

County Director and County LEP Coordinator:

I am pleased to inform you that the Department of Human Services (DHS) has approved your Limited English Proficiency (LEP) Plan for the year 2007.

Your county is in compliance with step 8 of Bulletin #06-89-01, dated March 2, 2006, which addresses the development of the comprehensive Civil Rights Plan and its approval.

The 2008 LEP Plan review guide will be e-mailed to all counties during the first quarter of 2008.

Thanks for your compliance.

Alejandro Maldonado



Becker County Human Services

## Policy Statement

**TITLE:** Comprehensive Civil Rights Compliance Plan

**PURPOSE:** To ensure compliance with components of Federal Civil Rights legislation as it relates to customers of Becker County Human Services.

**REFERENCE:** DHS Bulletin #06-89-10 (3-2-06)

**PERSONNEL RESPONSIBLE:** Administrative Staff

**EFFECTIVE:** 1-1-95 (Update 5-24-06)

**POLICY:**

Please see attached document.

**APPROVED BY:** Becker County Board of Commissioners  
**DATE:** May 23, 2006

Becker County Human Services  
712 Minnesota Ave  
Detroit Lakes MN 56501

# Civil Rights Compliance Plan

May 2006

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### **100 Purpose of Plan**

The purpose of the **Civil Rights Compliance Plan** is to ensure compliance with Federal Civil Rights

law in all its application to the business of Becker County Human Services.

## **200 Contact Information**

The following contact information for Civil Rights, Limited English Proficiency and ADA/504 purposes is as follows:

Contact: Nancy Nelson, Director and OCR Coordinator  
Address: 712 Minnesota Ave  
Address: Detroit Lakes, Minnesota 56501  
Phone: 218-847-5628  
Fax: 218-847-6738  
Posting: Main lobby - 712 Minnesota Ave, Detroit Lakes

## **300 Legal References**

This document is written within the backdrop of the following citations: Title VI of the Civil Rights Act of 1964 - Public Law 88-352; Section 504 of the Rehabilitation of Act of 1973 - Public Law 93-112; The Age Discrimination Act of 1975 (Public Law 94-195); the Food Stamp Act of 1977 - Public Law 95-113; Minnesota Government Data Practice Act - M.S. 13.01 et seq; and DHS Bulletin #06-89-10 of 3-2-06.

## **400 Equal Opportunity Policy**

**1. Policy Framework** - In keeping with Office of Civil Rights (OCR) guidelines, each county human service agency should develop a written equal opportunity policy. This policy should relate to service delivery that states or reaffirms it's commitment to provide all services, financial aid, and other benefits to all eligible persons without regard to race, color, national origin, sex, religion, age, political beliefs and disability. It is the policy of Becker County Human Services (BCHS) to provide federally-financed services, financial aid and benefits of programs and activities without discrimination on the basis of race, color, national origin, sex, religion, age, political beliefs and disability. This policy extends to prohibit discrimination in services that are administered and delivered according to Federal, State and local civil rights laws, executive orders, rules and regulations.

**2. Equal Opportunity Components** - "Equal opportunity" has the following components:

\*That no otherwise qualified person, under any program or activity receiving federal financial assistance (and state financed under ADA), shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination;

\*That each program or activity is conducted so when viewed in its entirety, it is readily accessible to and usable by individuals with physical, mental or emotional disabilities, including making reasonable accommodations or modifications in policies, practices or procedures when necessary unless doing so would result in either a fundamental alteration in the nature of the program or undue financial and administrative burdens;

\*That applicant/client eligibility determinations, assignments to staff and facilities, treatment by staff, access to information about programs, physical and programmatic access to facilities,

referral services, intake and admissions procedures assessment, diagnosis, evaluation and treatment, outreach, patient disciplinary actions and termination of services are made without regard to protected class status; and

\*That services and information are provided in the appropriate language to persons with "limited English proficiency" (LEP) as well as appropriate auxiliary aids and services including, but not limited to, use of a TTY/TDD and/or telephone relay service for individuals who are deaf or hard of hearing, providing readers for persons who are blind or visually impaired, providing literature or posters in formats that are understandable to blind or visually impaired individuals and providing appropriate special assistance to individuals with developmental and learning disabilities.

