



# Freeborn County Human Services Comprehensive Civil Rights Plan (CCRP)

Freeborn County Human Services  
203 West Clark Street  
Albert Lea, MN 56007  
Phone: (507) 377-5400  
MN Relay Service: 711 or (800) 627-3529  
Fax: 507-377-5498

Civil Rights Coordinator: 507-377-5401 (voice)  
Freeborn County ADA Coordinator: 507-377-5116 (voice)  
Limited English Proficiency Coordinator: 507-377-5401 (voice)

This CCRP is posted in the lobby next to the reception desk:  
203 West Clark Street, Albert Lea, MN 56007

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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 507-377-5400 (voice) or MN Relay Service: 711 or (800) 627-3529

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## 1. Purpose

As a recipient of federal financial assistance, Freeborn 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. Freeborn 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 Freeborn 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

This Comprehensive Civil Rights Plan complies with the following:

### Federal

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 Amendment of the Rehabilitation Act of 1973 (disability)
4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
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 [As Amended Through P.L. 108-269, 2004]

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 in USDA Regulation
16. 28 C.F.R. § 35 Nondiscrimination on the Basis of Disability in State and Local Government Services

## **State**

Minnesota Human Rights Act, Chapter 363A

### **3. Civil Rights Contact**

Freeborn County Human Services designates Suzanne Nerison, Human Services Director, to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Suzanne Nerison

507-377-5401

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

[suzanne.nerison@co.freeborn.mn.us](mailto:suzanne.nerison@co.freeborn.mn.us)

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

#### **Freeborn County Human Services Equal Opportunity Policy and Procedure**

It is the policy of Freeborn 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.

Freeborn 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 Freeborn County Human Service's full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and

state funds under contracts, licenses and other arrangements with Freeborn County Human Services. The Minnesota Human Rights Act also applies to the work of Freeborn County Human Services and those agencies carrying out its programs.

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

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

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

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

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

## **5. Complaint Resolution Protocol**

### **Freeborn County Human Services Civil Rights Complaint Protocol**

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. Freeborn County Human Services has a civil rights complaint protocol 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 Freeborn County Human Services 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 Freeborn County Human Services equal opportunity policy, and complaint protocol. 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 Freeborn County Human Services:

Suzanne Nerison, Director  
Freeborn County Human Services  
203 West Clark Street  
Albert Lea, MN 56007  
Phone: 507-377-5401  
MN Relay Service: 711 or (800) 627-3529  
Fax: 507-377-5498

Procedure:

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. 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.
3. Freeborn County Human Services **must** conduct an investigation of 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. Freeborn County Human Services will issue a written decision on the complaint within 90 days after its filing. Freeborn County Human Services will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
4. The person filing the complaint may appeal the decision by writing to the 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.
5. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

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

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

- (b) 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 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.

6. Filing Complaints with State Agencies:

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

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

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

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

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

- (c) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies **must** refer SNAP civil

rights complaints to DHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director  
Midwest Regional Office  
USDA/Food and Nutrition Service  
77 W. Jackson Blvd., 20<sup>th</sup> Floor  
Chicago, IL 60604-3591  
(312) 353-6657 (voice) or use your preferred relay service  
[Tamara.earley@fns.usda.gov](mailto:Tamara.earley@fns.usda.gov)

7. Arrangements for People with Disabilities:

Freeborn County Human Services **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal 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.

8. Freeborn County Human Services 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 Protocol**

Freeborn County Human Services will follow the Civil Rights *Complaint Protocol and will* notify DHS in writing of all service delivery discrimination complaints filed against Freeborn County Human Services and resolved on the county agency level. Freeborn County Human Services will make sure the complaint 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 Freeborn County Civil Rights Complaint Protocol is in the Appendix; **Attachment B** and the Freeborn County Complaint Notification form to DHS Civil Rights Coordinator is 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.

County human service 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

Freeborn County 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.

Thomas Jensen, County Administrator  
507-377-5115  
MN Relay Service: 711 or (800) 627-3529  
tom.jensen@co.freeborn.mn.us

### c. Disability Complaints

People filing disability complaints will use Freeborn County Human Services Civil Rights Complaint Protocol.

### d. ADA Notice Document

Freeborn 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 Freeborn 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.

Freeborn 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 in the Appendix; **Attachment D**.

#### **e. Disability Policy Prohibiting Discrimination**

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

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

Freeborn County Human Services has a Limited English Proficiency Plan to assure meaningful access to services. A copy is in the Appendix; **Attachment G**.

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

Freeborn 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.

Freeborn 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.

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

The Freeborn County Human Services Director has signed the *2019-2021 State-County Civil Rights Assurance Agreement*. A copy is in the Appendix; **Attachment E**.

### **11. CCRP Administration**

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

## 12. Appendix

- a. Attachment A: Full List of Legal Authorities
- b. Attachment B: Freeborn County Human Services Civil Rights Complaint Protocol
- c. Attachment C: Complaint Notification Form
- d. Attachment D: Disability Brochure; DHS-4133-ENG
- e. Attachment E: Assurance of Compliance Between DHS and Freeborn County Human Services
- f. Attachment F: Assurance of Compliance Between Freeborn County Human Services and Workforce Development, Inc.
- g. Attachment G: Freeborn County Human Services Limited English Proficiency Plan

## 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



## FREEBORN COUNTY HUMAN SERVICES CIVIL RIGHTS COMPLAINT PROTOCOL

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. Freeborn County Human Services has a civil rights complaint protocol 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 Freeborn County Human Services 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 Freeborn County Human Services equal opportunity policy, and complaint protocol. 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 Freeborn County Human Services:

Suzanne Nerison, Director  
Freeborn County Human Services  
203 West Clark Street  
Albert Lea, MN 56007  
Phone: 507-377-5401  
MN Relay Service: 711 or (800) 627-3529  
Fax: 507-377-5498

### **Procedure:**

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.

