APPENDIX A
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor GREEN LAKE COUNTY		
Street Address 571 COUNTY ROAD A		
City GREEN LAKE	State WI	Zip Code 54941
Recipient's or Vendor's Total Workforce 211		
Name of Equal Opportunity Coordinator LEROY DISSING		
SIGNATURE - Equal Opportunity Coordinator Leroy Dissing	Date Signed 12/19/2013	
Telephone Number (920) 294-4070	Email Address ldissing@co.green-lake.wi.us	
Name of Limited English Proficiency (LEP) Coordinator LEROY DISSING		
SIGNATURE - LEP Coordinator Leroy Dissing	Date Signed 12/19/2013	
Telephone Number (920) 294-4070	Email Address ldissing@co.green-lake.wi.us	
Name of Executive Director or Chief Executive Officer (CEO) JACK MEYERS		
SIGNATURE - Executive Director or CEO Jack Meyers	Date Signed 12/19/2013	
Telephone Number (920) 294-4005	Email Address jmeyers@co.green-lake.wi.us	

Notes:

- **Be sure to show the names in print and have the form signed where indicated.**
- **Important:** Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

APPENDIX B
FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount **($)**
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	**DCF** ☒ Yes ☐ No	1. See Attached	377222
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	**DHS** ☒ Yes ☐ No	1. See Attached	903154
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	**DWD** ☐ Yes ☐ No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with Sheboygan County	**COUNTY AGENCY** ☒ Yes ☐ No	1. East Central IM Consortium	104,271
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s)	☐ Yes ☐ No	1.	
		2.	
		3.	

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" **to any of the three** state agencies **and** your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

DHS

2014 State / County Allocations

From 01/01/14 to 12/31/14 Preliminary

County	Agcy #	Agcy Type
Green Lake	24	410

Click commented profile numbers and titles (◄) for documentation

312	Appendix O	ADULT PROTECTIVE SERVICES NON-FED TOT	25,262
381	Appendix G	ADJ ALZHEIMER CAREGIVER SUPPORT NON-	5,537
561		2014 BCA JAN (Less Match)	119,350
561		2014 BCA JULY (Less Match)	389,484
681		2014 BCA JAN (State Match)	0
681		2014 BCA JULY (State Match)	55,847
367	Appendix D	COP TOTAL	22,443
871	Appendix AM	CLTS TPA OTHER GPR	40,989
872	Appendix AM	CLTS TPA OTHER FED	59,290
874	Appendix AM	CLTS AUTISM GPR	23,046
875	Appendix AM	CLTS AUTISM FED	33,336
877	Appendix AM	CLTS OTHER CWA ADMIN GPR	3,775
878	Appendix AM	CLTS OTHER CWA ADMIN FED	3,775
880	Appendix AM	CLTS AUT CWA ADMIN GPR	2,122
881	Appendix AM	CLTS AUT CWA ADMIN FED	2,122
550	Appendix P	BIRTH TO THREE TOTAL	34,941
577	Appendix AB	FAMILY SUPPORT TOTAL	20,632
569	Appendix V	MENTAL HEALTH BLOCK GRANT TOTAL	6,805
570	Appendix W	SUBSTANCE ABUSE BLOCK GRANT TOTAL	32,340
517	Appendix BD	CERTIFIED MENTAL HEALTH PROGRAM T	14,355
		Allocation Total	**895,451**

DHS

XIX. CARS INFORMATION

County/Agency: Green Lake		Agency #: 24		
Agency Type: 410		Contract Period: 1/1/14 to 12/31/14		
CARS Profile Name	Profile Contract Number	Current Contract Level	Contract Change Amount	New Contract Level
FSET Admin 100% Fed Suppl	230	$1,219	$0	$1,219
FSET Admin GPR/FED Base	231	$6,484	$0	$6,484
FSET Transp GPR/FED Base	233	$0	$0	$0
FSET Retent GPR/FED Base	235	$0	$0	$0

DCF

Funding Information for Grants managed thru CORe:

Contractor: Green Lake County		CORe Agency Code #: 24
Commodity or Service Description	CORe Contract Code Number	Current Contract Amount
Total CY14 Children and Families Allocations with Act 32 Increase *Jan – June Funding Amount	3561	$248,155.17 *$62,123.61
Appendix A Safe & Stable Families	3306	$33,310.20
Appendix B Adam Walsh Finger Print	3324	$0,684.00
Appendix C Citizen Review Panel	Purchase +	
Appendix D Early Childhood Initiative	3335	$0,000.00
Appendix E Chafee Independent Living	3360	$15,782.00
Appendix E Independent Living Local Match	9360	$3,946.00
Appendix F Foster Care Continuation	3365	
Appendix G Kinship Benefits	3377	$27,821.00
Appendix G Kinship Assessment	3380	$2,267.00
Appendix H ETV	3398	$1,044.00
Appendix H ETV Local Match	9398	$0,261.00
Appendix I Brighter Future Initiative	3540	$0,000.00
Appendix J CHiPS Legal Services	3353	
Appendix J CHiPS Local Match	9554	
Appendix J TPR Adoption Legal Service	3573	$8,000.00
Appendix J TPR Local Match	9574	$12,000.00
Appendix L Domestic Abuse	5102	$0,000.00
WISACWIS County User Fee (subtracted from CFA 3561)	3561	$2,393.00
Appendix T Education and Training Scholarship	3314	$0,000.00

DCF

Appendix M WiSACWIS Pass Through (3604)	3604	
Appendix M WiSACWIS Pass Through Local Match (9604)	9604	
Appendix P Foster Parent Training Pass Through (3395)	3395	
Appendix P Foster Parent Training Pass Through Match (9396)	9396	
Appendix R Tribal High Cost Pool Fund (3310)	3310	$0,000.00
	Total Contract	$334,670.37

The Department and the County acknowledge that they have read the Contract and the attached exhibits, attachments, and/or appendices, understand them, and agree to be bound by their terms and conditions. Further, the Department and the County agree that the Contract and other documents incorporated herein by reference are the complete and exclusive statement of the agreement between the parties relating to the subject matter of the Contract and supersede all proposals, letters of intent or prior agreements, oral or written, and all other communications and representations between the parties relating to the subject matter of the Contract. DCF reserves the right to reject or cancel agreements based on documents that have been altered.

