



Carver County Health and Human Services

## **Comprehensive Civil Rights Plan (CCRP)**

Carver County Health and Human Services (CCHHS)  
Human Services Building  
602 East Fourth Street, Chaska, MN 55318

PH: 952-361-1600

**TTY** users can call through Minnesota Relay at 1-800-627-3529

### Civil Rights Coordinators

Yekaterina Probert Fagundes: 952-361-1713 (voice)  
Heather Goodwin: 952-361-1605 (voice)

### ADA Coordinators

Yekaterina Probert Fagundes: 952-361-1713 (voice)  
Heather Goodwin: 952-361-1605 (voice)

### Limited English Proficiency (LEP) Coordinator

Yekaterina Probert Fagundes: 952-361-1713 (voice)

This CCRP is posted in the CCHHS lobby next to the reception desk.

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## **Americans with Disabilities Act Advisory**

This information is available in accessible formats to individuals with disabilities and for information about equal access to services, call 952-361-1600. TTY users place calls through Minnesota Relay at 1-800-627-3529

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## 1. Purpose

As a recipient of federal financial assistance, Carver County Health and Human Service (CCHHS) 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. CCHHS has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed, and public assistance status. In medical programs, "sex" includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out CCHHS's civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

## 2. Legal Authorities (See full list in Appendix, Attachment A)

- Title VI of the Civil Rights Act of 1964 (race, color, national origin)
- Section 504 of the Rehabilitation Act of 1973 (disability)
- Section 508 of the Rehabilitation Act of 1973 (disability)
- Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
- Age Discrimination Act of 1975 (age)
- Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
- Title IX of the Education Amendments of 1972 (sex)
- Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
- FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
- Minnesota Human Rights Act, Chapter 363A

## 3. Civil Rights Contact

CCHHS designates Yekaterina Probert Fagundes, 952-361-1713, [kprobert@carvercountymn.gov](mailto:kprobert@carvercountymn.gov), and/or Heather Goodwin, 952-361-1605, [hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov) to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

TTY users can call through Minnesota Relay at 1-800-627-3529

#### **4. Equal Opportunity Policy and Procedure**

##### **Carver County Health and Human Services Equal Opportunity Policy and Procedure**

It is the policy of Carver County Health and Human Services (CCHHS) 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.

CCHHS 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 CCHHS'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 CCHHS. The Minnesota Human Rights Act also applies to the work of CCHHS and those agencies carrying out its programs.

##### **Program Accessibility for People with Disabilities**

CCHHS and all its services, programs, and benefits, are accessible by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Carver County Health and Human Services will:

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

- Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities

**Physical access includes:**

- Convenient off-street parking designated specifically for people with disabilities
- Curb cuts and ramps between parking areas and the CCHHS building
- Level access into the first floor of CCHHS building with elevator access to all other floors

**Reasonable Modifications to Policies, Procedures or Practices**

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

**Effective Communication and Auxiliary Aids and Services**

CCHHS 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, CCHHS 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, CCHHS will give primary consideration to the requests of people with disabilities. CCHHS 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, CCHHS will find another equally effective auxiliary aid or service.

**5. Complaint Resolution Procedure**

You have the right to file a discrimination complaint with Carver County Health and Human Services (CCHHS) if you believe you have been treated in a discriminatory way. It is against the law for any human services agency to discriminate against applicants, clients, or members of the public because of race, color, national origin, creed, religion, sexual orientation, public assistance

status, age, disability, or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance).

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

Heather Goodwin, Director  
Carver County Health and Human Services  
602 East Fourth Street  
Chaska, MN 55318  
PH: 952-361-1605  
**TTY** users can call through Minnesota Relay at 1-800-627-3529  
[hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov)

Or contact:

DHS Civil Rights Coordinator  
Minnesota Department of Human Services  
Office of Equal Opportunity  
P O Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (Voice) or use your preferred relay service  
651-786-3945 (TTY)  
651-431-7444 (Fax)

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

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

Minnesota Department of Human Rights  
190 East 5<sup>th</sup> Street  
St. Paul, MN 55101  
651-296-1283 (TTY/TDD)  
800-657-3704 (Toll Free)  
711 or 800-627-3529 (MN Relay)

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, religion, and sex (including sex stereotypes and gender identity

under any health program or activity receiving federal financial assistance).  
Contact the agency directly:

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

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

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

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

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Carver County Health and Human Services 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. Carver County Health and Human Services (CCHHS) has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.

