Title: Civil Rights Compliance Plan

<table>
<thead>
<tr>
<th>Board Action:</th>
<th>June 1, 2006</th>
<th>Review Date:</th>
<th>November 6, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation:</td>
<td>July 22, 2016</td>
<td>Expires:</td>
<td>December 31, 2020</td>
</tr>
</tbody>
</table>

Policy: To ensure compliance with components of Federal Civil Rights legislation as it relates to customers of Crow Wing County Human Services.

Kara Terry, Director of Crow Wing County Community Services serves as the Civil Rights Compliance, Limited English Proficiency (LEP) and Americans with Disabilities Act (ADA) contact person:

Crow Wing County Community Services
Kara Terry, Director
204 Laurel St. PO Box 686
Brainerd, Minnesota 56401
218-824-1140 (voice) or use your preferred relay service
888-772-8211 (toll free)
218-824-1117 (fax)
kara.terry@crowwing.us
Agency e-mail: cwess@crowwing.us

For accessible formats of this publication or assistance with additional equal access to human services, write to dhs.equalopportunity@state.mn.us, or call 651-431-3040.
Table of Contents
A. Purpose of the Plan 3
B. Location of the Civil Rights Compliance Plan 3
C. Legal Authorities 3
D. Civil Rights Contact Information 4
E. Written Equal Opportunity Policy (for service delivery) 4
F. Written Civil Rights Complaint Procedure (for resolving complaints) 4
G. SNAP Non-Civil Rights Customer Complaint Procedure 4
H. Complaint Notification Form 4
I. Disability Policies, Procedures and other Requirements 4
J. Limited English Proficiency (LEP) Plan 4
K. Snap Civil Rights Training 4
L. Civil Rights Assurance of Compliance 5
M. Civil Rights Plan Administration 5

Attachments
1. Written Equal Opportunity Policy
2. Written Civil Rights Complaint Procedure
3. Written SNAP Non-Civil Rights Complaint Procedure
4. Complaint Notification Form
5. “Do You Have a Disability?” DHS-4133-Eng
6. Limited English Proficiency Plan (LEP)
7. SNAP Civil Rights Department of Human Services (DHS) Training PowerPoint Presentation
8. Civil Rights Assurance of Compliance
A. Purpose of the 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 Crow Wing County Community Services. As a recipient of federal financial assistance, Crow Wing County Community Service is responsible for providing core services to assist and support Minnesota’s most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. Crow Wing County Community Service has a civil rights plan to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. The civil rights plan also serves as a source of information for county agency staff and the general public. The plan sets out the agency’s civil rights administrative policies and procedures. The plan identifies the key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

B. Location of the Civil Rights Compliance Plan:
The plan will be included in new employee orientation packets and posted on our employee share point site for easy access. A link to the Civil Rights Compliance Plan is on our web page.

C. Legal Authorities:

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

State
Minnesota Human Rights Act, Chapter 363A
D. Civil Rights Contact Information
Crow Wing County Community Services
Kara Terry, Director
204 Laurel St. PO Box 686
Brainerd, Minnesota 56401
218-824-1140 (voice) or use your preferred relay service
888-772-8211 (toll free)
218-824-1117 (fax)
kara.terry@crowwing.us
Agency e-mail: cwess@crowwing.us

E. Written Equal Opportunity Policy (for service delivery)
Refer to Attachment 1 for a copy of written equal opportunity policy.

F. Written Civil Rights Complaint Procedure (for resolving complaints)
Refer to Attachment 2 for a copy of civil rights complaint procedure. Note: The Complaint Procedure will be used for all types of civil rights complaints. A complaint log is maintained by the SNAP Program Coordinator.

G. Written SNAP Non-Civil Rights Complaint Procedure
Refer to Attachment 3 for a copy of our SNAP non-civil rights complaint procedure.

H. Complaint Notification Form:
Use the complaint notification form, Attachment 4, when you resolve a civil rights complaint on the county level. When the complaint investigation is completed, fill out the complaint notification form and send it to Department of Human Services (DHS) so DHS has a record of the complaint investigation and its outcome/decision that was resolved at the county agency. NOTE: Complaints MUST be completed within 90 days of the date the complaint was filed.

I. Disability Policies, Procedures and Other Requirements:
Crow Wing County Community has, as part of its Civil Rights Compliance Plan, incorporated the use of the DHS-4133 brochure “Do You Have A Disability”. The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, Crow Wing County Community Services will help you access all of the programs that are available to you. The USDA Program Discrimination Complaint Form, statements and links are published on the Crow Wing County web page. Refer to Attachment 5 for a copy of DHS-4133-ENG. A copy of the DHS-4133-Eng is posted in the lobby on 1st floor of the Community Services Building.