2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. 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.
3. Freeborn County Human Services **must** conduct an investigation of 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. Freeborn County Human Services will issue a written decision on the complaint within 90 days after its filing. Freeborn County Human Services will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
4. The person filing the complaint may appeal the decision by writing to the 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.
5. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.
  - (a) The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and state health insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

**U.S. Department of Health and Human Services Office for Civil Rights**

Region V

233 N. Michigan Avenue

Suite 240

Chicago, IL 60601

312-886-2359 (voice)

800-368-1019 (toll free)

800-537-7697 (TTY)

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 the information requested in the form. To request a copy of the complaint form, call (866) 6329992. Submit your completed form or letter to USDA by:

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

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

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

This institution is an equal opportunity provider.

#### 6. Filing Complaints with State Agencies:

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

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

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

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

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

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

Civil Rights Director  
Midwest Regional Office  
USDA/Food and Nutrition Service  
77 W. Jackson Blvd., 20<sup>th</sup> Floor  
Chicago, IL 60604-3591  
(312) 353-6657 (voice) or use your preferred relay service  
[Tamara.earley@fns.usda.gov](mailto:Tamara.earley@fns.usda.gov)

7. Arrangements for People with Disabilities:

Freeborn County Human Services **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal 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.

8. Freeborn County Human Services will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.

**FREEBORN COUNTY HUMAN SERVICES  
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:

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

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



**m** DEPARTMENT OF  
HUMAN SERVICES

DHS-4133-ENG 4-18

Minnesota Department of Human Services  
**Do you have a disability?**

## Do you have a disability?

If you have a disability, you have the same rights as others.

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

### What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:

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

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

### What help is available?

If you have a disability, your county or the state human services agency can help you by:

- Calling you or meeting with you in another place if you are not able to come into the office
- Using a sign language interpreter

- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work even with your disability
- Sending you to other services that may help you
- Helping you to appeal agency decisions about you if you disagree with them.

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

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

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

## Civil Rights Notice

CB2 Food, Cash 10-16

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

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

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

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)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)

### 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
- color
- national origin
- age
- disability
- sex
- religion

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

Director, U.S. Department of Health and Human Services'  
Office for Civil Rights  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (voice) 800-537-7697 (TDD)  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

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

የስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆኑ፡ የጉዳዮች ስራተኛ ይጠይቁ ወይም በስልክ 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 အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ 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.

တစ်သွင်တစ်သားတင်တက်။ ဖဲနုမုန်လိပ်တင်တင်မေးကလိလိတင်ကကုိုးထံဖဲနုလိတ် တီလိတ်မိတခါဆဲနုနု,သံကွတ်တင်ပုဂုတ်ဝိဆပုမေးကတင်လဲနုကီမုတ မုန်ကီးတင် 1-844-217-3549 တက်။

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 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, hawlwadeenkaaga 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.

01-011871



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. ADA4 (2-18)



### 2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency: **Freeborn County Human Services** agrees to comply with the civil rights assurance of compliance (hereafter “Civil Rights Assurance Agreement”) as a condition of receiving Federal financial assistance through the Minnesota Department of Human Services. The Civil Rights Assurance Agreement is binding upon the County Agency, its successors, transferees, and assignees for as long as the County Agency receives Federal financial assistance. The Minnesota Department of Human Services may enforce all parts of the Civil Rights Assurance Agreement as a condition of receipt of such funds.

**Compliance by Contractors and Vendors:** The County Agency further agrees that by accepting this Civil Rights Assurance Agreement, it will obtain a written statement of assurance from all of its contractors and vendors (i.e., applying to all programs), assuring that they will also operate in compliance with the stated nondiscrimination laws, regulations, policies, and guidance. The written statement of assurance from all of its contractors and vendors must be maintained as part of the County Agency’s *Comprehensive Civil Rights Plan* and must be made available for review upon request by the Minnesota Department of Human Services or the U.S. Department of Agriculture.

#### **RECIPIENT AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS:**

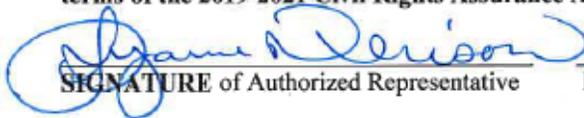
The County Agency agrees to:

1. Administer all programs in accordance with the provisions contained in the Food and Nutrition Act of 2008, as amended, and in the manner prescribed by regulations issued pursuant to the Act; implement the FNS-approved State Plan of Operation for the Supplemental Nutrition Assistance Program (SNAP); comply with Title VI of the Civil Rights Act of 1964; section 11(c) of the Food and Nutrition Act of 2008, as amended; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; and all the requirements imposed by the regulations issued pursuant to these Acts by the U.S. Department of Agriculture to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under SNAP.
2. Administer all programs in accordance with U.S. Department of Health and Human Services requirements imposed by the regulations pursuant to Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; Section 1557 of the Patient Protection and Affordable Care Act of 2010. Comply with the regulations to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, or religion, be excluded from participation in, be denied the

benefits of, or otherwise subject to discrimination under U.S. Department of Health and Human Services programs.

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.
4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

**By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2019-2021 Civil Rights Assurance Agreement and commit it to the above provisions.**



SIGNATURE of Authorized Representative

Suzanne Nerison, Human Services Director  
Print Name

Freeborn County Human Services  
Name of County Agency

203 West Clark Street, Albert Lea, MN 56007  
Street Address, City, State, Zip Code

## ADDENDUM

### **Clarification of SNAP Civil Rights Requirements – Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP),” and Titles II and III of the Americans with Disabilities Act**

This addendum clarifies core civil rights requirements to ensure meaningful access to programs, services, and information for persons with Limited English Proficiency (LEP) and persons with disabilities in accordance with Federal law, regulations, and current guidance from the U.S. Department of Department of Justice (DOJ) and the U.S. Department of Agriculture (USDA).