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by the Department.

Signatures

County Authorized Signature Le Roy Dissing — 1/2/2014 | 12:13 PM CT
Representative Title Director — Date

Division Administrator Fredi-Ellen Bove — 12/20/2013 | 13:32 PM CT
Division of Family and Economic Security — Date

Department Secretary Eloise Anderson — 12/30/2013 | 15:12 PM PT
Department of Children and Families — Date

DCF

Funding Information for Grants managed thru CORe:

County: Green Lake County		CORe Agency Code #: 24		Contract # CFD00368
Commodity or Service Description	CORe Number	Current Contract Amount	Contract Change	Total Contract Balance
Child Care Administration	0852			$36,386.00
Child Care Certification	0831			$4,233.00
Child Care Fraud	0840			$1,932.00
Child Care Benefits	0856			uncapped
CY14 Total Child Care Allocations				**$42,552.00**

The Department and the County acknowledge that they have read the Contract and the attached exhibits, attachments, and/or appendices, understand them, and agree to be bound by their terms and conditions. Further, the Department and the County agree that the Contract and other documents incorporated herein by reference are the complete and exclusive statement of the agreement between the parties relating to the subject matter of the Contract and supersede all proposals, letters of intent or prior agreements, oral or written, and all other communications and representations between the parties relating to the subject matter of the Contract. DCF reserves the right to reject or cancel agreements based on documents that have been altered.

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by the Department.

Signatures

[redacted] 1/6/2014 | 09:30 AM CT

County Authorized Representative Signature Le Roy Dissing — Date

Representative Title Director

[redacted] 12/27/2013 | 11:37 AM CT

Division Administrator Judy Norman-Nunnery — Date

Department of Children and Families

[redacted] 12/27/2013 | 14:15 PM PT

Department Secretary Eloise Anderson — Date

Department of Children and Families

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165

Workforce Development
DETS-16705-E (R. 12/1/2013)

(For the Civil Rights Compliance Period from January 1, 2014, to December 31, 2017)

As a condition of funding under this contract(s), GREEN LAKE COUNTY,

A. Service Delivery: Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply (live links can be found under **B. Authority**, starting on page 6 of this document):

- Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations
- Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from U.S. DHHS
- Age Discrimination Act of 1975, as amended 45 CFR Part 90
- Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91
- Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)
- Section 542 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-1) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 CFR Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Title II of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- DOJ F.R. Vol. 65, No. 159 / Wednesday, August 16, 2000 / Notices 50123 Enforcement of Titlte VI of the Civil Rights Act of 1964—National Origin Discrimination Against Persons with Limited English Proficiency, Policy Guidance
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)
- Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.
- Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 CFR.Part 83
- Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sec (gender), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708
- Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C.§ 290cc-33

- Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7
- Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57
- The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406
- The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918
- Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant-Type Programs
- Title I, Section 1557, The Affordable Care Act prohibits discrimination on the basis of gender identity and sex stereotyping
- Church Amendments, 42 U.S.C. 300a-7, section 245 of the Public Health Service Act, 42 U.S.C. 238n, and the Weldon Amendment, Consolidated Appropriations Act, 2010, Public Law 111-117, Div. D, Sec. 508(d), 123 Stat. 3034, 3279-80, referred to collectively as the "federal health care provider conscience protection statutes."
- Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285
- Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children
- Part 251 - The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations
- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.
- Title VII of the Civil Rights Act of 1964
- Title I of the Americans with Disability Act of 1990
- Age Discrimination in Employment Act of 1967
- Equal Pay Act of 1963, as amended
- Executive Order 11246, as amended
- Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes
- Chapter 106.52 Public Places of Accommodation
- Employee Relations, Chapter 230

No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, gender identity, disability, or having an association with a person with a disability, religion, retaliation, and applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the DCF, DHS, or DWD. The

Federal Heatlh Care Provider Conscience Protection law prohibits recipients of certain federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. The Genetic Information Nondiscrimination Act of 2008 (P.L. 110-233, 122 Stat. 881)1, also referred to as GINA, applies to certain health care entities and providers that prohibits discrimination in health coverage and employment based on genetic information. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Recipient will:

1. Provide training to all staff on the CRC laws, and methods of providing meaningful and effective cross-cultural services to diverse populations from different cultures, linguistic, and/or physical conditions through the provision of cultural awareness skill training. Primary recipients and sub-recipients administering USDA-FNS funded programs must provide CRC training to all frontline staff who interact with program applicants and participants, not limited to supervisors and administers, annually. Non USDA-FNS funded recipients must provide CRC training and/or cross-cultural awareness training for each staff person during the employee's initial orientation process and once every three years thereafter.
2. Provide accessible programs, facilities and reasonable accommodations to service participants/ customers with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, Title II of the Americana with Disabilities Act of 1990 as amended (ADA) and is applies to local governments and municipalities, Title III of the ADA or Wisconsin Civil Rights Statute Chapter 106.52 Public Places of Accommodations or Amusement, and DWD Chapter 221.1.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or Wisconsin Interpreting and Transliterating Assessment (WITA)-verified sign language interpreter to assist deaf and hard-of-hearing applicants.
4. Provide other options for effective communication (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.
7. Establish an appeal or complaint process that shall be posted in the different languages of those LEP groups like to be eligible and likely to be encountered in the recipient's service area. The appeal and/or complaint process must be posted in conspicuous places such as lobbies and waiting rooms available to applicants/clients.

B. Employment Conditions: Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Chapter 106.52 Public Places of Accommodations; Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted

program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status or all or part of an individual's income is derived from any public assistance program, and membership in the military reserve. State law prohibits honesty and genetic testing or protected genetic information in employment, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. The Federal Health Care Provider Conscience Protection Law protects certain health care providers on the basis of religion. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes "Indian Preference" that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through "Consultation and Coordination" with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe. Furthermore, USDA-FNS 7 CFR Part 272.2(b) 3., requires DHS to implement the Supplemental Nutrition Assistance Program (SNAP) in a manner that is responsive to the special needs of American Indians on reservations and consult in good faith with tribal organizations about that portion of the State's SNAP Plan of Operation pertaining to the implementation of the Program for members of the tribe on reservations.