J. Limited English Proficiency Plan:
Refer to Attachment 6 for a copy of the Limited English Proficiency Plan (LEP Plan). The LEP Plan sets out the agency’s language assistance resources, such as bilingual staff and spoken language interpreters from the Bridge-World Language Center. We use language assistance services set out in the LEP Plan when we need to communicate with individuals in their primary language.

K. Snap Civil Rights Training Section:
Refer to Attachment 7 for a copy of the 2016 DHS PowerPoint presentation. Training is provided to our employees annually using the DHS PowerPoint presentation, training is also provided on an individual basis to new employees. The DHS PowerPoint Training presentation is posted on our employee share point site. A staff roster is kept by the SNAP Program Coordinator to assure all staff have been trained.
L. Civil Rights Assurance of Compliance:
Refer to Attachment 8 for a copy of the signed civil rights assurance of compliance document.

M. Civil Rights Plan Administration:
Crow Wing County Community Services will follow the below to assure that the civil rights plan is available to the public, employees, volunteers and contractors.

- The comprehensive civil rights plan will be posted on our county web page, employee share point site, and on the employee bulletin board.
- Annually the comprehensive civil rights plan will be reviewed by all staff.
- Provide SNAP civil rights training annually using the DHS PowerPoint presentation.
  - A staff roster will be maintained by the SNAP Program Coordinator.
- The following documents will be displayed in our lobby:
  - Equal opportunity policy;
  - Complaint resolution procedures;
  - Disability policies and procedures; and
  - “Do You Have a Disability” (DHS-4133-ENG).
CROW WING COUNTY COMMUNITY SERVICES
EQUAL OPPORTUNITY POLICIES AND PROCEDURES
INCLUDING EQUAL ACCESS FOR PEOPLE WITH DISABILITIES

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

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

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

Program Accessibility Policy for People with Disabilities
Crow Wing County Community Service and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Crow Wing County Community Services will:

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

Physical access includes:
• Convenient off-street parking designated specifically for people with disabilities.
• Curb cuts and ramps between parking areas and the Community Services building.
• Level access into the first floor of the Community Services building with elevator access to all other floors.

Reasonable Modifications to Policies, Procedures or Practices
Crow Wing County Community Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Crow Wing County Community Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.
Effective Communication and Auxiliary Aids and Services
Crow Wing County Community Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Crow Wing County Community Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

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

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

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

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

To file a complaint, ask for the agency’s equal opportunity policy, complaint resolution procedure, and complaint form. Use the contact information below to file a complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact’s office.

Crow Wing County Community Services
Kara Terry, Director
204 Laurel St. PO Box 686
Brainerd, Minnesota 56401
218-824-1140 (voice) or use your preferred relay service
888-772-8211 (toll free)
218-824-1117 (fax)
kara.terry@crowwing.us
Agency e-mail: cwcss@crowwing.us

Procedure:
1. Civil rights complaints must be submitted to the Civil Rights Contact within 90 days of the date the alleged discrimination occurred.

2. A complaint must be in writing and contain the name and address of the person filing it. Other important contact information is telephone number, relay number and email address. The complaint must state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you. Please use Complaint Form attached. (Appendix C)

3. The county agency must conduct an investigation of the complaint, if it is a true civil rights complaint. The investigation may be informal, but it must be thorough and timely. People who have an interest in the complaint must have an opportunity to submit relevant evidence about the complaint. The county agency will issue a written decision on the complaint within 120 days after its filing. The county will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.

4. The person filing the complaint may appeal the decision by writing to the Director of Community Services within 15 days of receiving the written decision. The Director of Community Services must issue a written decision in response to the appeal, no later than 30 days after the appeal is filed. This decision is final. This
appeal process is not the same as filing a fair hearings appeal with the DHS Appeals and Regulations Division.

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

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

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

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

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

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

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

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

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

(3) email: program.intake@usda.gov
6. Filing Complaints with State Agencies:

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

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

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)

(b) The Minnesota Department of Human Services prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or activities receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division directly only if you have a discrimination complaint:

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

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

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

7. Arrangements for People with Disabilities

Crow Wing County will make appropriate arrangements to ensure that people with disabilities are provided reasonable modifications or effective communications, if needed, to participate in the complaint process. Reasonable modifications or effective communications include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact (or designee) is responsible for working with people who file complaints to make appropriate arrangements.
UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions
(The complaint form is below the instructions)

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a ‘good cause’ explanation for the delay. For example, you may have “good cause” if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;

2. You were seriously ill or incapacitated;

3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/ parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).
USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETAIIATION) PROHIBITED:
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.
First Name: ___________    Middle Initial: ____    Last Name: ___________

Mailing Address: ____________________________________________________________

City: ___________    State: _______    Zip code: ___________

E-mail address (if you have one): _____________________________________________

Telephone Number starting with area code: __________________________________

Alternate Telephone Number starting with area code: _____________________________

Best Time of the Day to Reach You ____________________________________________

Best Way to Reach You, (check one): Mail ___ Phone ___ E-mail ___ Other: ________

Do you have a representative (lawyer or other advocate) for this complaint? Yes ___ No ___

If yes, please provide the following information about your representative:

First Name: ______________________    Last Name: ______________________

Address: _________________________    City: ___________    State: _______    Zip Code: _______

Telephone: _________________________    E-mail: _____________________________

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _______________
Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency □ Food and Nutrition Service □
Rural Development □ Natural Resource Conservation Service □
Forest Service □ Other: ______________________________

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.


