



Swift County Human Services

Comprehensive Civil Rights Plan (CCRP)

Swift County Human Services
410 21st Street South
Benson Minnesota 56215
320-843-3160 (voice)

TTY users place calls through MN Relay Service: 711 or (800) 627-3529
http://www.swiftcounty.com/index.asp?SEC=FD342725-314B-49EC-AE70-DB6F13768B44&Type=B_BASIC

Civil Rights Coordinator: **Catherine Lee**; 320-843-3160 (voice)
ADA Coordinator: **Catherine Lee**; 320-843-3160 (voice)
Limited English Proficiency Coordinator: **Catherine Lee**; 320-843-3160
(voice)

This CCRP is posted in the lobby next to the reception desk and on the
Swift County website at:
http://www.swiftcounty.com/index.asp?SEC=FD342725-314B-49EC-AE70-DB6F13768B44&Type=B_BASIC

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 320-843-3160 (voice).

TTY users place calls through MN Relay Service: 711 or (800) 627-3529.

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1. Purpose

As a recipient of federal financial assistance, Swift County Human Services 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. Swift County Human Services 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 Swift County Human Service'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

Swift County Human Services designates Director, Catherine Lee, to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Catherine Lee, Swift County Human Services Director

320) 843-3160

MN Relay Service: 711 or (800) 627-3529

Catie.lee@co.swift.mn.us

http://www.swiftcounty.com/index.asp?SEC=FD342725-314B-49EC-AE70-DB6F13768B44&Type=B_BASIC

4. Equal Opportunity Policy and Procedure

Swift County Human Services Equal Opportunity Policy and Procedure

It is the policy of Swift County Human 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.

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

Program Accessibility for People with Disabilities

Swift County Human Services 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, Swift County 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 Swift County Human Services building
- Level access into the first floor of the Swift County Human Services building with elevator access to all other floors

Reasonable Modifications to Policies, Procedures or Practices

Swift County Human Services will make reasonable modifications to its policies, procedures, or practices when necessary to avoid discrimination on the basis of disability, unless Swift County Human 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

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

5. Complaint Resolution Procedure

You have the right to file a discrimination complaint with Swift County Human Services (SCHS) 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).

SCHS 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.

Swift County Human Services
410 21st Street South

Benson Minnesota 56215
320-843-3160
Agency TTY number is MN Relay Service: 711 or (800) 627-3529

Or contact:

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

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

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

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

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, religion and sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance). Contact the agency directly:

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

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious

creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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 Services at (800)877-8339. Additionally, program information may be made available in languages other than English.

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

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

This institution is an equal opportunity provider.

6. Disability Compliance

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

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

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

County human services agencies must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

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

b. ADA Contact

Swift County Human Services 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.

Catherine Lee, Director Swift County Human Services
320) 843-3160

Agency TTY number is MN Relay Service: 711 or (800) 627-3529
catie.lee@co.swift.mn.us

c. Disability Complaints

People filing disability complaints will use Swift County Human Services' civil rights complaint procedure.

d. ADA Notice Document

Swift County Human Services 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 Swift County Human Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

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

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

e. Disability Policy Prohibiting Discrimination

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

7. Limited English Proficiency Plan

100 Purpose And Legal Basis

The following document serves as the Swift County Human Service (SCHS) plan to meet the legal obligation of language access requirements in compliance of Title VI of the Civil Rights Act of 1964; 7 CFR, 273 et seq; and 42 CFR 435 et seq. There are four components to this document.

200 Assessment

300 Policy

400 Training
500 Monitoring

200 Assessment

201 Needs Assessment - SCHS will on at least an annual basis make a needs assessment of the unique language needs within Swift County. Consultation will be made with the three major school districts in the County. Additionally, consultation will be made with the Legal Aid office located in Willmar. Consultations will aim at trying to discern the types of non-English languages that are most predominant in Swift County and which constitute populations that the County serves or those that may be eligible for County-provided services. The County will also be amenable to receive County-specific data from the Department of Human Services to assist in this form of needs assessment. The following non-English language has been identified as being the most likely to be encountered in Swift County: **Spanish**

202 Case Finding - Specific language needs of each applicant with LEP will occur 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)**. Language preferences will be entered into the applicant's primary language field in the MAXIS system. If an interpreter is needed, it also will be entered in the MAXIS system. If the main receptionist or intake worker suspects that the applicant is a person with LEP, the worker will present the LEP person with a card that lists the seven major languages in order to determine which language is involved, if any. It is expected that reasonable efforts will be made by SCHS to provide same-day interpreter services.