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

It is against the law for anyone who works for CCHHS 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 CCHHS's equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at CCHHS:

Heather Goodwin, Director,  
Carver County Health and Human Services  
602 East Fourth Street  
Chaska, MN 55318  
PH: 952-361-1605  
TTY users can call through Minnesota Relay at (800) 627-3529  
[hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov)

If you have other complaints, please fill out the Written Complaint form that can be found on the Carver County Health and Human Services webpage:  
<https://www.carvercountymn.gov/departments/health-human-services>

### Complaint Procedure:

- A. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
- B. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service



number if you are deaf or hard of hearing. Provide your email address if it helps get in touch with the complainant. 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.

- C. CCHHS **must** investigate the complaint. The investigation may be informal, but it **must** be thorough and timely. People who have an interest in the complaint **must** have an opportunity to submit relevant evidence about the complaint. The investigation shall include interviews with individuals involved in the complaint and review of all relevant documents. CCHHS will issue a written decision on the complaint within 90 days after its filing and shall notify the complainant of its decision. CCHHS will maintain the complaint records and files for three years from the date of decision. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.

- a. 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, 20<sup>th</sup> Floor  
Chicago, IL 60604-3591  
312- 353-6664 (voice) or use your preferred relay service

- D. The person filing the complaint may appeal the decision by writing to the agency's Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact **will** issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services' Appeals and Regulations Division.
- E. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

- (a) The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and state health

insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

(b) **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)

(c) 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, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

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

(2) fax: 1-202-690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

F. 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  
190 East 5<sup>th</sup> Street  
St. Paul, MN 55101  
651-296-1283 (TTY/TDD)  
1-800-657-3704 (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., 20<sup>th</sup> Floor  
Chicago, IL 60604-3591  
(312) 353-6657 (voice) or use your preferred relay service

G. Arrangements for People with Disabilities:

CCHHS **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact or designee is responsible for making these arrangements.

CCHHS will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.

## 6. Complaint Notification Form

CCHHS will use the *Civil Rights Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against CCHHS and resolved on the county agency level. CCHHS will make sure the civil rights complaint notification form is completed and sent to DHS within 90 days of the date the complaint was filed in the county, so DHS can report the complaint to the appropriate federal office. A copy of the *Civil Rights Complaint Notification Form* is located in the Appendix: Attachment C.

## 7. Disability Compliance

A. Disability Law and Standard of Access for State and Local Government Services

**Section 504 of the Rehabilitation Act of 1973** protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

**Title II of the Americans with Disabilities Act of 1990** (Title II of the ADA) protects qualified individuals with disabilities from discrimination on the basis of their disability when the discrimination occurs in state or local government services. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

CCHHS must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard

for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

## B. ADA Contact

CCHHS has designated an ADA Contact person to serve as its point person on disability matters raised by applicants, clients, and members of the public. ADA Contact information is located on the cover page of this CCRP.

Yekaterina Probert Fagundes  
602 E 4<sup>th</sup> Street  
Chaska, MN 55318  
Voice: 952-361-1713

or

Heather Goodwin  
602 E 4<sup>th</sup> St  
Chaska, MN 55318  
Voice: 952-361-1605

**TTY** users can call through Minnesota Relay at 1-800-627-3529  
[hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov)  
[kprobert@carvercountymn.gov](mailto:kprobert@carvercountymn.gov)

ADA request procedure:

The public may request an ADA accommodation or modification by completing the CCHHS ADA Accommodation Request form, located in the Appendix: Attachment B.

### a. Disability Complaints

People filing disability complaints will use CCHHS's civil rights complaint procedure.

### b. ADA Notice Document

CCHHS will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs

applicants, clients, and members of the public that CCHHS does not discriminate based on disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

CCHHS has a copy of DHS brochure: *Do you have a disability* (DHS-4133-ENG) posted in the lobby next to the reception desk.

A copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) is located in the Appendix: Attachment D.

### **c. Disability Policy Prohibiting Discrimination**

The CCHHS Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

## **8. Limited English Proficiency Plan**

### **Purpose and Legal Authority**

The purpose of this Limited English Proficiency plan is to ensure meaningful access to program information and services for person with limited English proficiency. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of national origin and provides legal protection for national origin minorities whose ability to speak, read, write or understand English is limited. This plan implements the Title VI language access responsibilities of Health and Human Service providers receiving federal financial assistance from the U.S. Department of Health and Human Services.