#### **Meaningful Access for LEP Individuals**

State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination

based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

**Federal LEP regulations and guidance include:**

- SNAP regulations provided by 7 CFR Part 272.4 (b), “Bilingual requirements”;
- Executive Order 13166 of August 11, 2000, “Improving Access to Services for Persons with Limited English Proficiency,” reprinted in 65 FR 50121, 50122 (August 16, 2000);
- DOJ policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” published in 67 FR 41455, 41457 (June 18, 2002); and
- USDA policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” 79 FR 70771-70784 (November 28, 2014).

**Four Factor Analysis for Assessing LEP Needs**

To be in compliance, the Title VI guidance provided by DOF and USDA instructs State Agencies to assess the LEP needs of the population served and determine the LEP services required by balancing four factors:

1. The number or proportion of persons with limited English proficiency are eligible to be served or likely to be encountered within the area serviced by the recipient;
2. The frequency with which persons with limited English proficiency come in contact with the program;
3. The nature and importance of the program, activity, or service to people’s lives; and
4. The resources available to the recipient and costs.

SNAP State agencies must also comply with the specific requirements established by 7 CFR Part 272.4 (b) and should include these obligations in the LEP assessment.

**Developing an LEP Plan**

After completing an assessment of LEP needs, SNAP State agencies should develop an implementing plan to address the LEP needs of the population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging for telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language line services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing State and local budgets and front line staff should understand how to obtain LEP services.

USDA’s 2014 policy guidance includes detailed information on assessing LEP needs, identifying practices for translating documents that will be seen as strong evidence of compliance. For additional assistance and information on LEP matters, please also visit <http://www.lep.gov>. The website includes online LEP mapping tools designed to help assess the language needs of the population served by a particular program or facility.

**Ensuring Equal Opportunity Access for Persons with Disabilities**

SNAP State agencies must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. State agencies that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the Americans with Disabilities Act (ADA), and SNAP program regulations.

DOJ published revised final regulations implementing Titles II and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, "Nondiscrimination on the Basis of Disability in State and Local Government Services" and 28 CFR Part 36, "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities." In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

**Please Deliver Signed  
2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT to:**

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
[joann.dasilva@state.mn.us](mailto:joann.dasilva@state.mn.us)

MINNESOTA DEPARTMENT OF HUMAN SERVICES

**CIVIL RIGHTS ASSURANCE OF COMPLIANCE FOR CONTRACTORS/VENDORS**

(Nondiscrimination in State and Federally Financed Programs)

**CONTRACTOR/VENDOR:** Workforce Development, Inc.

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964; SECTION 504 OF THE REHABILITATION ACT OF 1973; TITLE IX OF THE EDUCATION AMENDMENTS OF 1972; AGE DISCRIMINATION ACT OF 1975; CURRENT VERSION OF USDA'S FNS INSTRUCTION 113-1/CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT, NUTRITION PROGRAMS AND ACTIVITIES FOOD AND NUTRITION SERVICE; ALL OTHER NONDISCRIMINATION LAWS, REGULATIONS, POLICIES, INSTRUCTIONS AND GUIDANCE; AND THE MINNESOTA HUMAN RIGHTS ACT

The Contractor/Vendor provides this assurance in consideration of and for the purpose of obtaining Federal financial assistance from the U.S. Department of Agriculture (USDA)/Minnesota Department of Human Services (DHS) to operate the Supplemental Nutrition Assistance Program (SNAP) in Minnesota.

THE CONTRACTOR/VENDOR AGREES THAT IT WILL COMPLY WITH:

7. Title VI of the Civil Rights Act of 1964, 42 USC §2000d et seq., as amended, and all requirements imposed by or pursuant to the regulation at 7 CFR Part 15, Subpart A and Subpart C. In accordance with Title VI and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Contractor/Vendor receives Federal financial assistance.
8. Section 504 of the Rehabilitation act of 1973, 29 USC § 794, as amended, and all requirements imposed by or pursuant to the regulation at 7 CFR Part 15b. In accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her/his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Contractor/Vendor receives Federal financial assistance.
9. Title IX of the Education Amendments of 1972, 20 USC § 1681 et seq., as amended, and all requirements imposed by or pursuant to the regulation at 7 CFR Part 15a. In accordance with Title IX of that Act and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Contractor/Vendor receives Federal financial assistance.
10. Age Discrimination Act of 1975, 42 USC §§ 6101-6107, as amended and all requirements imposed by or pursuant to the regulation at 45 CFR Part 91. In accordance with the Age Discrimination Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Contractor/Vendor receives Federal financial assistance.

11. Current version of USDA's FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, issued November 8, 2005. The purpose of Instruction 113-1 is to establish and convey policy and provide guidance and direction to the USDA Food and Nutrition Service (FNS) and its recipients and customers and ensure compliance with and enforcement of the prohibition against discrimination in all FNS nutrition programs and activities, whether federally funded in whole or not. FNS Instruction 113-1 incorporates the above Federal legal authorities.

12. Minnesota Human Rights Act found at Minnesota Statutes, Chapter 363A, specifically § 363A.11, Public Accommodations and § 363A.12, Public Services. In Minnesota, it is an unfair discriminatory practice to deny any person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation because of race, color, creed, religion, disability, national origin, marital status, sexual orientation, or sex. Additionally, it is an unfair discriminatory practice to discriminate against any person in the access to, admission to, full utilization of or benefit from any public service because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or status with regard to public assistance.