203 Points 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. The principal point of contact will most likely be, therefore, in the office setting in Benson. The most appropriate form of interpreter services will likely be language assistance in completion of an application for financial assistance or health care. The other point of contact may involve field-based contact when conducting child protection assessments. These contacts will typically take place in the home of the child's caretaker or parent.

204 Resources Needed - SCHS will utilize its formal linkage with the **Private Industry Council** in Montevideo, Minnesota, for Spanish interpreter services. Additionally, SCHS will formally entertain a formal linkage with **Language Line Services (1-800-752-0093)** for Spanish and other languages involved with **Language Lines Services "tier" system**. Additionally Secure Blue Interpreter Services (1-800-711-9862) is available for consumers and providers; Medica Customer Service (1-888-347-3630) has free help interpreting); and UCare Language Line/Provider Assistance Center (1-888-531-1493) is available. When feasible, on-site interpreter services will be made available and would be the first preference. (Note: The closest available Spanish interpreter is 32 miles from the Agency.) SCHS has virtual presence communication (VPC) capabilities. When appropriate, the use of VPC will be considered. Use of reciprocal faxing processes will be

used when necessary – to facilitate completion of applications and processing of interviews.

205 Timely Access - The **Private Industry Council** service is available during customary business hours, Monday through Friday, 8:00AM to 4:30PM. **Language Line Services, Secure Blue Interpreter Services, Medica Customer Service, and UCare Language Line** are available 24x7. Contact with either entity will be made by commercial phone. When on-site interpreter services are to be used, it will be necessary to schedule appointments at mutually convenient times - for the consumer and the interpreter. Use of VPC, if used, will occur in a private setting within SCHS.

300 Policies and Procedures

301 Agency Commitment - SCHS is committed to the spirit of the Civil Rights Act of 1964. It recognizes the importance of providing meaningful access to all persons, including persons with LEP, to the various programs operated within Swift County Human Services. SCHS has, by prior action, adopted a policy statement entitled **Civil Rights Compliance Requirements** effective 1-1-95 and affirmed again on 1-1-01, this in conformity with DHS Bulletin #94-84A dated 12-27-94.

302 Range of Oral Language Assistance - There will be limited oral language assistance on site in SCHS from current employees. Employees have very cursory proficiency in a few non-English languages. Rather, use will be made of the formal linkage with the **Private Industry Council, Medica Customer Service, Secure Blue Interpreter Services, or UCare Language Line**. With Spanish being identified as the primary non-English language in Swift County, use of these services is seen as encompassing close to 100% of the LEP needs of SCHS. Subsidiary use of **Language Line Services** for Spanish and all other non-English language will take place as necessary. SCHS will take advantage of brief 'notice of rights to language services' documents for persons with LEP as they are made available by the Department of Human Services.

303 Uncommon Languages - There may be circumstances when consumers present for services who use a language other than that most commonly used in Swift County. There may be languages such as Russian, Hmong, Vietnamese, Khymer/Cambodian, Lao, Somali, and the like. Receptionist staff will refer all such cases to the Financial Services Supervisor, Social Service Supervisors, or Director. This person will be responsible for trying to determine the consumer's language or country of origin. Once determined, contact will be made with an appropriate **Language Line Services** interpreter in the customary manner.

304 Affirmative Action - The SCHS employee handling the case will inform either the consumer or the interpreter once it has been determined that interpreter services are needed, that there is no charge or fee for the service. This will be communicated in verbal form. At no time in the service delivery process will the consumer incur any costs associated with LEP-directed interpreter services.