3. When did the discrimination occur?

Date: ___________ ___________ ___________
Month Day Year

If the discrimination occurred more than once, please provide the other dates:


4. Where did the discrimination occur?
Address of location where incident occurred:

__________________________________________
Number and street, PO Box, or RD Number

_________________________________________  ___________________________  ___________________________
City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my


6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?
   Yes: ______  No: ______
   If yes, with what agency or court did you file? __________________________
   When did you file? _______ _______ _______  
   Month  Day  Year

Signature: ___________________________  Date: ___________________________

Mail Completed Form To:
USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail address:
program.intake@usda.gov

Telephone Numbers:
Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442
PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.
INCOME MAINTENANCE UNIT
POLICY AND PROCEDURE

<table>
<thead>
<tr>
<th>Title: Resolving Customer Complaint Procedure</th>
<th>Author: Tina Ebertowski, Income Maintenance Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date: 1/11/17</td>
<td>Review Date: 2/1/21</td>
</tr>
<tr>
<td>Last Reviewed: 2/28/20</td>
<td></td>
</tr>
</tbody>
</table>

The Procedure below shall be followed when resolving customer complaints. The purpose of this procedure is to make sure that we have documentation of when complaints are received and how they are resolved.

1. When a customer calls or comes into the office with a complaint they will be referred to Supervisor for the appropriate case bank. If Supervisor is not available a Financial Assistance Specialist can assist.
2. Customer will be asked how we may assist them.
3. If complaint is a civil rights complaint, client will be provided with civil rights complaint packet including our equal opportunity policy, complaint resolution procedure and complaint form.
4. With all other complaints the case will be researched by person hearing the complaint.
5. If needed staff person working the case may be asked questions to identify what has happened with the case.
6. Customer will be informed of what steps need to be taken for case resolution.
7. Complaint will be logged on Customer Complaint Log along with case note entered into Maxis.
8. Customer Complaint Log form includes:
   a. Date Received
   b. Phone Number if applicable
   c. Name
   d. Message
   e. Worker ID
   f. Case #
   g. Resolution Notes
   h. Date Closed
9. Complaint Logs are stored on F: Drive
   a. F:\CommServFiles\EESD\Users\TEBERTOW\Complaint Log
   b. F:\CommServFiles\EESD\Users\TMulroy\Complaint Log
COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM
COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY

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

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

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

1. Name, address, telephone number of complainant:

________________________________________

________________________________________

________________________________________

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

________________________________________

________________________________________

________________________________________

3. Type of discrimination alleged:

________________________________________

________________________________________

________________________________________

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

________________________________________

________________________________________

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


CONTACT INFORMATION: DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3034 (voice) or use your preferred relay service
651-431-7444 (fax)
joann.daSilva@state.mn.us
Do you have a disability?
If you have a disability, you have the same rights as others.

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

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

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

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

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

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

How does the law protect people with disabilities?
The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.
Discrimination is against the law
You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The Minnesota Department of Human Services, Equal Opportunity and Access Division, prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance). Contact the Equal Opportunity and Access Division directly:
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)

The U.S. Department of Health and Human Services’ Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age and disability; in block grant complaints, religion and sex are included; and in medical program complaints, sex includes sex stereotypes and gender identity under any health program or activity receiving federal financial assistance, such as Medicaid and CHIP programs, hospitals, clinics, employers, insurance companies and state health insurance exchanges created under Title I of the Affordable Care Act. Contact the federal agency directly:
U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.
USDA is an equal opportunity provider and employer.
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

1-800-358-0377-1 or 1-888-468-3787

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

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

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency’s ADA coordinator.
CROW WING COUNTY COMMUNITY SERVICES
POLICY AND PROCEDURE

Title: Limited English Proficiency Plan

<table>
<thead>
<tr>
<th>Effective Date: 6/1/01</th>
<th>Last Reviewed and Updated 05/18/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Approved: 5/22/01</td>
<td></td>
</tr>
</tbody>
</table>

**Policy:**
Crow Wing County Community Services is committed to assuring equal access to services for all persons, regardless of race, color or national origin, including those persons with limited English proficiency (LEP). The following document will outline the strategies and procedures to be taken to ensure that persons receive the language assistance necessary to afford them meaningful access to their services, free of charge.