THE CONTRACTOR/VENDOR AGREES THAT BY ACCEPTING THIS ASSURANCE, it will compile data, maintain records, and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel and other authorized personnel, such as DHS and county agency personnel, during normal working hours to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, DHS may withhold financial assistance and DHS/USDA shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Contractor/Vendor and its successors, transferees, and assignees, as long as they receive Federal financial assistance or retain possession of any assistance from DHS/USDA.

**The person whose signature appears below is authorized to sign this assurance and commit the Contractor/Vendor to the above provisions.**

  
\_\_\_\_\_  
Signature of Authorized Contractor/Vendor

Wanda Jensen, Operations Director / Workforce Development, Inc.  
\_\_\_\_\_  
Name and Title of Authorized Contractor/Vendor (please print)

11/19/19  
\_\_\_\_\_  
Date

2070 College View Road E, Rochester, MN 55904  
\_\_\_\_\_  
Street Address, City, State, Zip Code

Freeborn County Human Services  
\_\_\_\_\_  
Name of Contractor's/Vendor's County Human Service Agency

**Contractor/Vendor: Please deliver this Assurance of Compliance to your county human service agency.**



## Freeborn County Human Services Limited English Proficiency Plan (LEP)

Freeborn County Human Services  
203 West Clark Street  
Albert Lea, MN 56007  
Phone: (507) 377-5400  
MN Relay Service: 711 or (800) 627-3529  
Fax: 507-377-5498

This LEP is posted in the lobby next to the reception desk:  
203 West Clark Street, Albert Lea, MN 56007

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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 507-377-5400 (voice) or MN Relay Service: 711 or (800) 627-3529

**LIMITED ENGLISH PROFICIENCY PLAN  
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## Limited English Proficiency (LEP) Plan

November 2019

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### 100 - Purpose and Legal Basis

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

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

There are four components to this document.

- 200 - Assessment
- 300 - Policy
- 400 - Training
- 500 - Monitoring

## 200 – ASSESSMENT

**201 - Needs Assessment** – FCDHS will on at least an annual basis make a needs assessment of the unique language needs within Freeborn County. Consultation will be made with the school districts in the County. Additionally, consultation will be made with the Legal Aid office located in Albert Lea. Consultations will aim at trying to discern the types of non-English languages that are most predominant in Freeborn 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 Freeborn 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 FCDHS to provide same-day interpreter services. Staff will initiate an offer for language assistance to clients who have difficulty communicating in English, or when a client asks for language assistance. Whenever possible, staff is encouraged to follow the client's preferences. For example, if a client wants a family member or friend to interpret rather than a Freeborn County provided interpreter, staff should allow this if doing so will not violate the client's data privacy rights and the friend/family member can demonstrate that he/she is competent to interpret. Staff must offer free interpretation and/or translation services to persons with LEP in a language they understand, in a way that preserves confidentiality, and in a timely manner. (See rule for using family and friends as interpreters on page 5.)

**203 - Points of Contact** - The greatest likelihood of need for interpreter services will be at the point of intake - at the time of a social services, mental health, or CVCC emergency or application for financial assistance. The principal point of contact will most likely be, therefore, in the office setting in Albert Lea, MN. 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. FCDHS' limited English proficiency plan has been developed to serve its clients, prospective clients, family members of clients or prospective clients, or other interested members of the public (hereafter called "clients") who do not speak English or who speak limited English.

## ATTACHMENT G

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

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

**204 - Resources Needed** - FCDHS will utilize its existing formal linkage with the **Workforce Center** and **SEMCAC** in Albert Lea, MN, for medical providers, clinics, and hospital interpretive services. Additionally, FCDHS will use the **Minnesota Language Connection** (1-651-644-7100) for medical providers, clinics, and hospital interpretive services and has a formal agreement with **Language Line (1-800-367-9559)** for all other languages. When feasible, on-site interpreter services will be made available and would be the first preference. The Agency does have interactive television (ITV) capabilities. When appropriate, the use of ITV will be considered. Use of reciprocal faxing processes will be used when necessary; this would be used to facilitate completion of applications and processing of interviews. The county has a list of available interpreters (found on the common drive) and the department utilizes one person in private practice. Additionally, FCDHS has received assistance from MNDHS in locating bilingual persons to provide an actual service, such as a child abuse interview by a metro area investigator, when interpreter services alone would have been insufficient. To be on this list, the person has to sign a contract at the Freeborn County Administrator's Office. (Note copies of list of interpreters, contracts, and Freeborn County policy attached as Addendums III, IV, V, and VI respectively.) Freeborn County Human Resources periodically issues replacement interpreter lists.

**205 - Timely Access** - The **Workforce Center** service is available during customary business hours, Monday through Friday, 8:00AM to 4:30PM. **Language Line Services** are available 24x7. When on-site interpreter services are to be used, it will be necessary to schedule appointments at mutually convenient times - for the client and the interpreter. Use of ITV, if used, will occur in a private setting within the Agency.

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

## 300 POLICIES AND PROCEDURES

**301 - Agency Commitment – FCDHS** 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 under the hubris of “Freeborn County Department of Human Services.” FCDHS has, by prior action, adopted a policy statement entitled **Civil Rights Compliance Requirements** effective January 1, 1995 and affirmed again on January 1, 2001, this in conformity with DHS Bulletin #94-84A dated 12-27-94. (See Addendum I and II attached.)

**302 - Range of Oral Language Assistance** - There will be limited oral Spanish language assistance on site at FCDHS from current agency employees. As mentioned previously, a limited number of employees have proficiency in Spanish. Some use will be made of the formal linkage with the **Workforce Center**. With Spanish being identified as the primary non-English language in Freeborn County, use of in- house staff services fluctuates depending on current staffing. Most remaining interpretation will be met through county “contract” persons. Use of **Telephone Services** for Spanish and all other non-English language will take place as necessary. FCDHS will take advantage of the eight brief “notice of rights to language services” documents for persons with LEP as they are made available by the Department of Human Services.