### **Policy**

It is the policy of Carver County Health and Human Services (CCHHS) that no person shall be denied access to programs, program information or services because of his/her limited English proficiency. Staff will assist the person in determining if interpreter services are needed and in what language the services are required. Staff will offer language assistance services and will explain that these services are free of charge to the person. Language assistance services will be offered in a timely manner and during all hours of the agency's operation.

Staff will initiate an offer for language assistance to clients who have difficulty communicating in English. Each LEP person will receive adequate information, will understand the services and benefits available, and will receive the benefits to which he/she is eligible. The LEP person will be offered interpreter services to enable him/her to communicate the relevant circumstances of his/her situation to Carver County staff.

## **Definitions**

***LEP person:*** A person has Limited English Proficiency (LEP) if he/she is not able to speak, read, write, or understand the English language at a level that allows him/her to interact effectively with CCHHS staff.

***Interpretation*** is defined as a spoken or visual explanation provided to enable two or more individuals who do not speak the same language to communicate with each other.

***Translation*** is defined as a written version of a document that is provided in a language different than that of the original document

## **Assessment**

CCHHS will do an annual assessment of the language interpretation needs of the division. This assessment will discern which non-English languages are most predominant within CCHHS and the resources available for language interpretation. The assessment will identify points of contact within the agency where language assistance is likely to be needed and what kinds of assistance would be most effective. Spanish and Somali are the non-English languages that are most likely to be encountered in CCHHS.

## **Services to be Provided**

When interpreter services are needed in a language not commonly used, CCHHS staff will access the appropriate interpreter either in person or via the Language Line. CCHHS will offer interpretation and/or translation services to non or limited English speaking people in a language they understand, in a manner that preserves confidentiality and within a reasonable time.

All CCHHS staff will ask the LEP person if they have need for interpreter services and will record that need on the LEP Record in the case file. Financial Workers will also record this information on the MEMB and/or PMIN panels in MAXIS and MMIS for all cases.

All CCHHS staff will ask the person what their primary language is. Financial Workers will identify the specific language needs of each applicant and recipient by reviewing the language preference questions on the Health Care Application, the Combined Application Form Part I, the Renewal Form, and the Recertification Form. All CCHHS staff will also use "I Speak" cards and posters to identify the person's language preference.

All CCHHS staff will record the applicant's/recipient's primary language on the LEP Record in the case file. Financial Workers will also record

the applicant's/recipient's primary language on the MEMB and/or PMIN panels in MAXIS for all cases.

### **Points of Contact:**

The points of contact with CCHHS where language assistance is likely to be needed is varied, and includes our CCHHS and public health receptionists, financial assistance screener, child support intake, workforce services information, and social services intake. Caseworkers with LEP clients will also require language assistance.

### **Access to and Costs of Interpreters**

CCHHS will ensure that all persons are informed that interpreter services will be provided at no charge to the client. These services will be provided during normal business hours and, when necessary, during non-business hours when an emergency has been determined to exist.

### **Emergency Interpreter Services**

CCHHS will provide for same day interpreter services when the LEP person is applying for a program that requires CCHHS to provide same day service. The agency's existing interpreter agencies will be used. To obtain same day services, CCHHS staff will seek the permission of their immediate supervisor in declaring this to be an emergency. Some interpreters may charge an additional rate to provide same-day services. CCHHS will be willing to pay that rate in situations which cannot be resolved in any other way.

### **Procedure**

CCHHS staff will continue the existing practice of verifying the identity of the client before releasing case-specific information. Interpreters providing interpretation may be used in making verifications.

To the extent possible, CCHHS staff will use these language assistance services in the order set out below.

#### **Contracted Interpretation or Translation Services**

CCHHS staff will continue to use Kim Tong Translation Service, Inc for instances where having an interpreter present are necessary. The phone number is 651-252-3200

CCHHS staff will continue to use All in One Translation Agency for instances where having an interpreter present are necessary. The phone number is 952-435-0799.