**403 Disability Posting** - BCHS has, as part of its **Civil Rights Compliance Plan**, incorporated the use of the ADA-related brochure "**Do You Have A Disability**" (DHS-4133-ENG). This document is posted in the central reception area of the agency as well as being part of the appendices. This document is also included in all rights and responsibilities information packets distributed to applicants and customers. Please see **Appendix 1** for a copy of this document.

## **500 Complaint Resolution Protocol**

**1. Complaint Framework** - In keeping with OCR guidelines, each county human service agency should develop a manageable procedure for resolving service delivery discrimination complaints. The agency should also provide written notice of this procedure to staff, applicants, clients and the general public. Also in keeping with OCR guidelines, each county human service agency should notify the Department of Human Services in writing of all service delivery discrimination complaints filed against the agency.

It is expected that BCHS will provide notification to the Department of Human Services within 90 days of the date the complaint is filed. For this purpose, BCHS will use the **Becker County Human Service Complaint Notification** document. Please see **Appendix 2** for a copy of this document.

**2. Resolution Protocol** - BCHS will refer all civil rights complaints to the State Department of Human Services, Civil Rights Coordinator.

\*If a person believes they have been discriminated against because of the person's race, color, national origin, sex, religion, age, political beliefs or disability, while applying for or receiving human services, the person may file a complaint. The person is encouraged to attempt to resolve the issue informally with the staff involved and their supervisor. However, the person has the right to file a complaint whenever the person feels there is just cause. The person may file a complaint directly with the Department of Human Services (DHS).

\*The person must file the complaint within 1 year of the alleged discrimination. DHS may extend the one year period if the person can show good cause for not filing sooner.

\*The person must file a written complaint. This means the person must complete and sign BCHS's discrimination complaint form. As an alternative, the person may request a discrimination complaint form by calling or writing to:

DHS Civil Rights Coordinator  
Minnesota Department of Human Services  
Office of Equal Opportunity  
P O Box 64997  
St. Paul, MN 55164-0997  
651-433-3040 (Voice)  
651-431-7444 (fax)  
651-431-3041 (TTY/TDD)

\*It is important to add that complainants also know where to file civil rights complaints on the State and Federal level if they do not want to file a complaint with DHS or BCHS. Those entities are: Minnesota Department of Human Rights; U.S. Department of Health and Human Services Office for Civil Rights; and U.S. Department of Agriculture for the Food Stamp Program.

Minnesota Department of Human Rights  
190 E. Fifth Street  
St. Paul, MN 55101  
(800) 657-3704 (Voice)  
(651) 296-1283 (TTY/TDD)

Office for Civil Rights  
U.S. Department of Health and Human Services  
Region V  
233 N. Michigan Avenue  
Suite 240  
Chicago, IL 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY/TDD)

U.S. Department of Agriculture (USDA)  
Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410  
(202) 720-5964 (Voice and TTY/TDD)

\*Once the person has filed the complaint, the institution or agency named in the complaint cannot retaliate against the person or any person who provides information about the complaint. If the person experiences retaliation because they filed a discrimination complaint or provided

information about a complaint, the person should immediately notify the DHS Civil Rights Coordinator and report what happened.

\*Upon receiving the complaint, DHS should review it and notify the person in writing, within 10 days, regarding whether it has authority to investigate. If there is authority to investigate, the DHS Civil Rights Coordinator should conduct a prompt and thorough investigation to determine whether or not the facts support a finding of discrimination.

\*If DHS concludes that the facts support a finding of discrimination, it should take appropriate action to correct the discriminatory practice and to prevent it from happening again.

\*DHS should notify the person in writing of the outcome of the investigation within eight weeks of filing the complaint. If the person is not satisfied with the decision, the person may ask the DHS Civil Rights Coordinator to forward the complaint to the Equal Opportunity Director who will have 20 days to resolve the complaint and notify the person in writing of the outcome.

