in the translation and understanding of the information in this document.

Spanish ¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (TTY: 711 or 1-800-947-3529) para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional 重要須知! 本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電(TTY: 711 or 1-800-947-3529) 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (TTY: 711 or 1-800-947-3529) để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (TTY: 711 or 1-800-947-3529) upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (TTY: 711 or 1-800-947-3529) pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (TTY: 711 or 1-800-947-3529) pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número (TTY: 711 or 1-800-947-3529) para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic (TTY: 711 or 1-800-947-3529) تاملعلما مهفن اكمب تيمهلا انم. اكدناو فوا او اكدنايلو و سمو اكدناو قدل و د تمهم تاملعملى لعد دننسلما اذهي يوتحي ا مهم لوصلحلا مقرلا لى لعد لصتا. تفلكتي ا كلمحتن و د تلافملا اكدناو تاملعملى فونسو، دننسلما اذهي فقدر اوللا (TTY: 711 or 1-800-947-3529) اهمهفو دننسلما اذهي فقدر اوللا تاملعملى امجر تي فة دعاسمى لعد.

Russian ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (TTY: 711 or 1-800-947-3529) для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (TTY: 711 or 1-800-947-3529) 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

6. WIOA Title I Equal Opportunity Notice/Statement/Poster:

"Equal Opportunity Is the Law"

It is against the law for Chippewa County – Public Health Department, a recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

- Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
- Chippewa County – Public Health Department as a recipient of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Local Level

The Chippewa County –Public Health Department Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users

Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with Chippewa County – Public Health Department, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the Chippewa County – Public Health Department does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the Chippewa County – Public Health Department does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

APPENDIX E

LEP POLICY STATEMENT AND ACKNOWLEDGEMENT/REFUSAL OF INTERPRETER SERVICES

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The County of Chippewa is committed to providing equal opportunity in all programs, services and activities to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. Those individuals are referred to as limited English proficient, or "LEP." Meaningful access to Federally funded programs and activities is required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person's choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

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

The entity requires its sub recipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, the LEP Coordinator is:

Name: Toni Hohlfelder Phone: 715-726-7970

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

Acknowledgement and Refusal of Free Interpretation Services

Chippewa County - Child Support Department has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

Chippewa County - Child Support Department has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature

Date

Recipient Signature

Date

Interpreter Signyure

Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

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Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

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To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, the LEP Coordinator is:

Name: Toni Hohlfelder Phone: 715-726-7970

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

Acknowledgement and Refusal of Free Interpretation Services

Chippewa County - Department of Human Services has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

Chippewa County - Department of Human Services has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature

Date

Recipient Signature

Date

Interpreter Signature

Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

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The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person's choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

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

The entity requires its sub recipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, the LEP Coordinator is:

Name: Toni Hohlfelder Phone: 715-726-7970

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

Acknowledgement and Refusal of Free Interpretation Services

Chippewa County - Public Health Department has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

Chippewa County - Public Health Department has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature

Date

Recipient Signature

Date

Interpreter Signature

Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

Service Delivery Discrimination Complaint Memo

Attention complainant:

Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.

All participants in complaint investigations are advised of and protected from retaliation.

Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.

Customers are permitted to have representatives of their choice during their interviews of the complaint process.

Corrective action is taken when evidence of discrimination has been found.

Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.

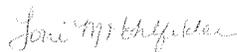
Chippewa County staff will assist complainants during the complaint process if necessary.

The complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.

Complainants have the option to seek review as appropriate:

- DHS Civil Rights Compliance Office
- DCF Civil Rights Unit
- Appropriate Federal Office for Civil Rights
 - U.S. DHHS, Region V OCR, Chicago
 - USDA, Office of Adjudication, Washington D.C.
 - U.S. DOL, Civil Rights Center, Washington D.C.

Sincerely,



Toni M. Hohlfelder
Equal Employment Opportunity Coordinator / Human Resources Director

(715) 726-7970

APPENDIX F: SERVICE DELIVERY DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E (R. 11/2017)

Health Services
F-00166

Workforce Development
DETS-16707-E (R. 07/2016)

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator		Phone (Voice) - -	Phone (TDD) - -
Equal Opportunity Coordinator Address	City	State	Zip
Name of Complainant		Phone - -	
Complainant Address	City	State	Zip

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENEFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF/DWD) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

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

Description of the relief or remedy you want:

SIGNATURE - Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
--	--------------------------

The information below is to be completed by the person at the entity who receives your complaint and investigates it.

Informal Complaint

Date Received	Received By	Title
---------------	-------------	-------

Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

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

SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION

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

PROGRAM	STATE AGENCY
<p>Wisconsin (WI) Works (W-2), , Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance)</p>	<p>WI Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services.</p>	<p>WI Department of Health Services Civil Rights Compliance Office 1 W. Wilson, Room 651 P.O. Box 7850 Madison, WI 53707-7850 608-266-1258 (Voice); 608-267-1434 (Fax) 711 or 1-800-947-3529 (TTY) Email: DHSCRC@dhs.wisconsin.gov</p>
<p>Workforce Investment and Opportunity Act, and other programs administered by the Wisconsin Department of Workforce Development.</p>	<p>WI Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: 608-266-6889 Fax 608-261-8506; 711 or 1-(800)-947-3529 (TTY) David2.Duran@dwd.wisconsin.gov</p>

APPENDIX G: KEY TO ACCESSIBILITY SYMBOLS

BLIND OR HAVE LOW VISION



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

SYMBOL FOR ACCESSIBILITY



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

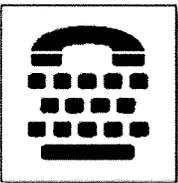
AUDIO DESCRIPTION



AUDIO DESCRIPTION is a service for persons who are blind or have low vision that makes the performing arts, visual arts, television, video, and film more accessible.