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

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

Where applicable and as a program practice, FCDHS will use its best efforts to assign clients with LEP to bilingual staff who speak their language. FCDHS staff should familiarize themselves with the Language Line before they actually need to use it. Being familiar with how to use this service will help staff act quickly when clients need interpreter assistance. See “Helpful Hints for Using Telephone Interpreters.” (Addendum VII).

**303 - Uncommon Languages** - There may be circumstances when customers present for services who use a language other than that most commonly used in Freeborn County. There may be languages such as Russian, Hmong, Vietnamese, Khymer/Cambodian, Lao, Somali and lesser known dialects. Receptionist staff will refer such cases to the unit intake worker Supervisor or Director as appropriate. This person will be responsible to determine the customer’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 FCDHS employee handling the case will inform either the customer 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 customer 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 worker's immediate Supervisor or Director. Alternative methods of customer 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 client'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 client insisted that a family member or friend be used. Under no circumstances may minor children be used for interpreter services.

Staff must keep in mind both client confidentiality and interpreter competency and should also follow the rules set forth below.

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

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

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

FCDHS bilingual staff or contracted interpreters should be used in circumstances when a client is giving information that may negatively impact his/her eligibility for services – e.g., deadlines or certifications. Bilingual staff or contracted interpreters are preferred in situations where a client must answer complicated or detailed questions about his/her case. These interpretations may also be handled by family or friends, but should also be referred to FCDHS bilingual staff, Language Line staff, or contractors for follow-up calls or letters. FCDHS staff must consider the requirements of the Minnesota Data Practices Act

when determining whether or not, or in what capacity, a family member or friend may be used to interpret.

**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 customer needing the service. When using well-recognized interpreter services provided from a recognized agency - such as the **Workforce Center, SEMCAC 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. FCDHS will make sure interpreters, whether bilingual staff or professional interpreters have been trained and demonstrated competency. To be competent to provide interpreter services, the interpreter must be proficient in both English and the target language and be able to convey information in both languages accurately, have had orientation/training that includes the skills and ethics of interpreting, have basic knowledge in both languages of specialized program terms or concepts, and be sensitive to the client's culture.

**307 - Dissemination of LEP Plan** - Copies of the **LEP Plan** will be provided to the following: all FCDHS employees who have direct customer contact, the area Legal Services office, Workforce Center, Freeborn County Public Health Service, and Freeborn County Government Center. A copy of the main public announcement, **MS-1659**, will be prominently displayed in the FCDHS north entrance area. All employees can access the plan on the Agency "Common Drive".

**308 - Services to Illiterate** - When confronted with a situation in which the customer is illiterate - cannot read or write in his or her native language - it is incumbent that FCDHS find a suitable interpreter, one who can assist the person in completion of necessary forms, documents and the like. The FCDHS intake worker needs to make the determination, in conjunction with the interpreter, about the customers' 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 ITV, 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, FCDHS may waive all requirements 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 are necessary before such action is taken.

**310 - Access To and Costs of Interpreters** - Under no circumstances will FCDHS indicate - either verbally or in writing - that any applicant or client 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 client. 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 customer is not able to communicate in English. Notice of service availability will come from the **MS-1659** document in the north entrance area. Distribution of the **LEP Plan** to various parties cited above will help provide notice that interpreter and translation services are available on a timely basis 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, FCDHS will access these forms as necessary. Access to the Department's website at [www.dhs.state.mn.us/forms](http://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. FCDHS staff should continue the existing practice of verifying the identity of the client before releasing case-specific information. Bilingual staff, language line staff, or other private companies providing interpretation or translation services through contracts with the State (hereafter "contractors"), may be used in making verifications.

**312 - County-Produced Materials** - Insofar as the LEP census in Freeborn County applies, FCDHS will develop printed and audio material as needed to fulfill department obligations. FCDHS 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. FCDHS will follow DHS's translation numerical guidelines as required.

**313 - Complaint Resolution Protocol** - Any adverse action taken by FCDHS with which an applicant or recipient disagrees is subject to complaint. FCDHS 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 FCDHS procedure included in **Civil Rights Compliance Requirements**. Appropriate use of interpreter services with either the **Workforce Center** 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 - LEP Plan Posted for Public Review** – The LEP plan will be posted for public review in the FCDHS north entrance lobby on the wall to the right as you enter the building. The LEP plan will be available in English, bilingual staff or interpreters will be available to translate the plan for those who do not speak English who wish to read it. The words "Limited English Proficiency Plan" or something to that effect, in all appropriate languages, will be posted next to the LEP plan so clients with LEP know that such a plan exists and that they can get help to read it.

**315 - Minnesota Data Practices Act** – requires Minnesota government agencies to maintain the privacy of data collected in the course of their business. In the case of the Workforce Center, the information that it collects regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, FCDHS employees, the agents of FCDHS, or others authorized by the

courts or federal law, without the client's written, informed consent.

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

**316 Notice of Rights to Language Assistance** – FCDHS staff must inform all clients with LEP of the public's rights to free interpreter services, that these services must be provided in a timely manner and must be available during FCDHS business hours. Staff must also hand out fliers stating the same to all clients with LEP.

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

### 400 TRAINING

**401 Distribution of LEP Plan** - All FCDHS employees will have access to a copy of the **LEP Plan** which is on the Agency "I" (Common Drive). If any changes are made in the document, a revised copy will also be provided to the same entities listed in #307. **402 & 403 Training of Staff – Initial and Ongoing** - With approval of the original **LEP Plan**, there was initial training on the document. This training took place for current staff in the context of it being given to all agency staff with the expectation that it will be reviewed by all unit supervisors along with staff at their 1<sup>st</sup> staff meeting following receipt of the plan. It is also to be implemented for new staff as a part of "New Worker Orientation". Staff will be advised to review the plan as modifications are made.