The Recipient will:

1. Fairly and consistently administer and revise policies and procedures to comply with federal and state employment laws.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

Name of Equal Opportunity Coordinator LeRoy Dissing		Title Director, Green Lake County DHHS
Telephone Number 920 - 294-4070	Email Address ldissing@co.green-lake.wi.uw	

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name	LEP Coordinator Title
LeRoy Dissing	Director, Green Lake County DHHS
Telephone Number	**Email Address**
920 - 294-4070	ldissing@co.green-lake.wi.us

The GREEN LAKE COUNTY agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients and applicants for services, subcontractors, and referral agencies.

The GREEN LAKE COUNTY agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The GREEN LAKE COUNTY agrees to implement the requirements of the CRC Letter of Assurance.

The GREEN LAKE COUNTY agrees to conduct an annual self-assessment as required below.

- Self-Assessment Requirement--Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.

Jack Wiegert — 12-17-13

SIGNATURE - Executive Director or CEO — Date Signed

APPENDIX C: FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

USE this checklist for **Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

- ☐ Adoption Assistance Program
- ☐ Adoption Finalization and Post Adoption Services
- ☐ Brighter Futures Initiative
- ☒ Child Abuse and Neglect - Child Protective Services
- ☒ Child Abuse and Neglect – Prevention Services
- ☒ Child Care Certification or Licensing
- ☐ Child Care Resource and Referral or Quality Improvement
- ☒ Child Placing Agencies - Foster Care
- ☐ Children Residential Care Programs – RCCs and Group Homes
- ☒ Child Support
- ☐ Child Welfare Case Management Services
- ☐ Community Services Block Grant Services
- ☐ Domestic Violence/Domestic Abuse Programs
- ☒ Foster Care Payments
- ☐ Home Visiting Services
- ☒ Independent Living
- ☐ Indian Child Welfare
- ☒ Kinship Care Payments
- ☐ Milwaukee Child Welfare Program Service Provider
- ☒ Promoting Safe and Stable Families
- ☐ Refugee Assistance
  - Cash and Medical Assistance
  - Immigrant Integration:
  - Health Services
  - Mental Health
  - Older Refugee
  - Preventative Health
  - Social Services
  - Targeted Assistance, Employment & Training Program (TAP) Grant, Milwaukee (TAG) Formula
- ☐ Runaway Youth Services
- ☐ TANF Funded Services - Including Transitional Jobs and Children First
- ☒ Wisconsin Shares - Child Care Subsidy Program
- ☐ Wisconsin Works (W-2) Programs
- ☐ Other: Specify

USE this checklist for **Department Workforce Development (DWD)**

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

- ☐ Other: Specify
- ☐ Other: Specify

USE this checklist for **Department of Health Services (DHS)**

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

- ☐ Adolescent Pregnancy Prevention & Intervention
- ☒ Adult Protective Services
- ☒ Aging and Disability Resource Center
- ☐ Autism Services
- ☐ AIDS/HIV
- ☐ Ambulance Services
- ☒ AODA-Comprehensive Community Services
- ☐ Asbestos Certification
- ☐ Asthma Program
- ☒ BadgerCare, BadgerCare-Plus, (Forward Health)
- ☒ Birth to 3 Program
- ☐ Cancer-Comprehensive/Cancer Control Plan
- ☐ Cardiovascular Health
- ☒ Children and Youth With Special Health Care Needs
- ☒ Childhood Lead Poisoning Prevention
- ☒ Community Support Programs (CSP)
- ☐ Commodity Supplement Food Program
- ☒ Developmental Disability Services
- ☐ Disability Determination (SSI/SSDI)
- ☐ Developmental Disability
- ☐ Emergency Medical Services and Injury Prevention
- ☒ Environmental Health
- ☐ Family & Community Health
- ☐ Family Care
- ☒ Family Support
- ☒ FoodShare Program
- ☒ Food Stamp Employment and Training (FSET)
- ☐ Food Safety and Recreational Licensing
- ☐ Foster Care Medical Home
- ☐ Health Statistics
- ☒ Immunizations
- ☐ Injury Prevention
- ☐ Integrated Service Project (CST-ISP)
- ☒ Intoxicated Drive Program (IDP)
- ☐ IRIS
- ☒ Maternal and Child Health
- ☐ Minority Health
- ☐ Medicaid – HMO
- ☒ Medicaid Fee for Services Provider
- ☒ Mental Health - Comprehensive Community Services (CCS)
- ☐ Narcotic Treatment Services
- ☐ Nutrition and Physical Activity
- ☐ Office for the Deaf and Hard of Hearing
- ☐ Office for the Blind and Visually Impaired
- ☐ Oral Health
- ☐ Office of Independence and Employment
- ☒ Public Health Preparedness
- ☐ Pace/Wisconsin Partnership Program
- ☐ Public Health Emergency Preparedness program
- ☐ Resource Center Development
- ☐ SeniorCare
- ☐ Senior Community Services Employment Program
- ☐ Senior Farmer's Market Nutrition Program
- ☐ Services for Children with Disabilities
- ☐ Sexually Transmitted Diseases Program
- ☐ Sexual Assault
- ☐ State Grants to Community Health Centers
- ☐ Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
- ☐ Strengthening Treatment Access & Retention
- ☒ Substance Abuse Prevention Services Information System (SAPSIS)
- ☒ Temporary Emergency Food Assistance Program (TEFAP).
- ☐ Tobacco Control Programs
- ☐ Tuberculosis ☐ Refugee Health
- ☒ Well Women Programs
- ☐ WIC Farmer's Market Nutrition Program
- ☐ Wisconsin CHANGE for Healthy Communities
- ☐ Wisconsin UPC
- ☐ Wisconsin Comprehensive Cancer Control Program
- ☐ Wisconsin Collaborative Diabetes Quality Improvement Project
- ☐ WisTech Assistive Technology Programs
- ☐ Women Program
- ☐ Wisconsin Music & Memory Initiative
- ☐ Wisconsin Hospital Emergency Preparedness Program
- ☐ Other: Specify

Note: The checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with U.S. DHHS and USDA-FNS grants for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the type of program, grant or funding agreement administered by the agency/entity.