Description of visual elements is provided by a trained Audio Describer through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the blind, 800-829-0500. For live Audio Description, a trained Audio Describer offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition.

TELEPHONE TYPEWRITER (TTY)



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

VOLUME CONTROL TELEPHONE



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

ASSISTIVE LISTENING SYSTEMS



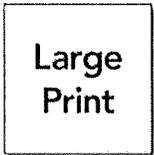
ASSISTIVE LISTENING SYSTEMS transmit amplified sound via hearing aids, headsets or other devices. They include infrared, loop and FM systems. Portable systems may be available from the same audiovisual equipment suppliers that service conferences and meetings.

SIGN LANGUAGE INTERPRETATION



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

ACCESSIBLE PRINT (18 pt. or Larger)



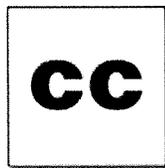
The symbol for large print is "Large Print" printed in 18 pt. or larger text. In addition to indicating that large print versions of books, pamphlets, museum guides and theater programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided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

THE INFORMATION SYMBOL



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

CLOSED CAPTIONING (CC)



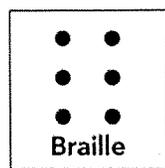
CLOSED CAPTIONING (CC) symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry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

OPENED CAPTIONING (OC)



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

BRAILLE SYMBOL



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

APPENDIX H: FEDERAL CIVIL RIGHTS AUTHORITIES*

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
DHS and DCF Programs and Activities (HHS Federal Financial Assistance)			
Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116)	45 C.F.R. Part 92	sex, race, color, national origin, disability, and age	BadgerCare Plus and Medicaid programs; other healthcare programs and activities.
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	45 C.F.R. Part 80	race, color, national origin	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	45 C.F.R. Part 84	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	45 C.F.R. Part 86	sex	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	45 C.F.R. Part 91	age	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b		race, color, national origin	Foster Care

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
DHS Programs and Activities (USDA-FNS Federal Financial Assistance)			
Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020)	7 C.F.R. Parts 15, 15a, 15b, 15c, and Part 16	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP)
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	7 C.F.R. Part 15	race, color, national origin	FoodShare (SNAP); WIC; CNP, TANF, FMNP, SFMNP
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	7 C.F.R. Part 15c	age	FoodShare (SNAP); WIC; FSET; FMNP, SFMNP
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	7 C.F.R. Part 15b	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	7 C.F.R. Part 15a	sex	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the ADA Amendments Act of 2008 (42 U.S.C. § 12101 et seq.)	28 C.F.R. Part 35	disability	WIC; FSET; TANF; FMNP; SFMNP
Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.)	7 C.F.R. § 251.10	race, color, national origin, sex, age, disability	TEFAP
Other FNS nondiscrimination requirements	FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Food and Nutrition Services, USDA (Guidance)	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP); WIC; FSET; TANF; FMNP; SFMNP; TEFAP
DWD Programs and Activities (DOL Federal Financial Assistance)			
Section 188 of the Workforce Innovation and	29 C.F.R. Part 38	Race, color, religion, sex, national origin,	Programs administered by

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
Opportunity Act (WIOA), 29 U.S.C. § 3248		age, disability, political affiliation or belief	DWD Division of Employment and Training
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	29 C.F.R. Part 31	race, color, national origin	Programs administered by DWD Division of Employment and Training
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	29 C.F.R. Part 32	disability	Programs administered by DWD Division of Employment and Training
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	29 C.F.R. Part 36	sex	Programs administered by DWD Division of Employment and Training
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	29 C.F.R. Part 35	age	Programs administered by DWD Division of Employment and Training
Section 167 of the Job Training Partnership Act of 1982	29 C.F.R. Part 34	race, color, religion, sex, national origin, age, disability, political affiliation or belief	Programs administered by DWD Division of Employment and Training
OTHER FEDERAL PROVISIONS			
Community Services Assurance Provisions of the Hill-Burton Act			Health Facilities receiving Hill-Burton Funds

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended (Federal Block Grants)		race, color, national origin, sex (Community Services Block Grants); race, color, national origin, age, disability, sex, religion (remaining block grants)	Community Services Block Grant; Social Services Block Grant; Maternal and Child Health Block Grant; Projects for Assistance in Transition from Homelessness Block Grant; Community Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant
Family Violence Prevention Services Act, 42 U.S.C. § 10406.		race, color, national origin, age, disability, sex, religion	
Section 408 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. § 608		age, disability, race, color, national origin	Block Grants for Temporary Assistance for Needy Families

*This list is current as of November 2017. Please note, there may be other applicable civil rights provisions that have been omitted and the provisions may be subject to amendment, repeal or replacement. Additionally, each Federal agency may issue interpretative guidance on civil rights compliance, such as providing meaningful access to LEP individuals, which should be consulted. *See e.g.*, 68 Fed. Reg. 47311 (Aug. 8, 2003) (HHS LEP Guidance); 79 Fed. Reg. 70771 (Nov. 28, 2014) (FNS LEP Guidance); 68 Fed. Reg. 32290 (May 29, 2003) (DOL LEP Guidance).