305 Use of Family and Friends - Use of family or friends as interpreters is not the preferred method of providing interpreter services. But when the intake worker has determined that it is not feasible to use formalized interpreter services, a consultation will be made with that workers immediate Supervisor or Director. Alternative methods of consumer service will need to be discussed. If the worker has determined that a family member, friend, or other responsible party can adequately perform the interpreter service, approval may be given. The worker needs to feel confident that the consumer's data privacy rights will be protected and that the quality of the interpreter services to be provided by the family member or friend will be acceptable. The worker will need to document in the case file the extenuating circumstances for use of family or friends, particularly that the family was offered other interpreter services and that the consumer insisted that a family member or friend be used. Under no circumstances may minor children be used for interpreter services.

306 Competency Standards for Interpreters - Any interpreter used for LEP services must be bi-lingual: fluent in English and fluent in the language of the consumer needing the service. When using well-recognized interpreter services provided from a recognized agency - such as the **Private Industry Council, Secure Blue Interpreter Services, UCare Language Line, and Language Line Services**, competency is presumed. When using family, friends or significant others, the intake worker must make a judgment as to the competency of the proposed interpreter. 'Certification' as an interpreter is not a pre-requisite.

307 Dissemination of LEP Plan - Copies of the **LEP Plan** will be provided to the following: all SCHS employees who have direct consumer contact, area Legal Aid office, Private Industry Council, Countryside Public Health Service, and Swift County Courthouse. A copy of the main public announcement, **MS-1659**, will be prominently displayed in the SCHS central reception area.

308 Services To Illiterate - When confronted with a situation in which the consumer is illiterate - cannot read or write in his or her native language - it is incumbent that SCHS find a suitable interpreter, one who can assist the person in completion of necessary forms, documents, and the like. The SCHS intake worker needs to make the determination, in conjunction with the interpreter, about the consumer's literacy skills. The clear choice in dealing with cases of illiteracy will be to have an on-site interpreter. It may be necessary to schedule interviews when face-to-face interpreter services can be provided. Use of the VPC, faxing of forms, and over-the-phone services may be required on a case-by-case basis.

309 Emergency Situations - When a determination has been made that an emergency exists and LEP considerations are identified as being present, SCHS may waive all restrictions in order to insure that necessary emergency services are provided. Extraordinary efforts need to be put forth before circumvention of non-emergency procedures are followed. Consultation with a Supervisor or the Director is necessary before such action is taken.

310 Access To and Costs of Interpreters - Under no circumstances will SCHS indicate - either verbally or in writing - that any applicant or consumer in need of LEP services will be charged for interpreter or translation services. All such services shall be at no expense to the applicant or consumer. Such services will be provided during all normal business hours and when necessary, during non-business hours when an emergency has been determined to exist.

311 Notice of Service Availability - LEP clientele will be informed of the availability of free interpreter and translation services at the point when it appears that the consumer is not able to communicate in English. Notice of service availability will come from the **MS-1659** document in the central reception area. Distribution of the **LEP Plan** to various parties cited above will help in putting those entities on notice that interpreter and translation services are available on a timely basis and free of charge. Use of material that has been translated into Spanish will be used immediately when it has been determined that the person presenting for service is not able to understand English. Insofar as the Department of Human Services has translated many forms into multiple languages, SCHS will access these forms as necessary. Access to the Department's website at www.dhs.state.mn.us/forms will be made. Additionally, translated income maintenance forms located in **TEMP Manual 12.01.13** will be accessed as needed.

312 County-Produced Materials - Insofar as the LEP census in Swift County is accurate, it is not anticipated that SCHS will develop any SCHS-produced material; SCHS will rely on the state-produced documents as the primary source of translated materials. Downloading of documents from the DHS web-page will also be used as necessary. SCHS will follow DHS's translation numerical guidelines as required.

313 Complaint Resolution Protocol - Any adverse action taken by SCHS with which an applicant or recipient disagrees is subject to complaint. SCHS has a formal complaint process that can be utilized to try to resolve any dispute. In the absence of local resolution, the person making the complaint will be informed in a language understandable to the grievant, of the process to follow in make a complaint to DHS or the Office of Civil Rights. The complaint procedure will conform in all respects to the extant SCHS procedure included in **Civil Rights Compliance Requirements**. Appropriate use of interpreter services with either the **Private Industry Council** or **Language Line Services** to facilitate the dispute resolution process will take place. All such complaints can be made to any of the parties listed at the top of this **LEP Plan**.