**Attachments:**
1. List of Bilingual Staff and Contracted Interpreter Service Information
2. Language Line Access Information
3. Helpful Hints for Using Interpreter Services

I. **Background:**


This policy is created in response to Bulletin #16-89-01 from the Minnesota Department of Human Services, requiring each County Social Services Agency to develop and implement a plan to assure compliance with those federal requirements.

II. **Definitions:**

**Interpretation:** 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:** A written version of a document provided in a different language than the original document.

**Vital Documents:** According to the Office of Civil Rights, a vital document includes, but is not limited to, applications, consent forms, letters containing information regarding eligibility or participation criteria, notices pertaining to the reduction, denial, or termination of services or benefits, notices that require a response from beneficiaries, and documents that advise of free language assistance.
III. Assessment:

Crow Wing County Community Services (CWCCS) used the following mechanisms to assess unique language needs in Crow Wing County:

A. Local Agency Survey. Administrative staff indicated that the need for LEP services has historically been very limited. In that past four years, only four situations requiring language assistance could be recalled anecdotally.

B. Census Data: This data indicates that Crow Wing County has few individuals with LEP. A total of 279 persons from all age groups in the 2010 indicated that they either did not speak English at all or did not speak it well. However, 981 people indicated that they may speak some other language at home. It is speculated that the number of Spanish-speaking persons in the area may increase in the next few years.

C. Other Data Sources. DHS data shows that no Crow Wing County residents have requested services through their multi-lingual referral line. School districts indicated that 10 children in K-12 had families who spoke another language at home. Six cases indicated another spoken language for case applicants in financial programs.

As information becomes available through the Minnesota Department of Human Services or other resources, CWCCS will modify its policies and procedures as appropriate.

IV. Need for Language Assistance and Resources

A. Case finding. The specific language needs of each applicant with LEP will be identified at the time of intake or application. This will primarily be done by reviewing the language preference questions on the Health Care Application (HCAPP) and the Combined Application Form (CAF) in Income Maintenance. If a receptionist or intake person on the Social Services staff suspects that an applicant is a person with LEP, the worker will present the LEP person with a card that lists the eight major languages in order to determine which language is involved, if any. Language preferences will be entered into the applicant’s primary language field in the MAXIS system. If an interpreter is needed, it will be entered into the MAXIS system or noted on the Social Services application. Translated forms will be offered to anyone who wants or needs assistance.

B. Point of Contact: The greatest likelihood of need for interpreter services will be at the point of intake – at the time of an emergency or application for financial assistance or social services. Currently, intakes are completed at the agency main office in Brainerd. Interpreter services may be necessary to complete an application for services, financial assistance or health care. Another likely point of contact is field-based when conducting child protection or vulnerable adult assessments, commitment pre-screenings or nursing home pre-admission screenings. These contacts would typically occur in a medical setting or a person’s home.

C. Offering Language Assistance: Staff will initiate an offer for language assistance to clients who appear to 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 using an agency-contracted 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.

D. Resources: Crow Wing County Community Services will use the following resources to assist LEP clients:

1. “I Speak” cards in the eight most common languages will be available at reception desks to assist clients in identifying their primary language. Language ID brochures will be distributed to all employees.

2. The Minnesota Department of Human Services web site: http://www.dhs.state.mn.us/Forms/default.htm has forms available in Arabic, Cambodian, Hmong, Laotian, Russian, Somali, Spanish and Vietnamese.

3. Language Line Solutions provides 24-hour phone interpretation services in over 140 languages.


5. Other interpretation services vendors contracted with the Minnesota Department of Administration can be accessed as necessary. See Section V.B.3 for website information.

E. Assisting Clients That Do Not Read Their Language

1. 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.

V. Procedures for Using Interpretation

A. Verification of Client’s Identity

CWCCS staff should 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 called “contractors”) may be used in making verifications.

B. Language Assistance Resources-Order of Preference

As much as possible, staff should use the language assistance services in the order set out below. Please check with your supervisor before using any service other than internal bilingual staff.

1. Bilingual Staff
A list of bilingual staff appears in Attachment 1. This list will be updated as appropriate.

2. Telephone Interpreter Services

Staff should use the Language Line Solutions for interpreter assistance when a bilingual staff person familiar with that language is not available. Attachment 2 contains information on how to access the Language Line. Attachment 3 contains hints on how to use telephone interpreters.

3. Contracted Interpretation and Translation Services

Use the Bridge World Language Services in Waite Park for in person interpretation. (Attachment 1). The Minnesota Department of Administration hold contracts with various interpretation and translation services and Crow Wing County can access these services at the contracted rate. A list of contracts for interpreter services is available at:
http://www.mmd.admin.state.mn.us/mn05022.htm.
A list of translation service providers is available at:
www.mmd.admin.state.mn.us/mn05014.htm.