CIVIL RIGHTS COMPLIANCE PLAN TEMPLATE

Children and Families
DCF-F-155-E (R. 11/2017)

Health Services
F-00164

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

Recipient Contact Information and Signature Page - APPENDIX A

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

Funding Relationship to DHS, DCF or DWD - APPENDIX B

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

Funded Programs Checklist - APPENDIX C

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

Data Collection

Service Delivery Our agency has a system that records the following:		
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	Yes	No
Number of potentially eligible or likely to be affected or encountered	Yes	No
Number of LEP individuals encountered by phone vs. walk-in	Yes	No
Language spoken and/or dialect of LEP participants	Yes	No
Number of eligible LEP participants by separate programs and the frequency of encounters	Yes	No
Interpretation needs and preferred language of LEP participants	Yes	No
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	Yes	No
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	Yes	No
Number of sign language interpretation requests received from deaf and hard of hearing participants	Yes	No
Other accommodation requests and needs from participants with disabilities	Yes	No
If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:		

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Child Support
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	63,355	100%	10582	100%	N/A
Breakdown by Race					
White	59590	94.1%	7826	73.96%	20.1
Black or African American	833	1.3%	192	1.81%	-.51
American Indian or Alaska Native	130	.2%	73	.69%	-.49
Asian	754	1.2%	116	1.1%	.1
Native Hawaiian or Pacific Islander	0	0	6	.06%	-.06
Other Race	3	0	0	0	0
More Than One Race	1073	1.7%	113	1.07%	.63
No Data			2137	20.19%	N/A
Subtotal, Non-White	2793	4.4%	2637	25%	
Hispanic/Latino (Regardless of Race)	972	1.5%	119	1.12%	.38
Breakdown by Sex					
Female	30,418	48%	4912	46%	2
Male	32,937	52%	5670	54%	-2
Disabilities	8173	12.9%	446	4.2%	8.7

Data Source:	Fact Finder - US Census Bureau 2012-2016 DWD Civil Rights Compliance County Caseload Participant Counts
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

N/A

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

N/A

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

N/A

This Customer Service Data Analysis was prepared by:

Denise Shervey

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohl Felder

PRINT NAME of Authorized Representative

Toni Hohl Felder

SIGNATURE of Authorized Representative

3/2/18
Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Aging & Disability Resource Center Services, Senior Care, Farmers Market Nutrition Program
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	16,537	100%	2323	100%	N/A
Breakdown by Race					
White	15,560	94.1%	1883	81.1%	-13%
Black or African American	215	1.3%	2	.09%	-1.2%
American Indian or Alaska Native	33	.2%	1	.04%	-.2%
Asian	198	1.2%	4	.17%	-1%
Native Hawaiian or Pacific Islander	0	0	3	.13%	+1%
Other Race	0	0	0	0	0
More Than One Race	281	1.7%	Data N/A		-1.7%
Unknown Primary Race	Data N/A	N/A	28	1.21%	+1.21%
Missing Data	Data N/A	N/A	402	17.3%	+17.3%
Subtotal, Non-White/No Data/Missing Data	728	4.4%	440	18.9%	+18.9%
Hispanic/Latino (Regardless of Race)	248	1.5%	2	.09%	-1.4%
Breakdown by Sex					
Female	7937	48%	1599	63%	+15%
Male	8599	52%	932	37%	-15%
Disabilities	6301	12.9%	825	13.9%	+2%

Data Source:

- Fact Finder - US Census Bureau 2012-2016
- Social Administration Management System (SAMS) Database 2016

Customer Service Population Data Analysis – Aging & Disability Resource Center Services

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

- The results do not indicate the Aging & Disability Resource Center (ADRC) is not providing services to potentially eligible participants in some categories.
- Believe the large difference in percent served to eligible population is due to 1152 consumers served that did not provide this data and it is likely the majority are white along with some being of other races.
- The reason believed for a greater amount of females being served than males in spite of the eligible males being a higher amount the females is that in this area, the female population is more likely to reach out or request services.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

The Aging & Disability Resource Center (ADRC) will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge of services available through the ADRC.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

There have been no denials based on race, ethnicity, sex, or disability.

This Customer Service Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohl-Elder

PRINT NAME of Authorized Representative

Toni Hohl-Elder

SIGNATURE of Authorized Representative

3/2/18

Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Children and Youth Services - Birth to 3, Long Term Support Waiver, Community Options Program, Comprehensive Community Services, Child Welfare, Foster Care, Kinship, Youth Justice, Special Needs, Promoting Safe and Stable Families
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	14,490	100%	2603	100%	N/A
Breakdown by Race					
White	13,171	90.9%	2375	92.3%	+1.4%
Black or African American	130	.9%	47	1.8%	+9%
American Indian or Alaska Native	14	.1%	38	1.5%	+1.4%
Asian	217	1.5%	16	.6%	-.9%
Native Hawaiian or Pacific Islander	0	0	0	0	0
Other Race	0	0	0	0	0
More Than One Race	594	4.1%	96	3.7%	-.4%
Subtotal, Non-White		6.6%	177	7.6%	+1%
Hispanic/Latino (Regardless of Race)	362	2.5%	31	1.2%	-.3%
Breakdown by Sex					
Female	6955	48%	1245	47.8%	-.2%
Male	7535	52%	1358	52.5%	-.2%
Disabilities	652	4.5%	467	71.6%	+67.1%