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES
571 County Road A
PO Box 588
Green Lake WI 54941-0588
VOICE: 920-294-4070
FAX: 920-294-4139
Email: glcdhhs@co.green-lake.wi.us

FOX RIVER INDUSTRIES
222 Leffert St.
PO Box 69
Berlin WI 54923-0069
VOICE: 920-361-3484
FAX: 920-361-1195
Email: fri@co.green-lake.wi.us

APPENDIX D
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of GREEN LAKE COUNTY (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

EMPLOYMENT[i]

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

SERVICE DELIVERY

No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, sexual identity, sexual orientation, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997and the Workforce Investment Act of 1998. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) LEROY DISSING Phone (920) 294-4070 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer	Date Signed 12/19/2013

[1] Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
12/1/2013

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

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571 County Road A
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APÉNDICE D
IGUALDAD DE OPORTUNIDAD EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS
DECLARACIÓN DE LA POLÍTICA
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY

Es la política de Green Lake County (Nombre de la Organización) cumplir con la política y las normas de igualdad de oportunidad del *Wisconsin Department of Children and Families*, el *Department of Health Services* y el *Department of Workforce Development* y con todos los estatutos y las regulaciones federales y estatales que correspondan relativos a la no discriminación en el empleo y en la prestación de servicios.

EMPLEO

Ninguna persona que esté calificada de otro modo será excluída del empleo, negada los beneficios del empleo, o sometida de cualquier otro modo a discriminación en el trabajo en base a su edad (sobre los 40), raza, religión, [i] color, sexo, nacionalidad de origen o antepasados, discapacidad o asociación con una persona discapacitada, registro de arresto, registro de convicción, orientación sexual, estado civil, embarazos o partos, participación militar, pruebas genéticas, sometimiento a prueba de honestidad, o uso o no uso de productos legales en localidad de trabajo. Los empleados no pueden ser molestados en el lugar de trabajo basado en el estatus de protección ni deben de haber represalias en su contra por presentar una queja, por asistir con una queja, o por oponerse a la discriminación en el lugar de trabajo.

Esperamos que todo el personal apoyara nuestras metas y las actividades de nuestros programas que se relacionan con la prohibición de discriminación en el trabajo.

PRESTACIÓN DE SERVICIOS

Ningún solicitante calificado para servicio o participante del programa será excluido a participar, negado beneficios, o de otro sometido a la discriminación en base a su raza, color, nacionalidad de origen, edad, sexo, religión, creencias políticas o discapacidad. Ningún empleado u otra persona deberá intimidar, amenazar, coaccionar o discriminar a ninguna persona acreditada para el propósito de interferir con cualquier derecho o privilegio garantizado en virtud de una de las leyes aplicables sobre los derechos civiles, o porque ha presentado una queja, testificado, ayudado, o participado de alguna manera en una investigación, procedimiento o audiencia en una de las leyes de derechos civiles aplicables. Acceso al programa para las personas con una discapacidad es tratado en la Ley de los Estadounidenses con una Discapacidad del 1990 (*Americans with Disabilities Act of 1990*) y en la Sección 504 de la Ley de Rehabilitación del 1973 (*Rehabilitation Act of 1973*) según enmendada. Según la Ley de Cupones para Alimentos (*Food Stamp Act*) y la política del USDA-FNS, prohíbe la discriminación sobre la base de la religión y las creencias o afiliación política. Esta política se refiere a la elegibilidad para el acceso a la prestación de servicios, y al tratamiento en todos los programas, servicios y actividades. Se espera que todos los empleados apoyen los objetivos y las actividades programáticas relativas a la no discriminación en la prestación de servicios.

Para ayudarnos a cumplir con todas las normas, reglamentos y pautas aplicables para la igualdad de oportunidad, yo he nombrado a

(Sr./Sra.) LEROY DISSING Teléfono (920)294-4070

Como Coordinador de Igualdad de Oportunidades, le exhortamos a discutir cualquier problema de discriminación percibida en el empleo o la prestación de servicios. Información sobre el proceso de resolución de la queja por discriminación está a su disposición bajo petición.

FIRMA del Director Ejecutivo	Fecha
	12/19/2013

[i] Excepciones: En la sección 702(a) del Título VII, 42 U.S.C. § 2000e-1(a), a las organizaciones religiosas se les permite preferencia de empleo a los miembros de su propia religión. La excepción aplica únicamente a las instituciones cuya "finalidad y carácter son fundamentalmente religioso." Estas excepciones se aplican sólo a las condiciones de empleo.

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APPENDIX D: KEV MUAB VAJ HUAM SIB LUAG RAU SAWV DAWS HAUV KEV UA HAUJ LWM THIAB KEV PAB CUAM TXOJ CAI NTHUAV TAWM
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

Nws yog txoj cai ntawm GREEN LAKE COUNTY (Qhov Chaw Khiav Hauj Lwm Lub Npe) los mus muab vaj huam sib luag rau sawv daws hauv txoj kev ua hauj lwm thiab kev pab cuam kom ua tau raws li tsoom fwv xeev Wisconsin uas yog Department of Children and Families, Department of Health Services thiab Department of Workforce Development thiab tsoom fwv teb chaws cov cai.

KEV UA HAUJ LWM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev ua hauj lwm, tsis kam muab kev pab rau nws ntawm kev ua hauj lwm los yog raug ntxub ntxaug muab nws cais tawm vim nws lub hnub nyoog (40 xyoo rov saud), haiv neeg, kev ntseeg[1], tsos nqaij daim tawv, poj niam/txiv neej, keeb kwm, muaj mob xiam oob qhab los yog muaj kev koom nrog ib tus neeg muaj mob xiam oob qhab, raug ntes, raug kaw, muaj kev plees kev yi txawv, muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing) los yog siv los tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntxub ntxaug cais neeg hauv chaw ua hauj lwm.

Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntxub ntxaug cais ib leej twg ntawm kev ua hauj lwm no.