### **Telephone Interpreters**

Carver County Health and Human Services staff will continue to use the Language Line for telephone interpretation services. The phone number is 1-800-367-9559. You will be asked to give the following information:

Client ID: 509052

Organization Name: Carver County Health and Human Services

Personal Code: 804443

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

All LEP persons will be offered interpreter services free of charge. CCHHS will advise all applicants and recipients of their rights to and the availability of interpreter services in the following ways:

- Signs advising the availability of interpreter services will be posted in lobbies and waiting areas in appropriate languages.
- All program brochures and pamphlets in appropriate languages will be handed out by all staff.
- “I Speak” cards will be available at all public contact points within the agency.
- All outreach will also be offered in appropriate languages.
- The Carver County Employee Relations Department will do culturally sensitive recruitment advertising.
- All regularly distributed materials (to staff and the public) such as application forms, Household Report Forms, brochures, verification requests and recertification forms will be made available in appropriate languages.
- Notice will be given to community organizations that represent LEP language groups.
- DHS Language Block (DHS 3435) is distributed with all state-created forms.

### **Family or Friends as Interpreters**

Staff will not suggest nor encourage a LEP person to use friends or family members as interpreters. Minor children will not be used as interpreters.

If after the LEP person has been informed of free interpreter services, they decline these services and want a friend or family member to serve, the friend or family member will be used if their use does not compromise the effectiveness of services or violate the LEP person’s rights under the Minnesota Data Practices Act. This means the worker should consider whether the family member or friend is proficient enough in both languages, has had training in interpretation and is familiar enough with program terms to effectively communicate information to the client. Staff will document the offer of free interpreter services, will verify that the LEP person understood the offer and will document the person’s refusal on the LEP Record in the client file. The staff person will also suggest that a trained interpreter sit in on the encounter to ensure accurate interpretation.

CCHHS staff will inform the LEP person that they must give written, informed consent to this arrangement.

Note: Organizations and persons who have agreements with Carver County to provide interpretation and translation services are considered agents of Carver County. This means they are bound by the same confidentiality requirements as Carver County and can receive private information.

### **Translation of Forms**

The Department of Human Services has translated many applications and forms into several languages. CCHHS will rely on these materials. Access to the Department of Human Services' website at [www.dhs.state.mn.us](http://www.dhs.state.mn.us) will be made. Additionally, translated forms are located in MAXIS' Temp manual at 12.01.13.

During the course of business, any county-created, necessary forms which have not already been translated by DHS will be sent to contracted translation resources.

### **Competency Standards for Interpreters.**

Carver County has developed competency standards for interpreter services. All service providers must attest that they will meet those standards. All providers and bilingual staff will be held to this standard.

- Competent interpreters will demonstrate proficiency in both English and the other language.
- Competent interpreters will have some familiarity with program terminology.
- Competent interpreters will have received orientation and training. All contracted interpreter/translator services will be expected to have provided this. Training will include:
  - ❑ The skills and ethics of interpreting.
  - ❑ Issues of confidentiality.
  - ❑ Fundamental knowledge in both languages of any specialized terms or concepts peculiar to the agency, program or activity.
  - ❑ Sensitivity to the LEP person's culture.
  - ❑ A demonstrated ability to convey information in both languages.
- For individual interpreters the following will be standard:
  - ❑ They lived in the other country and spoke the language and/or
  - ❑ They interpret as a profession and
  - ❑ They have received training in ethics, competency and knowledge of Health and Human Services programs.

## **Provision Of Language Services To People Who Do Not Read Their Own Language**

All CCHHS staff will assess the literacy of LEP persons to determine if they are able to read and write in their own language. If the LEP person is not able to read or write in his/her own language, CCHHS will find an interpreter who is able to assist the person in completion of forms. On site interpreters will be used and appointments will be scheduled around the availability of these face-to-face interpreters. CCHHS staff will use Kim Tong Translation Service, Inc. in this circumstance.

## **Staff Training on the LEP plan**

CCHHS will include as part of new employee orientation, the existence of the LEP plan. Staff will also receive the LEP Plan in their New Employee handbooks. Staff will be advised of their obligation to provide language assistance to LEP persons and the process to secure language assistance in a timely manner.

In addition, CCHHS will assure that Diversity training is available. Each staff person will be expected to attend one class per year.

## **Plan For Evaluating Effectiveness Of The LEP Plan**

CCHHS will annually reevaluate the effectiveness of the LEP plan in April of each year. Adjustments will be made as needed to ensure that CCHHS is meeting the goal of providing equal access to all of its customers.