\*If the person is still not satisfied with the decision, the person may ask for review by the Commissioner. The request needs to be submitted in writing to the DHS Civil Rights Coordinator. The Commissioner will have 10 days to resolve the complaint and notify the person in writing of the outcome.

## **600 Limited English Proficiency Component**

**Becker County Human Services  
712 Minnesota Avenue  
Detroit Lakes, Minnesota 56501**

### **LIMITED ENGLISH PROFICIENCY PLAN**

**Effective Date: February 1, 2002**

**Updated August 1, 2007**

**Nancy Nelson, Director (218) 847-5628 Ext. 5314**

**Fax: (218) 847-5628**

**Email: [nvnelso@co.becker.mn.us](mailto:nvnelso@co.becker.mn.us)**

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### **A. Purpose and Legal Basis**

The purpose of this limited English proficiency plan is to ensure meaningful access

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

## **B. Legal Authorities/References**

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

- **Title VI of the Civil Rights Act of 1964**, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance Through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964
- **Office for Civil Rights Policy Guidance**, 65 Fed. Reg. 52762 (2000), Department of Health and Human Services, Office for Civil Rights, Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency (August 30, 2000); OCR Website: [www.hhs.gov/ocr/lep/](http://www.hhs.gov/ocr/lep/)
- **Department of Justice Regulation**, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs

## **C. Written Plan**

### **1. Persons Covered by Policy - Identifying Clients with Limited English**

## **Proficiency**

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

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

### **2. Statement of Commitment to Meaningful Access**

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

### **3. Offering Language Assistance Services**

Staff will initiate an offer for language assistance to clients who have difficulty communicating in English, or when a client asks for language assistance. Whenever possible, staff are encouraged to follow the client’s preferences. For example, if a client wants a family member or friend to interpret rather than an BCHS provided interpreter, staff should allow this if doing so will not violate the client’s data privacy rights and the friend/family member can demonstrate that he/she is competent to interpret. Staff must offer free interpretation and/or translation services to persons with LEP in a language they understand, in a way that preserves confidentiality, and in a timely manner. [See rule for using family and friends as interpreters on pages 7 and 8.]

### **4. Uncommon Languages; In-Person Interpreter Services**

When interpreter services are needed in a language not commonly used, the client

with LEP will be connected to the Language Line, which is a telephone interpretation service BCHS contracts with. [See Language Line service on page 6.]

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

#### **5. Emergency Situations**

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

#### **6. Interpretation and Translation Defined**

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

#### **7. Assisting Clients That Don't Read Their Language**

BCHS staff must assist a client with LEP who does not read his/her primary language to the same extent as staff would assist an English speaker who does not read English.

#### **8. Assigning Clients with LEP to Bilingual Staff**

Where applicable, and as a program practice, BCHS will use its best efforts to promote bilingual staff hiring. Currently BCHS does not have bilingual staff.

### **D. Procedure for Using Interpretation**

#### **1. Verification of Client's Identity**

BCHS staff will continue the existing practice of verifying the identity of the client before releasing case-specific information. Bilingual staff, Language Line staff, or other private companies providing interpretation or translation services through contracts with the State (hereafter "contractors"), may be used in making verifications.

## **2. Language Assistance Resources -- Order of Preference for Use**

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

### **a. Telephone Interpreter Services**

Staff should use the Language Line Services for interpreter assistance when emergency, expedited or walk-in intake services are needed.

The Language Line telephone number is **1-800-774-4344**. The BCHS Client ID number is \_\_\_\_\_. Personal ID \_\_\_\_\_. **Staff will have a Language Line card for reference.**

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

### **b. State contracted Interpretation and Translation Services**

The state Department of Administration holds contracts with several interpretation and translation services contractors in the metro area. If and when needed, BCHS Supervisors can access these contractor lists electronically at the Department of Administration's website (procedure format will be given to the BCHS Supervisors). DHS does not endorse them, nor does it claim that they are exhaustive lists of providers for these services.