4. 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 follow the rules set below.

Crow Wing County Community Services may expose itself to liability under Title VI if it requires, suggests, or encourages a client with LEP to use friends, minor children, or family members as interpreters because they may not be competent to serve in that role. They may not be proficient enough in both languages, may lack training in interpretation, and/or have little familiarity with specialized program terminology.

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.

If a client still prefers a family member or friend to interpret after the offer of free interpreter services by the county, they may be used as long as doing so does not compromise the effectiveness or confidential nature of the communication. Staff should document their offer of interpreter assistance and the client's decision to decline the service in the case file.

Bilingual staff or contracted interpreters should be used in circumstances where a client is giving information that may negatively impact his/her eligibility for services—e.g. deadlines or certifications. They should also be preferred in situations where a client must answer complicated or detailed questions. Although these situations can be handled by family or friends, they should also be referred to bilingual staff, Language Line or contractors for follow-up calls or letters.
5. Minor Children as Interpreters
   Staff should never use minor children as interpreters.

VII. Notice of Rights to Language Assistance

Crow Wing County will use “I Speak” cards and prominently displayed “I Speak” posters to inform all clients of the availability of free interpreter services. The public will be informed that free interpreter services will be provided in a timely manner and during regular business hours.

VIII. Translation of Agency Forms and Documents

A. State Produced Documents

For Income Maintenance programs, the State has translated many documents into Spanish, Russian, Somali, Hmong, Cambodian, Lao, Vietnamese and Arabic. A number of forms are available in MAXIS in POLITEMP Manual at TE12.01.13. English and translated versions of the Health Care Application Form, the Renewal Form and the Household Report Form can also be found on the Internet at www.dhs.state.mn.us/Forms.

B. Local Agency Documents

Crow Wing County Community Services will translate vital documents and relevant information into non-English languages when a significant number or percentage of the population eligible to be served needs documents in that language in order to communicate effectively. CWCCS has determined that the significant number that will trigger translation is 1000 individuals within an LEP language group. Vital documents are defined in section II of this policy.

IX. LEP Training for Staff

CWCCS will distribute the LEP policy/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 will be informed of the policy at their unit meetings. New employees will receive information regarding LEP and a copy of the policy during new employee orientation.

LEP training will include information on the following topics:
   • The legal obligation to provide language assistance to clients with LEP
   • The substance of Crow Wing County’s LEP plan
   • Policies and procedures to access language assistance services
   • Tips on working with interpreters
   • How to properly document information about a clients language needs in the case file

X. Monitoring of the LEP Plan

An annual evaluation of the LEP plan will include the following activities:
   • Assessment of the numbers of persons with LEP in the service delivery area
   • Determination if existing language assistance services are meeting the needs of clients with LEP
• Assessment of whether staff understand the county’s LEP policies and procedures, how to carry them out and whether language assistance resources and arrangements for those resources remain current and accessible.
• Seeking feedback from LEP communities, including clients, community organizations and advocacy groups working with local LEP communities, about the effectiveness of the LEP plan.

XI. Availability of LEP Plan to the Public

The LEP plan will be available to anyone on request. The “I Speak” posters in the lobby of CWCCS will inform the public of their right to request a copy. The LEP plan will be in English, translation will be made available on request at no charge for anyone wishing to read it.

XII. Responsible Authority/Complaint Process—Contact Persons

Each division within CWCCS is responsible for implementing the LEP plan in its area. The contact persons designated to provide technical assistance and respond to inquiries and complaints from the public are listed below. CWCCS will use existing civil rights complaint resolution procedures to resolve any LEP-related disputes/complaints. The LEP Coordinator will provide information about this process to all clients with a complaint. The information will be in a language that they will understand.

LEP Coordinator: Community Services Director..........................218-824-1140

Social Services Contact: Programs Manager..........................218-824-1140

Income Maintenance Contact: Operations Manager..................218-824-1140
CROW WING COUNTY LEP SERVICE RESOURCES

I. Bilingual Staff

   A. No current bilingual staff.

II. In-Person Interpretation Resource

   Bridge - World Language Center, Inc.
   110 2nd Street South, Suite 213
   PO Box 646
   Waite Park, MN  56387
   (320)259-9239

   For interpretation that may lead to involvement with the court system, e.g. child protection
   assessments or commitments, must ask for a court-certified interpreter.

   Free PMAP Interpreting Service
Instructions for Language Line Solutions Interpreter Services

Following are instructions on how to use the Language Line over-the-phone Interpretation Service. Please make sure that you are familiar with the phone conference features on your phone before using the service. To hear a free recorded demonstration of typical call scenarios, call 1-800-821-0301.