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

## 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 FCDHS LEP Coordinator. The evaluation will involve consultation with representatives of the Financial Services Unit, Social Services, and Mental Health Units 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 Freeborn County

\*Assessment of current language needs of FCDHS applicants and clients to determine if the clients' needs an interpreter and/or translated materials; updating case files which lack information about a client's language preference; determining if clients need to be asked their language preference at the time of certification.

\*Determining whether existing assistance is meeting the needs of applicants and clients with LEP.

\*Assessing whether staff members understand FCDHS LEP policies and procedures and 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 Freeborn County including applicants and clients as well as any known community organization or advocacy group working with non-English or limited-English speaking communities.

**502 – Responsible Authority/Complaint Process – Contact Person** – Each FCDHS unit is responsible for implementing this LEP plan in its area. The person designated to provide technical assistance and respond to inquiries and complaints from the public is listed below. FCDHS has an existing complaint resolution procedure used to resolve civil rights related disputes and complaints and this procedure will be used to resolve LEP-related disputes/complaints. The contact person listed below will provide information about this complaint procedure to all clients in a language they understand.

**Suzanne Nerison, Director  
Freeborn County Department of Human Services  
203 West Clark Street  
Albert Lea, MN 56007**



FREEBORN COUNTY HUMAN SERVICES  
**CIVIL RIGHTS COMPLAINT RESOLUTION PROCEDURE**

*Please see the Freeborn County Human Services Comprehensive Civil Rights Plan, Part 5.*

If you believe you have been discriminated against because of your race, color, natural origin, sex, religion, age or physical, mental or emotional disability, while applying for or receiving human services, you may file a complaint. We encourage you to attempt to resolve the issue informally with the staff involved and their supervisor. However, you have the right to file a complaint whenever you feel there is just cause. All complaints will be referred for resolution to the Minnesota Department of Human Services.

Your complaint will be forwarded to the State Department of Human Services, Office for Equal Opportunity, Affirmative Action and Civil Rights, 444 Lafayette Road, St. Paul, MN 55155-3812, Telephone # 651-296-7562. Our local agency will forward your complaint to them for you or you may send it yourself. The County agency agrees to abide by the State's policies, procedures and decisions in these matters.



## FREEBORN COUNTY HUMAN SERVICES

**POLICY FOR EQUAL OPPORTUNITY IN SERVICE DELIVERY**

It is the policy of the Freeborn County Human Services to provide federally financed services, financial aid and benefits of programs and activities without discrimination on the basis of race, color, national origins, sex, religion, age any physical, mental or emotional disability. This policy extends to prohibit discrimination in service that are administered and delivered according to federal, state and local civil rights laws, executive orders, rules and regulations.

Equal opportunity requires:

- a. that no otherwise qualified person, under any program or activity receiving federal financial assistance and state financed services (under ADA), shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination;
- b. that each program or activity is conducted so when viewed in its entirety, it is readily accessible to and usable by individuals with physical, mental or emotional disabilities, including making reasonable accommodations or modifications in policies, practices or procedures when necessary unless doing so would result in either a fundamental alteration in the nature of the program or undue financial and administrative burdens;
- c. that applicant/client eligibility determinations, assignments to staff and facilities, treatment by staff, access to information about programs, physical and programmatic assess to facilities, referral services, intake and admissions procedures assessment, diagnosis, evaluation and treatment, outreach, patient disciplinary actions and termination of services are made without regard to protected class status; and
- d. that services and information are provided in the appropriate language to persons with limited English proficiency as well as appropriate auxiliary aids and services including, but not limited to, use of a TTY and/or telephone relay services for individuals who are deaf or hard of hearing, providing readers for persons who are blind or visually impaired, providing literature or posters in formats that are understandable to blind or visually impaired individuals and providing appropriate special assistance to individuals with developmental and learning disabilities.

## **FREEBORN COUNTY INTERPRETER POLICY**

### **POLICY**

Freeborn County will establish and maintain a list of persons able to provide interpretive services. The purpose of this list is to insure that resources will be available so that no one shall be denied access to County services because of their inability to communicate with the staff of the County.

### **PROCEDURE**

#### **1) RECRUITMENT/LISTING:**

The County Administrator's Office shall advertise for persons who would be willing to act in a contractual capacity with the County for the provision of interpretive services.

The County Administrator's office shall compile, maintain by updating at least annually, and disseminate to all departments, a list of persons willing to provide interpretive services. This list shall contain, at a minimum: the name of the person willing to provide service; where they can be contacted; known times of availability; and the type of service they can provide.

The County Administrator's office shall provide each interpreter with a copy of this policy.

#### **2) TRAINING:**

Individual departments reserve the right to require interpreters to participate in orientation/training of the department's choice.

#### **3) CONTRACT REQUIREMENTS/COST:**

Every individual offering to provide interpretive services must be willing to enter into a contractual agreement with the County defining the nature of and compensation for their services.

Individuals providing interpretive services in person shall be compensated up to a rate of

## ATTACHMENT G

\$35.00 per hour with a one (1) hour minimum and each following hour divided into fifteen (15) minute increments. Interpreters working with law enforcement shall receive a minimum of two (2) hours compensation for each service delivered and each following hour divided into fifteen (15) minute increments.

*Note: This rate of pay does not pertain to the Courts, a department that has an established rate for contract services.*

#### 4) USE OF EXISTING STAFF:

Prior to contracting for outside services, departments shall make an effort to determine if an on-duty County employee would be available to provide interpretive services. Departments shall share, at no cost, their staff in order to meet the needs of the County as long as there is no detriment to the department of origin.