Spoken Interpretation Services:

[www.mmd.admin.state.mn.us/mn05022.htm](http://www.mmd.admin.state.mn.us/mn05022.htm)

Written Language Translation Services:

[www.mmd.admin.state.mn.us/mn05014.htm](http://www.mmd.admin.state.mn.us/mn05014.htm)

### **c. Using Family and/or Friends as Interpreters**

Staff are asked to accommodate clients' wishes to have family or friends

serve as interpreters whenever possible. However, staff must keep in mind both client confidentiality and interpreter competency and should also follow the rules set out below.

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

Use of family or friends could result in a breach of confidentiality or reluctance on the part of clients to reveal personal information critical to their situations. Family and friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, and/or have little familiarity with specialized program terminology.

If a client still prefers a family member or friend to interpret after BCCHS offers free interpreter services, BCCHS may use the family member or friend if doing so will not compromise the effectiveness of the interpretation and/or violate the client's confidentiality. **BCCHS staff should document in the client's case file their offer of interpreter assistance and the fact that the client declined the offer.** Even if a client elects to use a family member or friend as an interpreter, **BCCHS staff should suggest that a trained interpreter listen in on the interview to ensure accurate interpretation.**

BCCHS contracted interpreters should be used in circumstances when a client is giving information that may negatively impact his/her eligibility for services – e.g., deadlines or certifications. Contracted interpreters should also be preferred in situations where a client must answer complicated or detailed questions about his/her case. These interpretations may also be handled by family or friends, but should also be referred to BCCHS contractors for follow-up calls or letters.

BCCHS staff must consider the requirements of the Minnesota Data Practices Act when determining whether or not, or in what capacity, a family member or friend may be used to interpret.

**d. Rule for Minor Children**

BCCHS staff should **never** use minor children as interpreters.

**3. Minnesota Data Practices Act**

Minnesota Data Practices Act requires Minnesota government agencies to

maintain the privacy of data that they collect in the course of their business. In the case of BCHS, the information that it collects regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, BCHS employees, the agents of BCHS, or others authorized by the courts or federal law, without the client's written, informed consent.

For purposes of the Data Practices Act, organizations and persons who contract to provide translation and interpretation services to BCHS clients are considered agents of BCHS. They may be privy to BCHS clients' private data and are bound by the same requirements for confidentiality as are BCHS employees.

#### **4. Competency of Interpreters**

BCHS will make sure that interpreters, whether bilingual staff or professional interpreters, have been trained and demonstrate competency. To be *competent* to provide interpreter services, the interpreter must be proficient in both English and the target language and be able to convey information in both languages accurately, have had orientation/training that includes the skills and ethics of interpreting, have basic knowledge in both languages of specialized program terms or concepts, and be sensitive to the client's culture.

#### **E. Notice of Rights to Language Assistance**

BCHS staff must inform all clients with LEP of the public's right to free interpreter services, that these services must be provided in a timely manner and must be available during BCHS business hours (Monday - Friday 8 am to 4:30 pm).

BCHS will use "I Speak" cards to help clients with LEP be able to identify their language needs for staff. BCHS will also use "I Speak" posters in the agency to help staff inform clients that language interpreters are available at no cost to the client. DHS will provide when available.

#### **F. Procedure for Using/Distributing Translated Forms**

BCHS stocks a number of Department of Human Services (DHS) documents and forms which are available in languages other than English. Currently the full list is under revision by DHS and will be incorporated into the LEP plan at a later date. It will be updated as the need arises.

BCHS staff with access to MAXIS can retrieve another list of DHS translated documents/forms found in POLI/TEMP Manual at TE12.01.13. Staff who do not have access to MAXIS can obtain this list by calling the LEP plan contact person listed below. Additionally, the Health Care Application Form, the Renewal Form, and the Household Report Form have been translated into Spanish, Russian, Somali, Hmong, Cambodian,

Lao, Vietnamese, and Arabic. The English and translated versions are all available on the DHS website at [www.dhs.state.mn.us/Forms](http://www.dhs.state.mn.us/Forms).