KEV PAB CUAM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev pab, tsis kam muab kev pab rau nws, los yog raug ntxub ntxaug cais tawm los ntawm nws haiv neeg, tsos nqaij daim tawv, keeb kwm, hnub nyoog, poj niam/txiv neej, kev ntseeg, kev ntseeg kev tswj hwm teb chaws los yog muaj mob xiam oob qhab. Tsis pub ib leeg twg tso hem thawj, ntxias, los yog ntxub tus neeg no vim muaj txoj cai pab tiv thaiv nws, los yog vim nws tau ua ntawv tsis txaus siab, pab ua pov thawj, los yog muab kev koom tes rau kev tshawb nrhiav qhov ua tsis yog, los yog tau sib hais mus rau ntawm rooj plaub raws txoj cai. Tsab cai hais txog cov neeg muaj mob xiam oob qhab kom lawv tau txais kev pab sib npaug muaj nyob rau hauv Americans with Disabilities Act of 1990 thiab Section 504 of the Rehabilitation Act of 1973 raws li tau muab kho dua tshiab. Nyob hauv Food Stamp Act thiab USDA-FNS tsab cai, tsis pub ntxub ntxaug cais leej twg los ntawm nws kev ntseeg txog ib fab kev tswj hwm teb chaws txawv. Tsab cai no yog siv kom sawv daws tau txais kev pab ib yam nkaus txij thaum ua ntawv thov kev pab, thaum tau txais kev pab thiab thaum koom tes ua qhov kev pab cuam tej dej num tib si. Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntxub ntxaug cais ib leej twg ntawm kev pab cuam no.

Yuav kom pab peb ua tau raws li cov cai tau hais saum no, kuv tau tsa

(Ms./Mr.) LEROY DISSING Xov Tooj (920)294-4070

ua Tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator). Yog koj muaj teeb meem dab tsi txog kev ua hauj lwm los yog kev pab cuam thov tham nrog nws tau. Qhov koj yuav ua ntawv tsis txaus siab li cas thiab txoj kev yuav pab daws teeb meem yuav muab qhia rau koj yog koj nug txog thiab xav paub.

Kos Npe ntawm Tus Executive Director los yog Chief Executive Officer	Hnub Kos Npe
John Wiegert	12/19/2013

[1] Tsis Hais Txog Cov No (Exceptions): Nyob Hauv Nqe Lus 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), cov koom haum rau kev ntseeg tau txais lus tso cai kom muab hauj lwm rau cov tswv cuab hauv lawv txoj kev ntseeg xwb los tau. Qhov no tsuas hais txog cov koom haum uas lawv txoj hauj lwm yog ua rau kev ntseeg thiab tsuas yog hais txog kev ua hauj lwm nkaus xwb.

GREEN LAKE COUNTY
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APPENDIX E
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The GREEN LAKE COUNTY DEPARTMEN OF HEALTH & HUMAN SERVICES, EAST CENTRAL I.M. PARTNERSHIP is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-294-4070 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 920-294-4070 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation and, in some cases, religion and political beliefs.

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

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the State information /Hotline Number. Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: Wisconsin IM Consortia.

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Toll free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)

DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or by dialing 1-888-701-1251 (TTY)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed
(Mr./Ms.) LEROY DISSING Phone: 920-294-4070
as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer	Date Signed
John Wiegert	12/19/2013

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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APÉNDICE E
HABILIDAD LIMITADA DE HABLAR INGLES DECLARACIÓN DE LA POLÍTICA
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

La (Nombre de la Organización) GREEN LAKE COUNTY se compromete a proveer igualdad de oportunidad en todos los programas y servicios a aquellas personas con una habilidad limitada de hablar inglés (*Limited Engish Proficiency* - LEP por sus siglas en inglés). El acceso al programa para las personas LEP es tratado en el Título VI del Acta 1964 de los Derechos Civiles (*Title VI of the Civil Rights Act of 1964*) el cual prohibe la discriminación en base al origen nacional; estas protecciones se afirman con más detalle en la Orden Ejecutiva 13166 (*Executive Order 13166*). Estos servicios inlcuyen traducción escrita e interpretación oral, a ningún costo, a las personas LEP para garantizar acceso significativo, preciso y equitativo a los programas, beneficios y actividades.

Es la política de (Nombre de la Organización) GREEN LAKE COUNTY no alentar uso de miembros de familia o amigos como intérpretes ya que esto podria violar la privacidad de la persona y revelar información confidencial y sensible Es nuestra política el informar al cliente LEP sobre su derecho a recibir los servicios de asistencia/ interpretación de lenguaje a ningún costo para el cliente LEP. A los clientes LEP que rechazen tales servicios y que soliciten el uso de un miembro de familia o amigo se les pedirá que firmen un Formulario de Divulgación de Información (*Release Form*) que reconozca que está práctica podría constituir una infracción de la confidencialidad y que él/ella no hará a la agencia responsable por cualquier traducción incorrecta o por falta de comunicación.

Esta organización prohíbe el uso de niños menores (18 años de edad o más jóvenes) como intérpretes y no permitirá que niños menores sirvan de interpretes bajo ninguna circunstancias.

Esta agencia supervisa los cambios demográficos y las tendencias de la población de forma anual, para garantizar el conocimiento de los cambios demográficos y, las necesidades de leguaje en nuestra área de servicio.

Todos los sub-beneficiarios de un contrato con esta agencia están obligados a cumplir con los requisitos de las políticas del LEP.

Para ayudarnos a cumplir con las normas, reglamentos y pautas aplicables con Habilidad Limitado de Hablar Inglés, yo he nombrado a

(Sr./Sra.) LEROY DISSING Teléfono (920) 294-4070

Como Coordinador del Habilidad de Hablar Inglés, exhortamos a los clientes LEP a discutir cualquier problema de discriminación percibida en el empleo o la prestación de servicios. Información sobre el proceso de resolución de la queja por discriminación está a su disposición bajo petición

FIRMA del Director Ejecutivo	Fecha
John Thompson	12/19/2012

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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APPENDIX E: KEV PAB COV TSIS PAUB LUS AS KIV TXOJ CAI NTHUAV TAWM
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

Chaw Khiav Hauj Lwm GREEN LAKE COUNTY
cog lus yuav muab vaj huam sib luag rau cov neeg uas lawv hais tsis tau lus As Kiv kom lawv tau txais cov pab ib yam li lwm cov. Qhov kom sawv daws tau txais kev pab ib yam no yeej muab hais rau hauv tsab cai Title VI of the Civil Rights Act of 1964 uas txwv tsis pub ntxub ntxaug cais leej twg los ntawm nws keeb kwm haiv neeg (national origin); cov lus no tseem hais ntxiv nyob rau hauv tsab ntawv Executive Order 13166. Cov kev pab no yog pab txhais lus thiab txhais ntaub ntawv pub dawb rau cov hais tsis tau lus As Kiv xwv kom lawv tau txais kev pab ib yam nkaus li lwm cov thiab.