Data Source:	Fact Finder - US Census Bureau 2012-2016 Avatar database case management reporting system 2016 eWISACWIS database care management reporting system 2016
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Customer Service Population Data Analysis – Children and Youth Services

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

N/A

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (Note: Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

N/A

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

N/A

This Customer Service Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Adult Comprehensive Community Services, Mental Health, Substance Abuse
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	48,844	100%	961	100%	N/A
Breakdown by Race					
White	45,962	94.1%	940	97.8%	+3.7%
Black or African American	635	1.3%	15	1.6%	+3%
American Indian or Alaska Native	98	.2%	5	.5%	+3%
Asian	586	1.2%	1	.1%	-1.1%
Native Hawaiian or Pacific Islander	0	0	0	0	0
Other Race	0	0	0	0	0
More Than One Race	830	1.7%	0	0	-1.7%
Subtotal, Non-White	2149	4.4%	21	2.19%	+2.2%
Hispanic/Latino (Regardless of Race)	972	1.5%	0	0%	-1.5%
Breakdown by Sex					
Female	23,445	48%	492	51.2%	+3.2%
Male	25,399	52%	469	28.8%	-3.2%
Disabilities	6301	12.9%	896	93%	+80%

Data Source:	<ul style="list-style-type: none"> ▪ Fact Finder - US Census Bureau 2012-2016 ▪ Avatar database case management reporting system 2016
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**Customer Service Population Data Analysis –
Adult Services – CCS, Mental Health, Substance Abuse**

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

- The results do not indicate that services are not being provided to potentially eligible participants in some categories.
- The reason believed for a greater amount of females being served than males in spite of the eligible males being a higher amount the females is that in this area, the female population is more likely to reach out or request services.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

Outreach activities will continue to be marketed for adult Comprehensive Community Services, as well mental health and substance abuse to assure all populations in Chippewa County have knowledge of services available through the Department of Human Services.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

There have been no denials based on race, ethnicity, sex, or disability.

This Customer Service Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Economic Support Services – BadgerCare Plus, Medicaid for Elderly-Blind-Disabled, Medicaid Purchase Plan, FoodShare/SNAP, Food Stamp Employment & Training/FSET, Child Care Services
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Category	Number	Percentage	Number	
Total Eligible Population	63,355	100%	15,512	100%	N/A
Breakdown by Race					
White	59,590	94.1%	13,410	86.4%	-7.7%
Black or African American	833	1.3%	176	1.1%	-.2%
American Indian or Alaska Native	130	.2%	123	.79%	+6%
Asian	754	1.2%	358	2.31%	+1.1%
Native Hawaiian or Pacific Islander	0	0%	9	.06%	+1%
Other Race	3	0%	0	0%	0%
Unknown Race/Missing Data	Data N/A	N/A	1152	7.43%	+7.4%
More Than One Race	1073	1.7%	284	1.83%	+1%
Subtotal, Non-White	2793	4.4%	2102	13.6%	+13.6%
Hispanic/Latino (Regardless of Race)	972	1.5%	321	3.07%	+6%
Breakdown by Sex					
Female	30,418	48%	8517	54.9%	+6.9%
Male	32,937	52%	6995	45.1%	-6.9%
Disabilities	8173	12.9%	2300	28.1%	+15.2%

Data Source:	<ul style="list-style-type: none"> ▪ Fact Finder - US Census Bureau 2012-2016 ▪ State of Wisconsin Economic Support Reporting System 2016
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Customer Service Population Data Analysis – Economic Support Services

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

- The results do not indicate that Economic Support is not providing services to potentially eligible participants in some categories.
- Believe the large difference in percent served to eligible population is due to 1152 consumers served that did not provide this data and it is likely the majority are white along with some being of other races.
- The reason believed for a greater amount of females being served than males in spite of the eligible males being a higher amount the females is that in this area, the female population is more likely to reach out or request services.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

The Department of Human Services – Economic Support Division will continue to provide and deliver outreach activities to assure all populations in Chippewa County have knowledge of services available through Economic Support.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

There have been no denials based on race, ethnicity, sex, or disability.

This Customer Service Data Analysis was prepared by:

Pauline Spiegel
PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Forward Health Outreach, Prevention, Preparedness, Home Health Care, Fluoride Supplements, BRIDGES Clinic, WI Wins, and Maternal and Child Health				
Service Area:	Chippewa County				
	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
Category	Number	Percentage	Number	Percentage	Percentage Difference (= %Elig. - %Served)
Total Eligible Population	63,355	100%	444	100%	N/A
Breakdown by Race					
White	59,590	94.1%	351	79.1%	15%
Black or African American	833	1.3%	6	1.4%	-.04%
American Indian or Alaska Native	130	.2%	1	.2%	-.02%
Asian	754	1.2%	2	.5%	.74%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0%
Other Race	3	0%	0	0%	0%
More Than One Race	1,073	1.7%	2	.5%	1.2%
Unknown	0	0	82	18.5%	-18.5%
Subtotal, Non-White	2,793	4.4%	93	20.9%	-16.5%
Hispanic/Latino (Regardless of Race)	972	1.5%	0	0%	1.5%
Breakdown by Sex					
Female	30,418	48%	257	57.9%	-9.9%
Male	32,937	52%	186	41.9%	10.1%
Unknown	0	0%	1	.2%	-.2%
Disabilities	8,173	12.9%	0	0%	12.9%