At the appropriate times, BCHS staff must send clients the preferred translated forms automatically when the same forms are sent to clients automatically in English.

#### **G. Translation Plan**

DHS will translate vital documents and vital information contained in its documents--and materials in alternate formats--into the non-English languages of those language groups when a significant number or percentage of the population eligible to be served or likely to be directly affected by BCHS's programs, needs, services or information in a language other than English to communicate effectively.

**All DHS forms are available in other forms to people with disabilities by contacting DHS at 651-296-7562 (Voice), 651-296-8758 (TTY), or through the Minnesota Relay Minnesota Service at 1-800-627-3529 or 1-877-627-3848 (speech to speech relay service). Becker County Human Services (218) 847-5628, TTY (218) 847-5628 Ext. 386.**

BCHS will have translations completed for BCHS forms when and if it is necessitated through the contact with a qualified translation contractor as mentioned in 2.b.

#### **H. LEP Training for BCHS Staff**

BCHS will distribute the LEP plan to all staff so they can learn the policies and procedures required to make language assistance available to clients with LEP. All staff with ongoing client contact are required to attend LEP training yearly. Staff will have advance notice of these training dates. In addition, information about the LEP plan will be incorporated into the BCHS New Employee Orientation.

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

#### **I. Monitoring of the LEP Plan**

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

BCHS's annual evaluation of its LEP plan will include the following activities:

- Assessment of the numbers of persons with LEP in the service delivery area.
- Assessment of the current language needs of clients with LEP to determine whether clients need an interpreter and/or translated materials to communicate effectively with staff; updating files which lack information about a client's language needs; and confirming information with clients about their language preference at recertification.
- Determining if existing language assistance services are meeting the needs of clients with LEP.
- Assessing whether staff members understand BCHS's LEP policies and procedures, how to carry them out and whether language assistance resources and arrangements for those resources are still current and accessible.
- Seeking and getting feedback from LEP communities, including clients and community organizations and advocacy groups working with LEP communities, about the effectiveness of BCHS's LEP plan.

**J. LEP Plan Posted for Public Review**

The LEP plan will be posted for public review in the BCHS lobby on the alcove wall to the right of the reception desk. The LEP plan will be available in English, but copies will be available for translation of the plan along with numbers to call for translation for those who do not speak English who wish to read it. The words "Limited English Proficiency Plan" or something to that effect, in all appropriate languages, will be posted next to the LEP plan so clients with LEP know that such a plan exists and that they can get help to read it.

**K. Distribution of LEP Plan**

Immediately upon its completion and approval by DHS, the BCHS LEP plan will be distributed to all BCHS staff.

**L. Responsible Authority/ Complaint Process - Contact Person**

Each BCHS division is responsible for implementing this LEP plan in its area. The person designated to provide technical assistance and respond to inquiries and complaints from the public is listed below. BCHS has an existing complaint resolution procedure used to resolve civil rights related disputes and complaints and this procedure will be used to resolve LEP-related disputes/complaints. The contact person listed below will provide information about this complaint procedure to all clients in a language they understand. Copy of the BCHS Civil Rights Complaint Procedure is attached.

**Nancy Nelson**

**Director**

Becker County Human Services

712 Minnesota Avenue

Detroit Lakes, MN 56501

(218) 847-5628 Ext 5314 (Voice)

(218) 847-6738 (Fax)

Email: [nvnelso@co.becker.mn.us](mailto:nvnelso@co.becker.mn.us)