<table>
<thead>
<tr>
<th>OUTBOUND CALLS</th>
<th>INBOUND CALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>DIAL</strong> Language Line Solutions at 1-800-874-9426.</td>
<td>1. PLACE the non-English speaker on CONFERENCE HOLD.</td>
</tr>
</tbody>
</table>
| 2. **GIVE** the Answer Point the Account Information  
  - Language Needed  
  - Our I.D. # (**209146**)  
  - Our Name: Crow Wing County Community Services  
  - Personal Code # (Use your telephone extension number) | 2. **DIAL** Language Line Solutions at 1-800-874-9426. |
| 3. **WAIT** for the Answer Point to CONFERENCE IN your Interpreter. | 3. **GIVE** the Answer Point the Account Information  
  - Language Needed  
  - Our I.D. # (**209146**)  
  - Our Name: Crow Wing County Community Services  
  - Personal Code # (Use your telephone extension number) |
| 4. **BRIEF YOUR INTERPRETER** on the nature of the call. Summarize what you want to accomplish and give any special instructions. | 4. **ADD NON-ENGLISH SPEAKER** to the line. |
| 5. **ADD NON-ENGLISH SPEAKER** to the line.  
  - For Domestic calls, Language Line Solutions will place the call for you at no extra charge.  
  - For International calls, they will need to bill long distance charges to a calling card or to a third party. | 5. **WAIT** for the Answer Point to CONFERENCE IN your interpreter. |
Crow Wing County Community Services
Helpful Hints for Using Telephone Interpreters

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

2. Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning. 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. “MFIP”, “HCAPP”, “CD” 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 you must use up some of your 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 you 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.
Training for 2020

Program - SNAP
Nutrition Assistance
In The Supplementary
Civil Rights Requirements

Equal Opportunity and Access Division
Department of Human Services
Joann Dasiya
LEARNING OBJECTIVES

- Have questions
- Know your contracts and resources – who to call if you
- Do with SNAP complaints
- Be able to identify a civil rights complaint and what to
- Obligations
- Know your role in carrying out your agency’s legal
- Requirements
- Understand your legal obligations – 10 civil rights
- Civil rights protections
- Learn about FNS Instruction 13-1 and the laws that
1990. What are Civil Rights?

The Americans with Disabilities Act of 1990 and the Civil Rights Act of 1964 and such as the Civil Rights Act of 1964 and protected by the U.S. Constitution; and citizen, the rights guaranteed and Civil Rights are the personal rights of a
Civil Rights Laws

- Title VI - Civil Rights Act of 1964 - Race
- Title VII - Civil Rights Act of 1967 - Race, color, national origin
- Title IX of the Educational Amendments of 1972 - Sex
- Age Discrimination Act of 1975 - Age
- Age Discrimination Act of 1975 - Disability
- Section 504 of the Rehabilitation Act of 1973 - Disability
- Civil Rights Restoration Act of 1987 - Race
- Age Discrimination Act of 1975 - Disability
- Title IX of the Americans with Disabilities Act
- Title II - Rehabilitation Act of 1973
- FNS Instruction 13-1 - Handbook

Federal Sources

Civil Rights Laws
7 CFR 271-284

• FSP Regulations at

• USDA Regulations at 7 CFR 15 et seq.

(www.law.cornell.edu/cfr/text/7/16)

Organizations at 7 CFR 16 – Religion

Equal Opportunity for Religious

Beliefs and Religion

Origin, Sex, Age, Disability, Political

Origin, Sex, Race, Color, National

S.N.A.R. Program Statutes and

CIVIL RIGHTS LAWS
Status with Regard to Public Assistance
Sexual Orientation
Religion
Creed
Disability
National Origin
Sex
Color
Race

Classes: services on the basis of 9 protected

Prohibits discrimination in public

MN HUMAN RIGHTS ACT
Disability, religion, and political beliefs.
Race, color, national origin, age, sex,
Protected classes in the S.N.A.P. program
Based on immutable characteristics

The law seeks to protect
because of something about them that
cannot be targeted for discrimination
Any person or group of people who

What is a protected class?
Federal financial assistance is anything of value received from the Federal government. It can include cash grants and loans, commodities, training, and surplus property donations such as excess property, computers, permisson to use Federal property, and similar items and services.

WHAT IS FEDERAL FINANCIAL ASSISTANCE?
Managed health care organizations

Covered entities and vendors of contractors

Nursing homes, hospitals and agencies that receive public assistance, and local health and social services agencies, such as State, county, tribal, Head Start, Childcare and Early Head Start, Early Learning Programs, and Native American tribal agencies.

Who is a covered entity?
Types of Discrimination

- Retaliation
- Disparate Impact
- Disparate Treatment
Types of Discrimination

Disparate Treatment

A person is discriminated against because he or she belongs to a protected class or is perceived as belonging to a protected class. This type of discrimination is intentional. People can sue an agency that engages in such discrimination.
TYPES OF DISCRIMINATION

Disparate Impact

Person or group experiences discrimination because a rule or policy that appears neutral on its face impacts disproportionately on members of a certain group. This type of discrimination is often unintentional.