Data Source:	SPHERE, Nightingale Notes, Microsoft Excel
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

The negative percentage for the unknown race by clients served, reflects the demographic information not being captured in our software program. The negative percentage for the number of females served represents a higher usage of the services by female participants than the County's demographic information. We do not discriminate by race, sex, or disability.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

Staff will receive training to educate them on the importance of capturing a client's demographic information upon admission to our programs.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

Within the Home Health Care program, a client may be denied only if the specific medical services they require are not able to be met by our trained staff. We do not discriminate by race, sex, or disability.

This Customer Service Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Children and Youth with Special Health Care Needs
Service Area:	Chippewa County

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Number	Percentage	Number	Percentage	
Category					
Total Eligible Population	14,490	100%	100	100%	N/A
Breakdown by Race					
White	13,171	90.9%	90	90%	.9%
Black or African American	130	.9%	1	1%	-.1%
American Indian or Alaska Native	14	.1%	2	2%	-1.9%
Asian	217	1.5%	2	2%	-.5%
Native Hawaiian or Pacific Islander	0	0	0	0	0
Other Race	43	.3%	2	2%	2.1%
More than one Race	553	4.0 %	0	0	0
Subtotal, Non-White	957	6.6%	7	7%	-.4%
Hispanic/Latino (Regardless of Race)	362	2.5%	3	3%	-.5%
Breakdown by Sex					
Female	6974	48%	44	44%	4%
Male	7516	52%	56	56%	-4%
Disabilities	652	4.5%	86	86%	-81.5%

Data Source:	SPHERE Fact Finder – US Census Bureau 2012-2016
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

The program provides service to children with special health care needs and does not discriminate by sex nor disability.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

We already conduct and will continue to provide outreach through education, parent support groups, medical clinics, CESA 10, Chippewa County Department of Human Services, United Cerebral Palsy, Early Head Start, Marshfield and Mayo Hospitals, Center for Independent Living, and local organizations.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

We have served 100 percent of the clients that contact our office and have no control over nor discriminate against race, sex, or disability.

This Customer Service Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date

Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Women, Infants, and Children (WIC), WIC Farmers' Market, Fit Families (Foodshare/SNAP), Breastfeeding Peer Counseling, Prenatal Care Coordination, Newborn Hearing, Lead, Immunizations, Target Case Management
Service Area:	Chippewa County

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	27,958	100%	3,716	100%	N/A
Breakdown by Race					
White	26,588	95.1%	3,322	89.4%	5.7%
Black or African American	363	1.3%	42	1.1%	.17%
American Indian or Alaska Native	56	.2%	17	.5%	-.26%
Asian	335	1.2%	64	1.7%	-.52%
Native Hawaiian or Pacific Islander	0	0%	4	0%	-.11%
More Than One Race	197	.7%	120	3.2%	-2.52%
Unknown			31	.8%	-.83%
Subtotal, Non-White	951	3.4%	278	7.5%	-4.08
Hispanic/Latino (Regardless of Race)	419	1.5%	116	3.1%	-1.62%
Breakdown by Sex					
Female	25,600	91.6%	924	24.8%	66.7%
Male	2,358	8.4%	610	16.4%	-7.98%
Unknown			2182	58.8%	
Disabilities	3,225	11.5%	3	.08%	11.45%
Data Source:	ROSIE, Chippewa Fit Families FY16 Annual Report, Nightingale Notes, WI Sound Beginning, WETRAC, SharePoint, Wisconsin Immunization Registry (WIC), Microsoft Excel				

Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

We do not discriminate the clients we serve by their gender. This number may be skewed due to the gender of more than half of the clients served was unknown.

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

We provide outreach equally to the citizens of Chippewa County.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

We have served 100 percent of the clients that contact our office that meet the eligible financial guidelines, and we do not discriminate against race, sex, or disability.

This Customer Service Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18
Date