## HELPFUL HINTS FOR USING TELEPHONE INTERPRETERS

1. Tell the interpreter the purpose of your call - describe the type of information you are planning to convey.
2. Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning. E.g., “can’t - cannot.”
3. Speak in short sentences, expressing one idea at a time.
4. Speak slower than your normal speed of talking, pausing after each phrase.
5. Avoid the use of double negatives. E.g., “If you don’t appear in person, you won’t get your benefits.” Instead, “You must come in person in order to get your benefits.”
6. Speak in the first person. Avoid the “he said/she said.”
7. Avoid using colloquialisms and acronyms, e.g., “BCHS,” “MFIP,” etc. If you must do so, please explain their meaning.
8. Provide brief explanations of technical terms, or terms of art, e.g., “*Spend-down* means the client must use up some of his/her monies or assets in order to be eligible for services.”
9. Pause occasionally to ask the interpreter if he/she is understanding the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client.
10. Ask the interpreter if, in his/her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way.
11. ABOVE ALL, BE PATIENT with the interpreter, the client and yourself!
12. Thank the interpreter for performing a very difficult and valuable service.

### 700 Assurance of Compliance

In keeping with implementation of Title VI, Section 504 of the Rehabilitation Act, the Age Discrimination Act, and the Food Stamp Act, each county human service agency should sign a written assurance agreement stating that it will comply with these laws. An assurance agreement should be signed by the Director of BCHS and the Becker County Attorney for submission to the Department of Human Services Civil Rights Coordinator. Please refer to **Appendix 3** for a copy of this current assurance document.

### Appendix

1. DHS-4133 Disability document
2. Becker County Human Services Complaint Notification document
3. 2006 Assurance of Compliance document

## Appendix 1

### DHS Disability Document (DHS-4133 - Eng)

## Do you have a disability?

*If you have a serious health problem or a disability you have special rights*

If you have a disability that makes it harder for you to do the things we ask you to do **please tell us!** A disability is a physical or mental condition that limits one or more life activities.

These conditions may include:

- Diseases (i.e. diabetes, epilepsy, heart)
- Learning disabilities (i.e., a problem reading, writing or doing math)
- Mental retardation
- Depression or other mental health problems
- Limited ability to walk or stand
- Hearing or vision loss
- History of drug or alcohol addiction; illegal drug use is not a disability.

If you are applying for or getting services or benefits through your human service agency, the agency will determine if you have a disability based on information they get from medical, psychological, vocational and rehabilitation experts.

## Help is available

If you tell us you have a disability, we can help you by:

- Calling or visiting if you are not able to come to the office
- Meeting you at a different location in our building if you are not able to take the stairs or elevator
- Giving you forms or letters in other formats (i.e. large print or audiotape)
- Telling you what the letters we send to you mean
- Helping you complete a form
- Helping you make a plan that allows you to work even though you have a disability
- Referring you to services to help you
- Helping you appeal if you disagree with a decision we make.

## **Federal law protects people with disabilities**

The Americans with Disabilities Act (ADA) is a federal law that says people with disabilities have the same rights to benefits or services from the Minnesota Department of Human Services (DHS) or county human service agencies as other people. You will not be denied benefits and services because of your disability. If you have a condition that makes it hard for you to do what we ask, your human service agency will help you find a way to get the benefits and services available to you. **If you need help tell us.**

## **Your right to file a complaint**

If you feel the County or Minnesota Department of Human Services treated you differently in the handling of a public assistance application or payment because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability (including access to buildings or programs), you may file a complaint with one or more of these agencies:

Minnesota Department of Human Services  
Office for Equal Opportunity,  
Affirmative Action, and Civil Rights  
444 Lafayette Road  
St. Paul, MN 55155-3812  
(651) 296-7562 (Voice)  
(651) 296-8758 (TTY/TDD)

U.S. Department of Health &  
Human Services  
Office for Civil Rights – Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY/TDD)

U.S. Department of Agriculture  
Director – Office of Civil Rights  
Room 326-W; Whitten Building  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
(202) 720-5964 (Voice or TTY/TDD)

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to Speech Relay, call (877) 627-3848.