This reevaluation will include assessing the number of LEP persons being served by CCHHS, assessing current language needs, assessing whether staff understand policies and procedures and know how to use them, and assessing whether resources are current and available. This reevaluation will seek and obtain feedback from the non or limited English-Speaking community.

## **Who Must Comply**

CCHHS will ensure that the following entities comply with LEP requirements.

- Contractors, Licensees and Grantees who receive federal funds from the Department of Health and Human Services.

All CCHHS contracts and grant bequests will include the following language:

### **Language Assistance Services**

In connection with the work under this agreement, Provider agrees to provide language assistance services to applicants and eligible recipients with Limited English Proficiency, as required by Title VI of the Civil Rights Act of 1964. Such assistance shall be given free of charge

and in a timely manner to the Eligible Recipient during all hours of operation.

- Hospitals
- Nursing homes
- Managed Care Providers
- Clinics
- Other Health Care Providers

### **Agency Contact**

Carver County Health and Human Services designates the following to serve as the contact for the LEP plan:

Yekaterina Probert Fagundes, Deputy Director, Health and Human Service

Carver County Health and Human Services Building  
602 East Fourth Street, Chaska, MN 55318  
952-361-1713  
kprobert@co.carver.mn.us

### **9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)**

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

CCHHS Services will use DHS' PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

### **10. Civil Rights Assurance of Compliance**

The CCHHS Services director and county attorney representative have signed the *2019 Civil Rights Assurance of Compliance*. A copy is located in the Appendix, Attachment D.

### **11. CCRP Administration**

Carver County Health and Human Services will:

- Post a copy of its CCRP in the agency lobby where members of the public can review it and in the employee break room where staff can review it
- Post the CCRP on the agency's public website
- Review the CCRP annually with ALL staff

- For the benefit of applicants, clients and members of the public, prominently post in the lobby a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure.
- Post a copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) in the lobby next to the reception desk
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors, and managers. Carver County Health and Human Services will document the date of the training each year and document who attends the training.

## 12. Appendix

### Attachment A – Full List of Legal Authorities Federal

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 of the Rehabilitation Act of 1973 (disability)
4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants):
  - Community Services Block Grant (race, color, national origin, sex) **Remaining block grants** (race, color, national origin, age, disability, sex, religion)
  - Social Services Block Grant
  - Maternal and Child Health Services Block Grant
  - Projects for Assistance in Transition from Homelessness Block Grant
  - Preventive Health and Health Services Block Grant
  - Community Mental Health Services Block Grant
  - Substance Abuse Prevention and Treatment Block Grant
9. Title IX of the Education Amendments of 1972 (sex)
10. Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)
11. Food Stamp Act of 1977
12. Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
13. Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
14. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
15. Equal Opportunity for Religious Organizations Regulation

### State

Minnesota Human Rights Act, Chapter 363A

## Attachment B – ADA Accommodation Request



### **Carver County Health and Human Services**

Human Services Building

602 East Fourth Street • Chaska, MN 55318-2102

Office (952) 361-1600 • Fax (952) 361-1660 •

[www.carvercountymn.gov](http://www.carvercountymn.gov)

## ADA Accommodation Request Form

Carver County Health and Human Services is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). The ADA Coordinator(s) will review each request on an individualized, case-by-case basis to determine whether an accommodation or modification can be made.

Once completed, the form can be submitted in the following ways:

- Email the completed and signed form to one or both ADA coordinators listed below.
- Bring the completed and signed form into Carver County Health and Human Services during business hours, Monday through Friday, 8am to 4:30pm, excluding weekends and federal holidays.
- Mail the completed and signed form to:  
Carver County Health and Human Services  
Attn: ADA Coordinator(s)  
602 East 4<sup>th</sup> Street  
Chaska, MN 55318

### **ADA Coordinators**

Kate Probert Fagundes  
[kprobert@carvercountymn.gov](mailto:kprobert@carvercountymn.gov)  
612-357-4436

Heather A. Goodwin  
[hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov)  
612-269-6247

Upon receipt of your completed and signed form, your request will be reviewed by the ADA Coordinator(s). Carver County Health and Human Services has thirty (30) calendar days to review and provide a written answer to your request. ADA coordinators will engage in an interactive process with you to determine what type of accommodation is reasonable. You should receive an email within three (3) calendar days to acknowledge receipt of the request.