LEP Customer Data Analysis Chart

Program or Activity:	Aging & Disability Resource Center Services, Senior Care, Senior Farmers Market Nutrition Program
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from CSPAs) Number (a) 63,355	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) (c) = ((b)/(a) X 100)	(d) LEP Population Served Served (d)	Safe Harbor Written Translation of Vital Documents Column (c) is 5% or column (b) is 1,000 or more?	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		441	.70%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hmong		438	.69%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Chinese		41	.06%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
German/Germanic		516	.81%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Arabic		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Korean		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Russian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Vietnamese		31	.05%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
French/Patois/Creole		178	.28%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bosnian/Serbian/Croatian		3	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Polish		18	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Laotian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pennsylvanian Dutch		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hindi		17	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Albanian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tagalog		55	.09%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other or Unknown				24	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Children and Youth Services - Birth to 3, Long Term Support Waiver, Community Options Program, Comprehensive Community Services, Child Welfare, Foster Care, Kinship, Youth Justice, Special Needs, Promoting Safe and Stable Families
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSPRA) Number (a)	Number (b)	Percent (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish	14,490	101	.70%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hmong		100	.69%	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Chinese		9	.06%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
German/Germanic		117	.81%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Arabic		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Korean		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Russian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Vietnamese		7	.05%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
French/Patois/Creole		41	.28%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bosnian/Serbian/Croatian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Polish		4	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Laotian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pennsylvania Dutch		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hindi		13	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Albanian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tagalog		13	.09%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other or Unknown					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Adult Comprehensive Community Services, Mental Health, Substance Abuse
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from GSPA) Number (a)	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) = ((b)/(a) X 100)	(d) LEP Population Served Served (d)	Safe Harbor Written Translation of Vital Documents Column (c) is 5% or more? Yes No	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents If fewer than 50 persons in language groups, eligible pop receives written notice? Yes No
Spanish	48,844	342	.70%	0	Yes No	Yes No
Hmong		337	.69%	3	Yes No	Yes No
Chinese		29	.06%	0	Yes No	Yes No
German/Germanic		396	.81%	0	Yes No	Yes No
Arabic		0	0%	0	Yes No	Yes No
Korean		0	0%	0	Yes No	Yes No
Russian		0	0%	0	Yes No	Yes No
Vietnamese		24	.05%	0	Yes No	Yes No
French/Patois/Creole		137	.28%	0	Yes No	Yes No
Bosnian/Serbian/Croatian		0	0%	0	Yes No	Yes No
Polish		15	.03%	0	Yes No	Yes No
Laotian		0	0%	0	Yes No	Yes No
Pennsylvanian Dutch		0	0%	0	Yes No	Yes No
Hindi		15	.03%	0	Yes No	Yes No
Albanian		0	0%	0	Yes No	Yes No
Tagalog		44	.09%	0	Yes No	Yes No
Other or Unknown					Yes No	Yes No

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Economic Support Services - Economic Support Services – BadgerCare Plus, Medicaid for Elderly-Blind/Disabled, Medicaid Purchase Plan, FoodShare/SNAP, Food Stamp Employment & Training/FSET, Child Care Services
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from CSPAs) Number (a) 63,355	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) (c) = ((b)/(a) X 100)	(d) LEP Population Served Served (d)	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish		441	.70%	19	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hmong		438	.69%	99	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Chinese		41	.06%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
German/Germanic		516	.81%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Arabic		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Korean		0	0%	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Russian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Vietnamese		31	.05%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
French/Patois/Creole		178	.28%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bosnian/Serbian/Croatian		3	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Polish		18	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Laotian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pennsylvanian Dutch		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hindi		17	.03%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Albanian		0	0%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tagalog		55	.09%	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other or Unknown				1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer. We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Pauline Spiegel

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Child Support
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
	(from CSP A) Number (a)	Number (b)	Percent (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish	10,582	441	4.17	9	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Hmong		438	4.14	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Chinese		41	.39	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
German/Germanic		516	4.88	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Arabic		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Korean		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Russian		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Vietnamese		31	.29	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
French/Patois/Creole		178	1.68	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Bosnian/Serbian/Croatian		3	.03	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Polish		18	.17	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Laotian		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Pennsylvanian Dutch		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Hindi		17	.16	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Albanian		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Tagalog		55	.52	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other		0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
- We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

N/A

This LEP Customer Data Analysis was prepared by:

Denise Shervey

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity: Forward Health Outreach, Prevention, Preparedness, Home Health Care, Fluoride Supplements, BRIDGES Clinic, WI Wins, and Maternal and Child Health	Forward Health Outreach, Prevention, Preparedness, Home Health Care, Fluoride Supplements, BRIDGES Clinic, WI Wins, and Maternal and Child Health
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from CSPAs) Number (a) 63,355	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) $(c) = ((b)/(a)) \times 100$	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Column (c) is 5% or more? Column (b) is 1,000 or more?	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish		441	.70%	0	Yes No	Yes No	Yes No
Hmong		438	.69%	0	Yes No	Yes No	Yes No
Chinese		41	.06%	0	Yes No	Yes No	Yes No
German/Germanic		516	.81%	0	Yes No	Yes No	Yes No
Arabic		0	0%	0	Yes No	Yes No	Yes No
Korean		0	0%	0	Yes No	Yes No	Yes No
Russian		0	0%	0	Yes No	Yes No	Yes No
Vietnamese		31	.05%	0	Yes No	Yes No	Yes No
French/Patois/Creole		178	.28%	0	Yes No	Yes No	Yes No
Bosnian/Serbian/Croatian		3	.004%	0	Yes No	Yes No	Yes No
Polish		18	.03%	0	Yes No	Yes No	Yes No
Laotian		0	0%	0	Yes No	Yes No	Yes No
Pennsylvanian Dutch		0	0%	0	Yes No	Yes No	Yes No
Hindi		17	.03%	0	Yes No	Yes No	Yes No
Albanian		0	0%	0	Yes No	Yes No	Yes No
Tagalog		55	.09%	0	Yes No	Yes No	Yes No
Other: Specify _____					Yes No	Yes No	Yes No