314 Posting - A copy of the SCHS **LEP Plan** will be posted on the main bulletin board in the central lobby.

400 Training

401 Distribution of LEP Plan - All SCHS employees who have direct contact with consumers will be provided a copy of the **LEP Plan** upon its adoption. If any changes are made in the document, a revised copy will also be provided to the same entities listed in #307. The following employees will be recipients of the document:

All Financial Services Staff (N= 9) Office Support Specialist (N=1)

All Social Services Staff Director	(N=20) (N=1)	Fiscal Supervisor	(N=1)
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402 Training of Staff - Initial - With approval of the **LEP Plan**, there will be initial training on the document. This training will take place for current staff in the context of an 'All Staff' meeting. For any new employee affected by the **LEP Plan**, this document will be incorporated into that person's 'generic orientation' protocol at the time of hire.

403 Training of Staff - Ongoing - On at least an annual basis at an 'All SCHS Staff' meeting, a review of the **LEP Plan** will take place.

500 Monitoring

501 Evaluation of the LEP - On at least an annual basis, the **LEP Plan** will be reviewed for effectiveness. This review will normally take place in January. It will be coordinated by the SCHS LEP Coordinator. The evaluation will involve consultation with representatives of the Financial Services Unit and Social Services Unit to determine compliance with the **LEP Plan**, identification of any problem areas and development of required corrective action strategies. Elements of the evaluation will include the following:

- *Number of persons with LEP in Swift County.
- *Assessment of current language needs of SCHS applicants and consumers to determine if the consumers need an interpreter and/or translated materials;
- *Updating case files which lack information about a consumer's language preference;
- *Determining if consumers need to be asked their language preference at the time of certification;
- *Determining whether existing assistance is meeting the needs of applicants and consumers with LEP;
- *Assessing whether staff members understand SCHS LEP policies and procedures, how to carry them out, and whether language assistance resources and arrangements for those resources are still current and accessible;
- *Seeking and obtaining feedback from non-English or limited-English speaking communities in Swift County including applicants and consumers as well as any known community organization or advocacy group working with non-English or limited-English speaking communities.

502 LEP Contact Person -For purposes of the LEP Plan, Swift County's designated contact person is the Director with appropriate delegation made to the Financial Assistance Supervisor and the Social Service Supervisors of SCHS.

8. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)

Swift County Human Services 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.

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

9. Civil Rights Assurance of Compliance

The Swift County Human Services director and county attorney representative have signed the *2016 Civil Rights Assurance of Compliance*. A copy is located in the Appendix; Attachment D.

10. CCRP Administration

Swift County 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. Swift County Human Services will document the date of the training each year and document who attends the training.

11. Appendix

a. Attachment A – Full List of Legal Authorities

Federal

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
 2. Section 504 of the Rehabilitation Act of 1973 (disability)
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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

- a. **Attachment B** – Complaint Notification Form
[See bulletin pages 9-10, Attachment D]

**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

b. **Attachment C** – DHS Brochure: *Do you have a disability*; DHS-4133-ENG
(link below):

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4133-ENG>



c. **Attachment D** – Signed Copy of the 2016 *Civil Rights Assurance of Compliance* [See bulletin pages 13-14, Attachment F]

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

SWIFT COUNTY HUMAN SERVICE AGENCY
(HEREAFTER CALLED THE "COUNTY AGENCY")

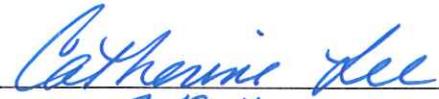
THE COUNTY AGENCY provides this civil rights Assurance of Compliance (hereafter called the "Assurance") in consideration of and for the purpose of obtaining any and all federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The County Agency agrees 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.

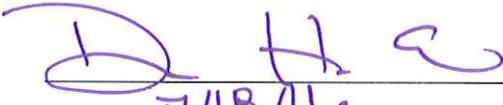


Date

7-19-16

Director's Signature

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



Date

7/18/16

County Attorney's Signature