Complainant’s remedy is to pursue relief through the Federal agency that supplied financial assistance to the program or activity.
person is groundless. An original complaint filed by the
A finding of discrimination even if the
complaint. This treatment can result in
rights or EEO activity such as filing a
hard time because of previous civil
A person is treated badly or given a
Retaliation

TYPES OF DISCRIMINATION
Dignity and respect for all
or deter people from receiving benefits
Elimination of illegal barriers that prevent
Knowledge of rights and responsibilities
beneficiaries
Equal treatment for all applicants and beneficiaries

GOALS OF CIVIL RIGHTS
Assurance of Compliance

&

Civil Rights Plan
10) Customer Service
9) Conflict Resolution; and
8) Resolution of noncompliance;
7) Compliance Review techniques;
6) Complaint procedures;
5) Collection & use of data;
4) Language assistance;
3) For people with disabilities;
2) Requirements for reasonable modifications;
1) Effective public notification systems;

TRAINING TOPICS REQUIRED

10 CIVIL RIGHTS
Rights Requirements

- All County-developed training must include the 10 civil

  - Video conferencing
  - Online
  - Face-to-face

SNAP Training:

- Counties have some flexibility in conducting

  - Supervisor and managers
  - Receptionists

Staff who has direct contact with the public:

Must train all SNAP program staff and other

Rights Requirements must be covered

- Annual SNAP civil

  - Annual training
3) USDA's policy on nondiscrimination

Civil Rights compliant with USDA
2) The applicant's / client's right to file a
and responsibilities
1) SNAP Program availability and rights

NOTIFICATION SYSTEMS

2) Effective Public
Program Availability

Public Notification

Effective
Procedures for filing complaints.

and

how to file a complaint with USDA and DHS:

Funds the SNAP program.

Directly with USDA (the federal agency that
	heir right to file a civil rights complaint

people must be advised of:

Applicants, clients and potentially eligible

Right to File a Civil Rights Complaint

PUBLIC NOTIFICATION

EFFECTIVE
Programs
discusses FNS funded
of your website that
included on each page
must be
This long statement or a

This institution is an equal opportunity provider.

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

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

Washington, D.C. 20250-9410
1400 Independence Avenue, SW
Office of the Assistant Secretary for Civil Rights

(1) mail: USDA, Department of Agriculture

To file a Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-
other than English.

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

Post USDA’s Non-Discrimination Statement

PUBLIC NOTIFICATION:

conducted or funded by USDA.

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

This long statement or a
Either the long or the short statement must be.

Responsibilities is provided.

Should not be used when information on rights and rest of publication.

Must be in font size no smaller than font size used in.

May be used where the longer statement does not fit.

Provider.

This institution is an equal opportunity short version:

statement

Non-discrimination
• Title II of the Americans with Disabilities Act (ADA) of 1990 protects qualified individuals with disabilities from discrimination in services, programs, and activities funded by state/local governments.

• Funded services and programs that are not reasonably accessible to individuals with disabilities violates Section 504 of the Rehabilitation Act of 1973.

DISABILITY LAWS

3) ACCESSIBILITY
Establish and publish a grievance procedure.

Establish and post notice about the ADA's requirements.

Designate an ADA Coordinator.

About the ADA.

Giving public notice.

Accessibility.
difficulty or expense based on public entity’s resources
undue administrative or financial burden (significant
fundamental alteration to the nature of the program, or
Honors the choice of the individual unless it results in a

Primary Consideration

Communications for individuals with disabilities

Equally Effective Communication

A public entity must ensure equally effective
policies, practices, or procedures to avoid discrimination

Reasonable Modifications

Standards of Access and Exceptions

Accessibility:
Ensure accessibility for people with disabilities!

- "Programmatic" access to services (policies and accessible formats)
- Auxiliary aids and services and
  - Interpreters, braille signage, service animals
  - Elevators, rest rooms, sign language
  - Parking lot, entrances & exits, halls,

Procedures must ensure equal access to program services.
human service agencies and other providers to allow the person to interact effectively with people who do not speak, read, or write English well enough.

People have LEP when they cannot speak, read, or write English well enough (LEP).

Persons with limited English proficiency (LEP) require assistance to FFA to provide language assistance to national origin programs receiving FFA national origin programs. National origin programs cannot discriminate on the basis of race, color, or sex.