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Women, Infants, and Children (WIC), WIC Farmers' Market, Fit Families (Foodshare/SNAP), Breastfeeding Peer Counseling, Prenatal Care Coordination, Newborn Hearing, Lead, Immunizations, Target Case Management
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from CSP/A) Number (a)	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) = ((b)/(a)) X 100	(d) LEP Population Served (d)	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	27,958	194	.69%	16	Yes No	Yes No
Hmong		193	.69%		Yes No	Yes No
Chinese		18	.06%		Yes No	Yes No
German/Germanic		130	.46%		Yes No	Yes No
Arabic		0	0%		Yes No	Yes No
Korean		0	0%		Yes No	Yes No
Russian		0	0%		Yes No	Yes No
Vietnamese		14	.05%		Yes No	Yes No
French/Patois/Creole		78	.28%		Yes No	Yes No
Bosnian/Serbian/Croatian		1	.003%		Yes No	Yes No
Polish		8	.03%		Yes No	Yes No
Laotian		0	0%		Yes No	Yes No
Pennsylvanian Dutch		0	0%		Yes No	Yes No
Hindi		7	.02%		Yes No	Yes No
Albanian		0	0%		Yes No	Yes No
Tagalog		20	.07%		Yes No	Yes No
Other: Specify _____		0	0%		Yes No	Yes No

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer.
We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
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- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

LEP Customer Data Analysis Chart

Program or Activity:	Children and Youth with Special Health Care Needs
Service Area:	Chippewa County

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area <small>(from CSPA) Number (a)</small>	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area <small>Number (b)</small>	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area <small>Percent (c) = ((b)/(a) X 100)</small>	(d) LEP Population Served <small>Served (d)</small>	Safe Harbor Written Translation of Vital Documents <small>Column (c) is 5% or column (b) is 1,000 or more?</small>	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents <small>If fewer than 50 persons in language groups, eligible pop receives written notice?</small>
Spanish	14,490	101	.70%	2	Yes No	Yes No
Hmong		100	.69%		Yes No	Yes No
Chinese		9	.06%		Yes No	Yes No
German/Germanic		117	.81%		Yes No	Yes No
Arabic		0	0		Yes No	Yes No
Korean		0	0		Yes No	Yes No
Russian		0	0		Yes No	Yes No
Vietnamese		7	.05%		Yes No	Yes No
French/Patois/Creole		41	.28%		Yes No	Yes No
Bosnian/Serbian/Croatian		0	0		Yes No	Yes No
Polish		4	.03%		Yes No	Yes No
Laotian		0	0		Yes No	Yes No
Pennsylvanian Dutch		0	0		Yes No	Yes No
Hindi		13	.03%		Yes No	Yes No
Albanian		0	0		Yes No	Yes No
Tagalog		13	.09%		Yes No	Yes No
Other: Specify _____		0	0		Yes No	Yes No

Services to LEP Language Groups

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

- Oral interpretation is provided upon request at no charge to an LEP customer. We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Audra Knowlton

PRINT NAME of Preparer

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

Yes No

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

Yes No

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

Yes No

Toni Hohlfelder

PRINT NAME of Authorized Representative

Toni Hohlfelder

SIGNATURE of Authorized Representative

3/2/18

Date Signed

Nondiscrimination Notification

1. Our entity uses the required HHS, USDA-FNS, and/or DOL Nondiscrimination Statements and Notices, provided in Appendix D .	Yes	No
2. Our entity uses the DHS, DCF, DWD model for LEP Policy Statement that is provided in Appendix E .	Yes	No
3. We disseminate the LEP policy in the following ways:		
a) The nondiscrimination policy is included in our operating procedures manual.	Yes	No
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	Yes	No
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> • Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B • Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from <u>the USDA</u> .	Yes or N/A	No
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	Yes	No
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	Yes or N/A	No
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: <u>FNS Nondiscrimination Statement</u> and in Appendix D .	Yes or N/A	No
6. We receive WIOA funding from DOL through DWD and post the appropriate DOL "Equal Opportunity Is the Law" poster and send the DWD-WIOA Babel Notice with all communications containing vital information (found in Appendix E). These include websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Equal Opportunity Is the Law poster can be found here: <u>https://dwd.wisconsin.gov/det/civil_rights/resources.htm</u> .	Yes or N/A	No

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:

Function of an Equal Opportunity Coordinator and LEP Coordinator

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> • Indicate date EOC received CRC Training <u>2/27/18</u> • Indicate date LEPC received CRC Training <u>2/26/18</u> 	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Our EOC and LEPC have the following responsibilities:		
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	Yes	<input checked="" type="radio"/> No
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	Yes	<input checked="" type="radio"/> No
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
(h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
(i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:

2e.) Effective by June 2019 the Equal Opportunity Coordinator will conduct a review of language access activities on a program-by-program basis for the entity.

2f.) Child Support and Economic Support Programs are compliant and receive annual training. Effective by June 2019 the Equal Opportunity Coordinator will coordinate staff training for all others affected by CRC.

Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English. NOTE: Recipients must prominently display an “I Speak” poster and a “Your Right to an Interpreter” poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients. <u>The "I Speak" poster can be printed directly from the website by clicking on this link. The "Your Right to an Interpreter" poster can be printed directly from the website by clicking on this link.</u> For pre-literate populations or language groups, an audio format version of this information may be provided.	Yes	No
2. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	Yes	No
3. Providing culturally trained bilingual and/or bicultural qualified staff.	Yes	No
4. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	Yes	No
5. Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation.	Yes	No
6. Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs.	Yes	No
7. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency’s vital documents.	Yes	No
B) Partner with community associations for paid or voluntary translation of vital documents.	Yes	No
C) Other: Specify		

8. Our entity uses the following methods for oral interpretation:		
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<ul style="list-style-type: none"> • Spanish • Hmong • Arabic • French • Chinese • German • Pennsylvanian Dutch • Albanian • Other languages: (Specify) <ul style="list-style-type: none"> • Korean • Laotian • Polish • Russian • Vietnamese • Bosnian/Serbian/Croatian • Hindi • Tagalog 		
C) Use a language line for languages not often used in the service area.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
D) Partner with other community organizations for paid or voluntary oral interpretation services.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
H) Other: Specify		
9. List methods used to communicate important benefit information to customers. Check all that apply:		
<input checked="" type="checkbox"/> Video <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Web Sites <input checked="" type="checkbox"/> Posters <input type="checkbox"/> Voice Mail Messages <input type="checkbox"/> Interactive Voice Response (IVR) 	<input type="checkbox"/> Television <ul style="list-style-type: none"> <input type="checkbox"/> Radio <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Other: Specify 	

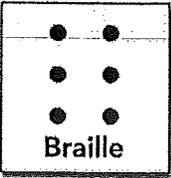
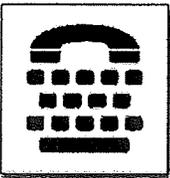
If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

Questions 3, 7b, 8b, 8d, 8f, and 8g: Chippewa County will use state interpreting and translation services for all interpretation needs

Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT	Yes	No
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> • A list of interested persons consulted. • A brief description of the areas examined and any problems identified, and a description of any modifications made. 	Yes	No
5. Has your entity designated at least one person to coordinate its efforts to comply with Section 504 and the ADA as the Equal Opportunity Coordinator?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> • For deaf or hard of hearing: <ul style="list-style-type: none"> ○ Sign language, oral, and cued speech interpreters (provided by the entity) ○ Video remote interpreting services ○ Open and closed captioning of videos ○ Real time captioning • For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> ○ Braille ○ Large print/magnification software ○ Audio recordings ○ Accessible electronic formats that can be read by screen reading software ○ Screen reading software available for applicants and members of the benefits program ○ Optical readers 	Yes	No
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	Yes	No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	Yes	No
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	Yes	No
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in Appendix G)</p>	Yes	No

		
 Braille		
Large Print		
 AD)))	 OC	 CC

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

Discrimination Complaint/Grievance Procedures

<p>Our entity uses the model Discrimination Complaint Forms and Process, which is provided in Appendix F, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS/DOL, as appropriate:</p> <ul style="list-style-type: none"> • DCF Complaint http://dcf.wisconsin.gov/civil_rights/complaint-procedures • DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm • DWD Complaint https://dwd.wisconsin.gov/det/civil_rights/complaints.htm • US HHS Region V Office of Civil Rights, Chicago Complaint http://www.hhs.gov/ocr/office/file/index.html • USDA, Office of Civil Rights, Washington D.C. https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf • US DOL, Civil Rights Center https://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm 	Yes	No
<p>Our entity implements the following procedures:</p>		
<p>The complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments.</p>	Yes	No
<p>We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	Yes	No
<p>All participants in complaint investigations are advised of and protected from retaliation.</p>	Yes	No
<p>Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.</p>	Yes	No
<p>Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.</p>	Yes	No
<p>Corrective action is taken when evidence of discrimination has been found.</p>	Yes	No
<p>Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.</p>	Yes	No

Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Complainants are made aware of their option to seek review, as appropriate:		
o DHS Civil Rights Compliance Office	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
o DCF Civil Rights Unit	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
o DWD Civil Rights Unit	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
o Appropriate Federal Office for Civil Rights (depending on the source of Federal funds)		
• U.S. DHHS, Region V OCR, Chicago	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
• USDA, Office of Adjudication, Washington D.C.	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
• U.S. DOL, Civil Rights Center, Washington D.C.	<input checked="" type="radio"/> Yes or N/A	<input type="radio"/> No
Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.	<input checked="" type="radio"/> Yes	<input type="radio"/> No

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

Training Requirements

a. The following CRC training requirements apply to Federally funded recipients other than from USDA-FNS :		
1) New employees and managers are informed of the CRC policies as part of their orientation program.	Yes or N/A	(No)
2) New staff receive training on CRC policies.	Yes or N/A	(No)
3) Staff refresher training on CRC and updates are provided once every three years. Note: WIOA recipient staff must receive CRC training annually.	Yes or N/A	(No)
b. The following requirements apply to USDA-FNS funded recipients (e.g., FoodShare, WIC and TEFAP):		
1) Our agency provides annual CRC training to the following staff: <ul style="list-style-type: none"> • Agency Head • Administrators • Mid-level Managers • Frontline staff 	Yes or N/A	(No)
2) New employee managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	Yes or N/A	(No)
3) New staff will receive training on the policies, along with instructions on the laws and regulations, concerning equal opportunity in service delivery.	Yes or N/A	(No)
4) Our agency has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for subrecipients and their supervisors, managers, administrators, and frontline staff.	Yes or N/A	No

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

Questions a. 1-3 and b. 1-3) Will be in compliance with training requirements by June, 2019