Nws yog txoj cai ntawm (Chaw Khiav Hauj Lwm Lub Npe) GREEN LAKE COUNTY
tsis pub siv ib tus neeg hauv tsev neeg los yog ib tus phooj ywg los ua tus txhais lus vim qhov no yog ib qho yuam cai ntawm tus uas nws muaj tej yam tsis pub lwm tus paub (person's privacy) thiab yuav muab tau yam uas tsis pub lwm tus paub ntawm nws tus kheej (confidential information) qhia tawm rau lwm tus. Nws yog peb txoj cai qhia rau cov uas lawv hais tsis tau lus As Kiv kom lawv paub txog txoj cai lawv muaj uas yog peb yuav tsum nrhia kom tau neeg txhais lus rau lawv yam tsis tau them dab tsi. Cov neeg tsis paub lus As Kiv uas tsis yuav kev pab es ho kom nws ib tus neeg txheeb ze txhais lus rau nws ntawd yuav tau kos npe rau ib daim ntawv (Release Form) lees paub tias qhov lawv cia ib tus neeg txheeb ze txhais lus no yuav ua rau lwm tus paub tej hauj lwm ntawm lawv tus kheej los muaj. Yog thaum ho muaj li no los lawv yuav tsis nrog qhov chaw khiav hauj lwm no (this agency) yuav ib txoj cai dab tsi thiab yog thaum ho txhais tau cov lus tsis raug los lawv yuav tsis hais kom qhov chaw khiav hauj lwm ris lub nra.

Qhov chaw khiav hauj lwm no txwv tsis pub siv cov me nyuam tsis tau muaj hnub nyoog (18 xyoo rov hauv) los ua tus txhais lus tsis hais lub sij hawm twg los yog thaum twg.

Ib xyoos twg, qhov chaw khiav hauj lwm no yuav tshawb xyuas cov pej xeem nyob hauv nws cheeb tsam muab kev pab kom paub cov neeg tsiv los ntxiv thiab cov tseem hais tsis tau lus As Kiv zoo seb muaj li cas xwv thiaj li paub npaj nrhiav kev pab rau lawv.

Tas nrho cov koom haum los yog chaw khiav hauj lwm uas muaj ntaub ntawv cog lus nrog peb qhov chaw khiav hauj lwm los yuav tsum ua kom tau raws li cov cai hais txog muab kev pab rau cov hais tsis tau lus As Kiv no tib si thiab.

Yuav kom pab peb ua tau raws li cov cai no, kuv tau tsa

(Mr./Ms.) LEROY DISSING Xov Tooj (920) 294-4070

ua Tus Xyuas Kev Pab Cov Tsis Paub Lus As Kiv (Limited English Proficiency Coordinator.) Cov neeg tsis paub lus As Kiv yuav tau hu rau tus no thiab thov kev pab txhais lus los yog txhais ntawv, los yog hais rau nws paub yog thaum pom tias muaj kev ntxub ntxaug cais tsis kam muab kev pab thiab yog xav paub seb yog tsis txaus siab no yuav ua li cas.

Kos Npe ntawm Tus Executive Director or Chief Executive Officer	Hnub Kos Npe
	12/19/2013

APPENDIX F
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

GREEN LAKE COUNTY is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 920-294-4070 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 920-294-4070 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with LEROY DISSING, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed MR. LEROY DISSING, (telephone: 920-294-4070) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or 1-888-701-1251 (TTY)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 or
Toll Free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:
HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll Free 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws complaints must be filed at the Federal level with the HHS Office for Civil Rights (OCR).

We recommend that you use the Civil Rights Discrimination Complaint Form Package, which can be found on the federal website at http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf. However, you also may file a complaint by mail, fax or email. If you need help filing a complaint, please email HHS OCR at OCRMail@hhs.gov.

For further information, contact:
Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Toll Free 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: http://www.hhs.gov/ocr

GREEN LAKE COUNTY, DHS, and HHS are equal opportunity service providers and employers.

APPENDIX F
FORMULARIO DE QUEJAS POR DISCRIMINACIÓN EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Coordinador de Igualdad de Oportunidades	Número de Teléfono ( ) -	Número de Teléfono (TDD) ( ) -

Nombre del Reclamante	Número de Teléfono ( ) -

Dirección (Número, Calle, Ciudad, Estado, Código Postal)

Bases para queja por discriminación en la prestación de servicios o el empleo: En la prestación de servicios, se prohíbe la discriminación sobre la base siguiente: edad, color, discapacidad, origen nacional, religión, opinión política o de afiliación (se aplican a los programas de USDA-FNS solamente), raza, sexo o represalias por presentar una queja, o por ayudar con una queja, por oposición de discriminación en un programa, servicio o actividad.

La discriminación en el empleo está prohibida sobre la base de: edad (mayor de 40), origen nacional o ascendencia, antecedentes penales, registro de convicción, color, credo o religión, discapacidad o asociación con una persona con una discapacidad, pruebas genéticas, pruebas de honestidad, estado civil, embarazo o parto, servicio militar, raza, sexo, orientación sexual, uso o no uso de productos legales fuera de los locales del empleador durante las horas que no sean de trabajo. Los empleados no pueden ser molestados en el lugar de trabajo basado en su estatus de protección ni tomar represalias en su contra por presentar una queja, para ayudar con una denuncia, o por oponerse a la discriminación en el lugar de trabajo.

Nombre de la Agencia y/o del Empleado Contra Quien se Presentó la Queja.