Appendix 2

**BECKER COUNTY HUMAN SERVICE COMPLAINT NOTIFICATION  
COMPLAINTS ALLEGING DISCRIMINATION IN SPECIAL DELIVERY**

AUTHORITY: U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1.  
REQUIREMENT: County human service agencies must notify the DHS Civil Rights Coordinator of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

Provide the following information to the DHS Civil Rights Coordinator within 90 days of the date the complaint is filed:

- 1. Name, address, telephone number of complainant:

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

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- 3. Type of discrimination alleged:

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- 4. Brief description of the alleged discriminatory act(s):

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- 5. If a policy or procedure had a discriminatory effect on applicants or clients, identify the policy/procedure and describe the discriminatory effect it had:

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- 6. Identify any witnesses to the alleged discrimination. Witnesses are people who observed the alleged discrimination. Provide their names, addresses, telephone numbers and titles:

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7. Give the dates when the alleged discrimination happened and if it was continuing, give the duration of each incident:

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8. Investigation findings:

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9. If applicable, corrective action recommended and taken:

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CONTACT INFORMATION: DHS Civil Right Coordinator  
Minnesota Department of Human Services  
Office for Equal Opportunity  
P.O. Box 64997  
St. Paul, MN 55164-0997  
#651-431-3040 (voice)  
#651-431-3041 (TTY/TDD)  
#651-431-7444 (fax)

## Appendix 3

**MINNESOTA DEPARTMENT OF HUMAN SERVICES  
2006 CIVIL RIGHTS ASSURANCE AGREEMENT**

ASSURANCE OF COMPLIANCE FOR THE MINNESOTA COUNTY HUMAN SERVICES AGENCIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964. SECTION 504 OF THE REHABILITATION ACT OF 1993. THE AGE DISCRIMINATION ACT OF 1975 AND THE FOOD STAMP ACT OF 1977.

Becker County Human Services (BCHS) provides this assurance in consideration of and for the purpose of maintaining its receipt of federal financial assistance from the United States Departments of Health and Human Services and Agriculture. BCHS agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance and that it is binding upon BCHS, its successors, transferees and assignees for a period of two years, January 2006 through December 2007, during which the assistance is provided.

**BCHS AGREES THAT IT WILL COMPLY WITH:**

1. ***Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352)***, as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 80). In accordance with Title VI and its implementing regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which BCHS receives federal financial assistance from the Department of Health and Human Services.
2. ***Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112)***, as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 84). In accordance with Section 504 and the regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which BCHS receives federal financial assistance from the Department of Health and Human Services.
3. ***The Age Discrimination Act of 1975 (Pub. L. 94-195)***, as amended, and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 C.F.R. Part 91). In accordance with the Age Discrimination Act and the regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which BCHS receives federal financial assistance from the Department of Health and Human Services.
4. ***The Food Stamp Act of 1977 (Pub. L. 95-113)***, as amended, and all requirements imposed by or pursuant to the Food and Nutrition Service (FNS) Instruction 113-1, Civil Rights Compliance and Enforcement - Nutrition Programs and Activities of the Department of Agriculture which derives authority from the Food Stamp Act, the Department of Agriculture regulation implementing Title VI (7 C.F.R. Part 15 Subpart A and Subpart C) and the regulations implementing Section 504 and the Age Discrimination Act. In accordance with the Food Stamp Act and FNS Instruction 113-1, the Food Support Program is committed to assuring that no person in the United States shall, on the ground of race,

color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Food Support Program. FNS Instruction 113-1 requires that BCHS obtain a written civil rights assurance of compliance, and to assure compliance, Department of Agriculture personnel must be allowed access to BCHS records, books and accounts as needed during normal work hours.

- 5. Pursuant to the Civil Rights Plan for the Minnesota Department of Human Services (DHS), DHS shall have access to private and/or confidential data maintained by BCHS or other sub-recipient of federal financial assistance to the extent necessary to conduct a full and complete investigation into any complaint of discrimination. DHS agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or thereafter.

The person whose signature appears below is authorized to sign this assurance agreement and commit BCHS to the above provisions.

Becker County Human Services: /s/ Nancy Nelson

Title: Director

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I certify that the signatory for BCHS has lawful authority to bind BCHS to the terms of this civil rights assurance agreement.

Date: \_\_\_\_\_, 2006.

By: \_\_\_\_\_

Becker County Attorney