Title VI of the 1964 Civil Rights Act prohibits race, color, or national origin discrimination.
Agency's LEP contract provides language assistance; speak with your agency's LEP plan for how your agency documents, qualified bilingual staff, etc. handles language assistance (e.g., interpreting, translated language agencies have flexibility in how they provide language services). People with LEP must be served in their primary communication (i.e., effective information and services) "meaningful access to language assistance."
perception similar to the person doing the coding.
perception and others would probably have a
perception and so often based on one’s
RATIONAL: Discrimination is often based on one’s
eligibility
Asking for race and ethnicity will not affect
perception
else will code for them based on your
If they refuse, advise that you or someone
and ethnicity
people are asked to self-declare their race

5) COLLECTION & USE OF DATA
In general, any data collected about beneficiaries should be kept secure and confidential.

Helps determine if there are disparities between the potentially eligible population and the participating population or shows discrimination.

Outreach efforts can be targeted.
Keep a log of non-civil rights complaints for civil right complaints. Procedure for responding to and documenting non-
- State and county agencies are required to have a
- Refer SNAP complaints to USDA or DHS.
- Accept SNAP complaints for investigation.
- Know that county agencies are not to discriminate.
- Never discourage groups or individuals from filing.
- Religious, political beliefs, and disability may be filed: race, color, national origin, age, sex,
- Be aware of the bases for which SNAP complaints

(6) Complaint Investigations
Document where referred complaints were sent.

Opportunity and Access Division
County agencies can forward SNAP complaints to DHS' Equal Opportunity and Access Division.

Chicago: OR
Forward SNAP complaints to USDA's Midwest Office in Chicago.

- SNAP complainants can file a complaint directly with USDA by addressing the nondiscrimination statement; using the address, telephone number, on-line link, or email.

Information about filing SNAP civil rights complaints:
County staff should know how to direct people to filing options.

Complaint Filing Options

Complaint InvestigatiONS
7) Compliance Reviews

Followed

Insure civil rights requirements are being

Reviews check for non-discrimination and

Pre-award, post-award, and special

3 types of civil rights compliance reviews:

(continued)
Assistance for your agency!

Compliance can result in the loss of federal funds. Refusal to comply with a finding of non-compliance can result in refusal to act.

Know the law and how you should act.

Responsibility is yours.

You represent your agency so compliance is your role in civil rights compliance:

- Institute appropriate procedures
- Cease inappropriate actions
- Corrective actions

(8) Resolution of non-compliance
10) CUSTOMER SERVICE

- Use alternative dispute resolution (ADR)
- Get help, especially if threats or violence are possible
- Try to explain situation
- Try to remain calm

Platinum Rule

"Treat others the way they want to be treated."

(or at least be aware of what that is).”
Rights in practice:
for you to consider about civil
mights arise, posing questions
that examine some situations

SITUATIONS
race, national origin or gender? The provider and reviewer are the same so, what? Does it make a difference if there are civil rights issues here and it and generally unpleasant. And generally disrespectful. The complaint states conduct a review was rude and office that someone who came to A complaint is received from a local

SITUATION #1
This institution is an equal opportunity provider.

What are the main differences between the long and short versions and when is one preferable as opposed to the other?

Where does the USDA non-discrimination statement need to be included?

Situation #2
What if their child knows some English, can they be used as an Interpreter?

Is this proper or should something else be done?

them to return with an Interpreter.

write a note and give it to the Family telling them what language they are speaking. You cannot understand them and have no office, but they do not speak English.

A Family comes to a human services

SITUATION #3
As a county worker, what are you required to do?

You refuse to provide this information.

The person on race and ethnicity. The SNAP program, you ask for information in taking someone’s application for the

SITUATION #4
accessible?
can the program be adjusted to be more office worker. What steps can be taken? How office is unable to effectively communicate with the seeking information about an offered program, Alternatively, a dear person comes into the office actions?

wheel chairs. What are some possible corrective actions. When conducting a review, you find that a human

SITUATION #5
Website: www.dhs.state.mn.us
E-mail: joann.dasilva@state.mn.us
Preferred Relay Service
Voice: (651) 431-3034 or use your
St. Paul, MN 55164-0997
Box 64997

MN Department of Human Services
Division
Equal Opportunity and Access
Civil Rights Coordinator
Joan Dasilva

County Agency Support

DHS

State and County Agency Support

FNS/USDA

Contact Information

County Agency Support

Midwest Regional Office
Regional Civil Rights Officer
Tamara Early

Website: www.arscr.usda.gov
E-mail: tamara.early@ars.usda.gov
Preferred Relay Service
Voice: (312) 353-6657 or use your
Chicago, IL 60604-3591
77 W. Jackson Blvd., 20th Floor

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

THE COUNTY AGENCY ASSURES that it will comply with:


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

Page 2 of 2
Civil Rights Assurance of Compliance

THE PERSON WHOSE SIGNATURE APPEARS BELOW is authorized to sign this Assurance and commit the County Agency to its terms.

4/28/16  /s/ Kara Terry
Date  Director’s Signature

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

5/9/2016  /s/
Date  County Attorney’s Signature