Describir la acción o el tratamiento que usted piensa fue discriminatorio. Incluya información sobre quién, qué, cuándo, dónde, cómo, por qué, y los nombres, direcciones y números de teléfono de los testigos, si usted los sabe. Por favor, proporcione la fecha exacta del último incidente. Usted puede escribir en otra hoja de papel si necesita más espacio. En el espacio de abajo, favor de indicar cuantas páginas hay adjuntas, si es necesario añadir páginas.

Descripción de la Solución o Indemnización que Ud. desea:

FIRMA del Demandante o Representante del Demandante	Fecha de la Firma

CÓMO PRESENTAR UNA QUEJA POR DISCRIMINACIÓN EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Si usted siente que se le ha tratado de forma diferente debido a su edad, raza, religión, color, sexo, origen nacional o ascendencia, discapacidad o asociación con una persona que tiene una discapacidad, antecedentes penales o registro de convicción, orientación sexual, estado civil o embarazo, creencias o afiliación política, participación militar, uso o no uso de productos legales fuera de los locales del empleador durante las horas que no sean de trabajo, usted podría presentar una queja. Si a usted le fueron negados servicios por error, o si el tratamiento que usted recibió fue separado o diferente al de otros, o si el programa no fue accesible para usted, podría ser discriminación.

IMPORTANTE: Si no le aceptaron su solicitud o le dijeron que usted no era elegible para un programa en particular, PERO usted cree que usted es elegible, pida al proveedor que le de un panfleto el cual explica cómo solicitar un proceso de apelación de la agencia local o una audiencia administrativa a nivel estatal. Su derecho de apelar a una decisión o a solicitar una audiencia administrativa a nivel estatal no tiene que estar relacionado con una queja por discriminación.

Usted puede presentar una queja informal por discriminación a su empleador o proveedor de servicios, o puede presentar una queja formal a una agencia estatal o federal. Sin embargo, las quejas basadas en la discriminación sobre la base de edad para los programas del *United States Department of Agriculture, Food and Nutrition Services* (USDA-FNS), esta queja se enviará al *FNS Regional OCR* apropiado dentro de los 5 días hábiles de haberla recibido . *FNS Regional OCR* recomendará la queja al *Federal Mediation and Conciliation Services* (FMCS) dentro de los 10 días de la recepción inicial por la agencia. Nadie puede amenazar o molestar a sus testigos porque ellos estén dispuestos a decir lo que vieron, escucharon o experimentaron.

Todas las quejas formales deben presentarse en un plazo de 180 días del suceso o trato que usted piensa fue discriminatorio. Sin embargo, usted debe presentar la queja tan pronto como sea posible después del suceso. Si usted presenta una queja informal y no está satisfecho con el resultado, todavía puede presentar una queja formal siempre y cuando lo haga en un plazo de 180 días a partir de la presunta discriminación. No espere hasta después de los 180 días para recibir una respuesta a su queja informal si está planeando presentar una queja formal.

Para presentar una queja informal por discriminación a su proveedor o empleador, llame al Coordinador de Igualdad de Oportunidades ***(Equal Opportunity Coordinator)*** al ( ) - o TDD ( ) - para solicitar un formulario de queja.

Llene el formulario y envíelo al Coordinador de Igualdad de Oportunidades de su proveedor. Encontrará el nombre del Coordinador en este formulario.

Si usted desea presentar una queja formal de discriminación, puede enviar el formulario de queja directamente a una de las oficinas estatales o federales que aparecen en la lista en las páginas que siguen a continuación. Incluya una carta indicando que usted está presentando una queja formal a su agencia como la fuente de fondos. El personal de esa agencia investigará su queja y le responderá dentro de 90 días.

Presente quejas formales de discriminación sobre estos servicios con una agencia estatal de las que figuran a continuación.

PROGRAMA	AGENCIA ESTATAL
Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, y otros programas administrados por el Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),	**Wisconsin Department of Children and Families** 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voz: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), y otros programas administrados por el Wisconsin Department of Health Services.	**Wisconsin Department of Health Services** Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voz: (608) 266-9372 TTY: 1-888-701-1251
Wisconsin Workforce Investment Act, y otros programas administrados por el Wisconsin Department of Workforce Development.	**Wisconsin Department of Workforce Development** ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voz: (608) 266-6889 TDD: 866-275-1165
Quejas para Trabajos Sin Subsidios o de Prueba (Unsubsidized and Trial Jobs Complaints). Cualquier condición de trabajo como empleado del DCF, DHS y / o entidades financiadas del DWD y sus subcontratistas.	**Equal Rights Office** P.O. Box 8928 Madison, WI 53708 Teléfono: (608) 266-6860 TDD: (608) 264-8752 Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Teléfono: (414) 227-4384 TDD: (414) 227-4081 **U.S. Equal Employment Opportunity Commission** 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Teléfono: 414-297-1111, TDD: 414-297-1115 **The Office of Federal Contract Compliance** U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Teléfono: 312-353-2158, TDD: 312-353-2158

Usted también tiene derecho a presentar una queja formal ante una agencia federal que figura a continuación.

PROGRAMA	AGENCIA FEDERAL
Queja Formal sobre cualquier de los servicios anteriores administrados por el Wisconsin Department of Health Services.	**HHS, Director, Office for Civil Rights** Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voz) (202)-619-3257 (TTY) **U.S. Dept. of Health and Human Services** Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Teléfono: 312-886-2359, TDD: 315-353-5693
Queja Formal de Discriminación sobre cualquier programa.	**Civil Rights Division** **U.S. Department of Justice** 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530 (888) 848-5306 – (ingles y español) (202) 307-2222 (voice) (202) 307-2678 (TDD) **Liena Directa Del Titulo VI:** 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD) **Queja de Discapacidad:** **U.S. Department of Justice** **Civil Rights Division** 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530 800-514-0301 (voice) 800-514-0383 (TTY) (En Español)
Queja Formal por Discriminación para el Supplemental Nutrition Assistance Program (SNAP) (Anteriormente conocido como el Food Stamp Program a nivel federal) FoodShare (Anteriormente conocido como el Food Stamp Program en Wisconsin), WIC, TEFAP y el Food Stamp Employment and Training (FSET) Program.	**USDA Director, Office of Civil Rights** 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voz) (202)-720-6382 (TTY) **Food and Consumer Services** Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voz)

CONSENTIMIENTO DE QUEJA / FORMULARIO DE DIVULGACIÓN
COMPLAINANT CONSENT / RELEASE FORM

Nombre del Demandante			Fecha (mes/día/año)
Dirección	Ciudad	Estado	Código Postal
Número de Teléfono ( ) -	Número de Celular ( ) -	Dirección de Correo Eletrónico (Email)	

Programa(s) para el que el Formulario de Consentimiento/Divulgación aplica

Por favor, lea la siguiente información, ponga sus iniciales en el espacio apropiado, firme y feche este formulario.