#### 5) ADMINISTRATION:

In the event that no current County personnel are available, the department in need may contact any individual on the list provided by the County Administrator's Office and enter into an agreement for specific interpretive services. The department shall complete an "Interpreter Service and Billing Agreement" provided by the County Administrator's Office. A copy of this form shall be given to the service provider and to the County Administrator's Office.

All bills for service shall be processed through the regular Co. procedure for payment of bills

#### 6) EFFECTIVE DATE:

This policy and these procedures shall become effective at the time and date specified by the Freeborn County Board of Commissioners and shall remain in effect unless modified or rescinded by that body.

AGREEMENT TO PROVIDE INTERPRETER SERVICES TO FREEBORN COUNTY

This Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Freeborn County and \_\_\_\_\_, hereafter designated "Interpreter."

It is agreed as follows:

- 1. Interpreter agrees, when called upon, to provide interpretive services for Freeborn County.
2. Interpreter will provide interpretive services in the following language(s):
3. Interpreter's name, address, where Interpreter can be contacted, telephone number(s) and known time(s) of availability, and type of translation services that Interpreter can provide, will be kept on a list to be promulgated annually by the Freeborn County Administrator's Office to all department of County government.
4. A copy of the Freeborn County Interpreter Policy has been provided to Interpreter.
5. Interpreter may be required to participate in orientation/training provided by individual departments of County government prior to being used as an Interpreter by that department.
6. Interpreter shall be paid for providing interpretive services, when called upon to act as an interpreter, at the rate of \$16.00 for the first hour of service, or any fraction thereof, and thereafter at the rate of \$3.00 for each additional fifteen minutes of interpretive services or fraction thereof.
7. Interpreter acknowledges that this Agreement does not pertain to the Freeborn County District Court.
8. Interpreter acknowledges that Freeborn County has determined that it will use existing staff, if on duty, as interpreters and that Interpreter may be called upon to provide services in the event no full or part time County employee is available to provide interpretive services.
9. Interpreter acknowledges that each County department reserves the right to pick individual interpreters from the list of those persons agreeing to provide such services and that no ranking or preference will be given or acquired by any Interpreter entering into this Agreement.
10. The Freeborn County Administrator's Office will provide each department of County government with an Interpreter Service Billing Form which will be filled out by the Interpreter, signed by the department head, and forwarded to the Freeborn County Administrator's Office for payment.
11. Interpreters will be paid promptly upon receipt of the Interpreter Service Billing Form by the Freeborn County Administrator's Office, but in all events, bills for interpreter services shall be processed using the regular County procedure for payment of bills.
12. This Agreement may be terminated upon written notice by Interpreter to the Freeborn County Administrator's Office, Freeborn County Courthouse, Albert Lea, MN 56007.

Dated: \_\_\_\_\_ By: \_\_\_\_\_
Interpreter

Availability (Days of Week/Times of Day): \_\_\_\_\_
Street Address
\_\_\_\_\_
City, State, Zip

Home Telephone Number

Dated: \_\_\_\_\_
FREEBORN COUNTY
By: \_\_\_\_\_
County Administrator

INTERPRETER SERVICE BILLING FORM
Freeborn County Department of Human Services
203 West Clark Street P.O. Box 1246
Albert Lea, MN 56007

TO BE COMPLETED BY INTERPRETER AND SUBMITTED TO DEPARTMENT
REQUESTING INTERPRETIVE SERVICES.

Services provided by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security # / Tax ID #: \_\_\_\_\_

Services provided to:

Client name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Service Detail:

Table with 4 columns: DATE, FROM, TO, HOURS. It contains three empty rows for data entry.

Total Billing Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
(Interpreter Signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

TO BE COMPLETED BY PERSON AUTHORIZING SERVICES AND FORWARDED TO THE
ACCOUNTING DEPARTMENT FOR PROCESSING.

Maxis Case #: \_\_\_\_\_ Program: \_\_\_\_\_

Amount approved: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date

<b>INTERPRETIVE SERVICES CONTRACTORS</b>
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THE FOLLOWING INDIVIDUALS HAVE AGREED TO PROVIDE INTERPRETIVE SERVICES TO FREEBORN COUNTY. FREEBORN COUNTY PROVIDES THIS LISTING AS A SERVICE TO FREEBORN COUNTY DEPARTMENTS NEEDING INTEPRETIVE SERVICES. FREEBORN COUNTY DOES NOT VALIDATE INTERPRETIVE ABILITIES NOR DO WE SECURE BACKGROUND INFORMATION OF ANY KIND. USE OF THESE INTERPRETERS IS AT THE DISCRETION OF THE DEPARTMENT USING THE SERVICES, AND DEPARTMENTS ARE ENCOURAGED TO VALIDATE PROFICIENCY AND APPROPRIATE BACKGROUND INFORMATION.

Contractor Name and Address	Where to Contact	Availability Times	Type of Service	Signed Contract
Griselda Root 105 Ridge Road Albert Lea, MN 56007	377-0434 (Home)  507 383-1458 (Cell)	Call to Schedule	Spanish	Yes
Wah Paw 216 E Main Street Apt 41 Albert Lea, MN 56007	507 402-3906 <a href="mailto:wah.paw@alschools.org">wah.paw@alschools.org</a>	Summer-anytime School year before 11am & after 3 pm	Poe Karen Burmese	Yes
Anguel Bustos 600 Spring St. N Apt 204 Northfield, MN 55057	507 318-0592	8 am to 5 pm Mon - Fri	Spanish	Yes
Colleen M. Owens 507 Alice Avenue Albert Lea, MN 56007	H (507) 373-7639 Cell (507) 383-7801 .	Summers only (teacher)	Spanish	Yes
Eduardo Alvear 600 Spring St. N Apt 202 Northfield, MN 55057	507 318-0151 <a href="mailto:acalvear@gmail.com">acalvear@gmail.com</a>	No restrictions noted	Spanish	Yes