## ADA Accommodation Request

### Requestor Information

Person Needing Accommodation	Phone	Email
Address (Include Street Address, City, State and Zip code)		
Pronouns		
Person Making Request (if different from person needing accommodation)		
Name	Phone	Email
If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here: _____		

### Accommodation Information

Date Accommodation is Needed
Location or Address Accommodation is Needed
Specific Accommodation(s) Requested (attach additional sheets if necessary)
Additional Information
Notification Preference <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Written <input type="radio"/> Other (specify): _____

### Acknowledgement

<b>Requestor Signature</b> (typed is accepted)	<b>Date</b>
--	-------------



## Attachment C – Complaint Notification Form



### Carver County Health and Human Services

Human Services Building

602 East Fourth Street • Chaska, MN 55318-2102

Office (952) 361-1600 • Fax (952) 361-1660 • [www.carvercountymn.gov](http://www.carvercountymn.gov)

## Civil Rights Complaint Notification Form

Carver County Health and Human Services (CCHHS) is committed to maintaining integrity, honesty, and a relationship with the community based on trust and confidence through transparency.

If you feel that you have been discriminated against and the alleged act of discrimination involved Carver County Health and Human Services within the last 365 days in violation of the CCHHS Comprehensive Civil Rights Plan or the Federal Civil Rights Act of 1964 and would like to request to report discrimination, please fill out the complaint request below. It is necessary for the civil rights coordinators to be able to contact you to follow up on your request. Please provide the following information for that purpose. Information related to the complaint is confidential and will not be released to the public.

Once completed, the form can be submitted in the following ways:

- Email to:
  - Yekaterina Probert Fagundes, Deputy Director of Human Services at [kprobert@carvercountymn.gov](mailto:kprobert@carvercountymn.gov) and/or
  - Heather A. Goodwin, Director of Health and Human services at [hgoodwin@carvercountymn.gov](mailto:hgoodwin@carvercountymn.gov)
- Bring the completed complaint in to Health and Human Services during business hours, Monday through Friday, 8am to 4:30pm, excluding weekends and federal holidays.
- Mail the completed complaint form to:  
Carver County Health and Human Services  
Attn: Civil Rights Coordinators  
602 East 4<sup>th</sup> Street  
Chaska, MN 55318

Upon receipt of your completed form, your complaint will be reviewed by the CCHHS Civil Rights coordinators. Carver County Health and Human Services has thirty (15) calendar days to review and provide a written answer to your complaint. You should receive an email within three (3) calendar days to acknowledge the receipt of the complaint.

Carver County Health and Human Services must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them at:

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](mailto:joann.daSilva@state.mn.us)



## Civil Rights Complaint Notification Form

### **Complainant Information** (person reporting Complaint)

Your Name	Phone	Email
Address (Include Street Address, City, State and Zip code)		

### **Complaint Information**

Name and Address of County Agency Delivering Benefits
Names of Employee(s) Involved in the Alleged Discrimination
Detailed Description of Alleged Discrimination – Including Dates, Names and Contact Information of Any Witnesses (Attach additional sheets if necessary)

### **Acknowledgement**

<b>Complainant Signature</b> (typed is accepted)	<b>Date</b>
--	-------------



### County Human Service Information

Name of Civil Rights Coordinator(s) Completing Review		
Phone	Address	Email

### Acknowledgement

Civil Rights Coordinator Signature	Date
Civil Rights Coordinator Signature	Date
Date Submitted to Minnesota Department of Human Services – DHS Civil Rights Coordinator	



Please tell us if you have a disability so we can help you access county or Tribal nation human services benefits and services.

### 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
- Mental health conditions
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of substance use disorder, 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 based on 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 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 provide help
- Helping you to appeal agency decisions if you disagree with them.