## ATTACHMENT G

Deyanira Mondragon 1302 Frank Hall Albert Lea, MN 56007	507 318-9177	Anytime	Spanish	Yes
Yolanda Gallardo 603 N. Western Street Lake Mills, IA 50450	641 530-5959	Call to schedule	Spanish	Yes
Dhan "Dan" K. Gatkek 133 W William St. Apt #403 Albert Lea, MN 56007	507 320-5560	M-F 24 hour notice	Nuer/Arabic Sudanese	Yes
Thorow B. Bichiok 1704 Sunset St. Apt #8 Albert Lea, MN 56007	507-383-8640	M-F 9:15am - noon	Nuer/English	Yes
Mary Puk 237 S. Pearl St. Albert Lea, MN 56007	377-1442	7 am - 1:30 pm	Nuer/English	Yes
Gatluk Diew 122 East 41st Street Albert Lea, MN 56007	603 848-6881	M-F 8 am - 5:00 pm	Nuer/English	Yes
Sa Ba Taw 2316 Gene Avenue Albert Lea, MN 56007	unknown	Mon, Tues, Fri	Karen/English	Yes
Johanna Reyes 139 E. William St. Apt 502 Albert Lea, MN 56007	970-372-8732	Mon - Sun all day	Spanish/English	Yes
Ariel Reyes 139 E, William St. Apt 502 Albert Lea, MN 56007	507 318-0180	Mon - Sun all day	Spanish/English	Yes
Dabangr Gach 511 Commercial St #1 Albert Lea, MN 56007	507 369-8137	Mon - Fri 12:00 pm - 5:00 pm	Nuer Sudanese	Yes

**Freeborn County Department of Human Services**

**HELPFUL HINTS FOR USING TELEPHONE INTERPRETERS**

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

## Interpretation/Translation Guidelines

1. Reception functions – initially determine whether agency staff may be able to assist. If not, direct them to the “elevator” phone or in Room 116 (depending whether privacy is needed) and use the MN Language Connection (for Spanish services).
2. Walk in business – initially determine whether agency staff may be able to assist. If not, use the MN Language Connection. If the presenting situation will require more than 10-15 minutes – staff or MN Language Connection assistance should be used to establish a return appointment.
3. Appointments –
  - A. If short, initially determine whether agency staff could be available to assist.
  - B. For other – in sequence contact persons on the County (DHS modified) list, Community Action, MN Language Connection (Spanish), Language Line (other languages).
  - C. If there will be multiple appointments – attempt to use the same persons, setting future appointments that 1<sup>st</sup> meets the customer’s schedule and also the person doing interpretation.
  - D. If MN Language Connection will be used and will last more than 30 minutes – prior supervisory approval is needed (have a space scheduled and ready to use before the call is made).
  - E. MN Language Connection, in person, interpretation is to be used only in unusual circumstances with prior supervisory approval.
4. MN Language Connection – for every use, give them your 1<sup>st</sup> name, agency & unit. That will appear on their billing so it can be properly charged.
5. When scheduling someone to handle interpretation, be sure to clarify whether there may be some relationship or friendship that may pose difficulties for either party. (It is expected that brief, yet more thorough, instruction on use of interpreter’s will be provided this spring.)
6. If the conversation is confidential – confirm that with both parties present. The person doing interpretation should repeat the exact question or statement you make as well as the customer’s reply. The interpreter should tell you if the customer does not fully understand the question or issue. The interpreter should not try to clarify it themselves. Then you reword the statement. Be sure to ask the customer, near the end of the appointment, whether they have any questions or if anything was unclear.
7. If any printed material needs to be translated – supervisory approval is necessary. Translation will be done either by the U of MN Language School or MN Language Connection. Generally allow 2 weeks for completion, following approval.

(Jan 2006)

## MINNESOTA LANGUAGE CONNECTION / LANGUAGE LINE Instructions

MLC is a 24-hour, 365-day a year Spanish interpretation service.  
LL is a 24-hour, 365-day-a-year service for multiple language interpretation.

- When receiving a call needing interpretation, follow steps below.
- When placing a call for a client needing interpretation (in person) there will need to be some preparation steps. Find a private room. Two phones will be needed, one for the client and one for yourself. The Office Services Supervisor has a splitter that can be used on one phone with two handsets.

### MN Language Connection:

1. Determine you need language assistance. Call MN Language Connection for all Spanish needs (Language Line for all other language assistance, see instructions below).
2. Create a three-way conference call either using the switch-hook, the flash button, or the transfer button on your phone.
3. Call MN Language Connection at 1-877-737-7266.
4. Identify yourself by giving MLC the agency name, your first name (last initial if there is more than one, i.e. Jennifer in your unit) and department name. This will appear on the invoice for proper charging.
5. Brief the interpreter on necessary details
6. Add the calling person back to the call; all three parties are connected.

### Language Line:

1. Determine you need language assistance. Call Language Connection for all language needs other than Spanish. (MN Language Connection for all Spanish interpretative needs).
2. Create a three-way conference call using either the switch-hook, the flash button, or the transfer button on your phone.
3. Call Language Line at 1-800-367-9559
4. Press 2 for all languages. After pressing 2, speak the name of the language desired. If you do not know the language name, press 0 and you are transferred to an expert in language identification.
5. Enter the client ID code: 509052
6. Enter the 6-digit Access Code followed by the # sign.

368359 - MHC	258776 - Adult Protection
388523 - CSP	268418 - Child Protection
028064 - Financial	428904 - CVCC
088375 - Business Office	498336 - IV-D

7. Brief the interpreter on necessary details and have the conversation.
8. When the conversation is complete, say "end of call" to the interpreter.