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

### How does the law protect people with disabilities?

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

## Civil Rights Notice

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

- |                      |                            |
|----------------------|----------------------------|
| ■ race               | ■ public assistance status |
| ■ color              | ■ marital status           |
| ■ national origin    | ■ age                      |
| ■ creed              | ■ disability               |
| ■ religion           | ■ sex                      |
| ■ sexual orientation | ■ political beliefs        |

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

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

## Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- |                   |                            |
|-------------------|----------------------------|
| ■ race            | ■ sex                      |
| ■ color           | ■ sexual orientation       |
| ■ national origin | ■ marital status           |
| ■ religion        | ■ public assistance status |
| ■ creed           | ■ disability               |

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice) 800-657-3704 (toll free)  
711 or 1-800-627-3529 (MN Relay)  
651-296-9042 (fax)  
mail to: [info.mdhr@state.mn.us](mailto:info.mdhr@state.mn.us)

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

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- |         |                   |            |
|---------|-------------------|------------|
| ■ race  | ■ national origin | ■ sex      |
| ■ color | ■ age             | ■ religion |
|         | ■ disability      |            |

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue Suite 240  
Chicago, IL 60601  
Customer Response Center:  
Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

## U.S. Department of Agriculture

### Do Not Send Applications Here

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form](#) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [FNOSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNOSCIVILRIGHTSCOMPLAINTS@usda.gov)

### Do Not Send Applications Here

**Please return to your  
local county or tribal human services office.**

**This institution is an equal opportunity provider.**



Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

የስተውሉ፡ ይህንን ደብዳቤ ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

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

သတိ: ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားရေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ 1 បើអ្នកត្រូវការជំនួយក្នុងការយល់ព្រមភាសាខ្មែរដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

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

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

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

ဟ်သ့ဟ်သဘာ်တက့ၢ်, ခဲန့ၣ်လိာ်ဘာ်တၢ်မၤစၢၤကလိလၢတၢ်ကကိၤထီၣ်ဒဲးန့ၣ်လိာ် တၢ်လိာ်စိတၢ်ဆဲးန့ၣ်, သံက့ၢ်ဘာ်တၢ်ပုၤဒီးအပုၤစၢၤတၢ်လၢန့ၣ်တၢ်မ့ၢ်ကိၤဘာ် 1-844-217-3549 တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳລັງການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

03160 ptt



For accessible formats of this information, ask your county worker.  
For assistance with additional equal access to human services, contact  
your county's ADA coordinator. ADA 4 (2-18)

**Attachment E – Signed Copy of the 2024 Civil Rights Assurance of Compliance**

MINNESOTA DEPARTMENT OF HUMAN SERVICES  
CIVIL RIGHTS ASSURANCE OF COMPLIANCE  
NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS  
**CARVER COUNTY HEALTH AND HUMAN SERVICES**

---

NAME OF COUNTY HUMAN SERVICE AGENCY  
(HEREAFTER CALLED THE “COUNTY AGENCY”)

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

THE COUNTY AGENCY ASSURES that it will comply with:

Title VI of the Civil Rights Act of 1964, as amended; Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Age Discrimination Act of 1975, 42 U.S.C. 6101, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Section 508 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities Act of 1990; Section 1557 of the Patient Protection and Affordable Care Act of 2010; Federal Block Grant Programs of the Omnibus Budget Reconciliation Act of 1981; as amended; Title IX of the Education Amendments of 1972, as amended; Family Violence Prevention and Services Act; Food Stamp Act of 1977, as amended, including the Nondiscrimination Compliance Requirements in the Food Stamp Program and the Bilingual Requirements in the Food Stamp Program; FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005); and Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (formerly Multiethnic Placement Act of 1994).

PURSUANT TO THE CIVIL RIGHTS PLAN for the Minnesota Department of Human Services, by accepting this Assurance, the County Agency agrees to allow access, by authorized personnel of the Minnesota Department of Human Services and the United States Departments of Health and Human Services and Agriculture, during normal working hours, to private and/or confidential data maintained by the County Agency (or other sub-recipient of federal financial assistance) to the extent necessary to conduct a full and complete investigation into any complaint of discrimination, including to compile data, maintain records and submit reports as required to determine compliance with the above mentioned laws, rules and regulations. The Minnesota Department of Human

Services agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minnesota Statutes, section 13.01 *et seq.*). No private and/or confidential data collected, maintained, or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or after it has been concluded. If there are any violations of this assurance, DHS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Minnesota Statutes, section 256.017.

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



---

Director's Signature

---

HEATHER A GOODWIN

---

Printed Name

05/16/24

---

Date

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.



Mark Metz (May 15, 2024 20:20 CDT)

---

County Attorney's Signature

---

Mark Metz

---

Printed Name

05/15/24

---

Date