He leído el Aviso sobre los Usos de la Investigación de Información Personal de DCF, DHS o DWD. Como demandante, entiendo que en el el curso de la indagación o investigación preliminar puede ser necesario para DCF, DHS o DWD revelar mi identidad a personas en la organización o institución bajo investigación. También estoy cosciente de la obligación que tienen DCF, DHF o DWD para honrar peticiones en virtud de la Ley de la Libertad de Información (*Freedom of Information Act*). Entiendo que podría ser necesario que DCF, DHS o DWD divulgue información, incluyendo los detalles de identificación personal que hayan sido reunidos como parte de la indagación o investigación preliminar de mi queja. Además, entiendo que, como demandante, estoy protegido por regulaciones federales de intimidación y represalia por haber tomado o participado en una acción para garantizar los derechos protegidos por las leyes de no discriminación impuestas por el gobierno federal.

CONSENTIENTO / DIVULGACIÓN

AUTORIZACIÓN CONCEDIDA - He leído y entendido la información anterior y autorizo a DCF, DHS o DWD a revelar mi identidad a las personas en la organización o institución bajo investigación y a otras agencias federales que proporcionan ayuda financiera federal a la organización o institución o que también reciben supervisión del cumplimiento de los derechos civiles que cubren dicha organización o institución. Yo autorizo a DCF, DHS o DWD a recibir material e información sobre mí pertinente a la investigación de mi queja. Esto incluye, pero no está limitado a, aplicaciones, archivos, registros personales, y / o registros médicos. Yo entiendo que el material y la información se utilizarán para el cumplimiento de los derechos civiles autorizados y las actividades de aplicación. Además, entiendo que no estoy obligado a autorizar este comunicado, y lo hago de forma voluntaria. Ponga sus iniciales en esta línea si usted da su consentimiento:___ (*Iniciales*).

CONSENTIMIENTO NEGADO - He leído y entendido la información y no quiero que DCF, DHS o DWD revele mi identidad a la organización o institución bajo investigación, o que revisen, reciban copias o discutan material e información de consentimiento relacionado conmigo, relativos a la investigación sobre mi queja. Entiendo que es probable que esto haga la investigación sobre mi queja y obtener todos los hechos más difícil y, en algunos casos, imposible, y puede resultar en el cierre de la investigación. Ponga sus iniciales en esta línea si usted no da su consentimiento: ___ *(Iniciales)*.

FIRMA del Demandante o Representante del Demandande	Fecha de la Firma (mes/día/año)

APPENDIX F
UA NTAWV TSIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV PAB CUAM LOS YOG KEV UA HAUJ LWM
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Yog koj xav tau kev pab ua daim ntawv no, hu rau los yog mus ntsib:

Tus Xyuas Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator)	Xov Tooj (Suab) ( ) -	Xov Tooj (TDD) ( ) -
Tus Tsis Txaus Siab Lub Npe (Name of Complainant)	Xov Tooj ( ) -	

Chaw Nyob (number, txoj kev, lub zos, lub xeev, zip code)

Tsis Txaus Siab Rau Kev Ntxub Ntxaug Cais Neeg Tawm Hauv Kev Pab Cuam los yog Kev Ua Hauj Lwm (Basis for Service Delivery or Employment Discrimination Complaint:) Nyob hauv kev pab cuam, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov nqe lus no: hnub nyoog, tsos nqaij daim tawv, muaj mob xiam oob qhab, keeb kwm teb chaws, kev ntseeg, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv (siv rau hauv USDA-FNS cov kev pab cuam xwb), haiv neeg, poj niam/txiv neej los yog pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, los yog tau pab ib tus ua ntawv tsis txaus siab, tsis nrog pom zoo rau kev ntxub ntxaug cais neeg tawm nyob rau hauv ib qhov kev pab cuam.

Nyob hauv kev ua hauj lwm, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov nqe lus no: hnub nyoog (tshaj 40), keeb kwm teb chaws los yog poj koob yawm txwv, raug ntes raug kaw, tsos nqaij daim tawv, kev ntseeg, muaj mob xiam oob qhab los yog koom nrog ib tus neeg xiam oob qhab, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing), muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, poj niam/txiv neej, kev plees kev yi txawv, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv qhov chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv lawv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntxub ntxaug cais neeg hauv qhov chaw ua hauj lwm.

Lub npe ntawm qhov chaw khiav hauj lwm thiab/los yog lwm tus neeg ua hauj lwm los yog tus tswv hauj lwm uas daim ntawv tsis txaus siab no ua foob nws.

Piav kom meej qhov uas lawv ua rau koj ntawd uas koj ntseeg tias yog nxtub ntxaug cais neeg. Muab kom tau xws li nws yog leej twg, yog dab tsi, thaum twg, nyob qhov twg, ua li cas, vim li cas, thiab yog muaj neeg ua pov thawj lub sij hawm ntawd no muab kom tau lawv lub npe, chaw nyob thiab xov tooj. Hais kom meej seb qhov teeb meem tshwm sim hnub twg. Yog qhov chaw hauv qab no tsis txaus sau koj cov lus, koj muab mus sau ntxiv rau ib daim ntawv tshiab los tau. Nyob rau qhov chaw hauv qab no, qhia seb muaj pes tsawg phab ntawv ntxiv uas muab tom ua ke nrog daim no.

Piav seb yuav kom daws qhov teeb meem li cas thiaj tau raws li koj siab nyiam (Description of the relief or satisfaction you want):

Tus Neeg Tsis Txaus Siab los yog nws Tus Sawv Cev Kos Npe	Hnub Kos Npe (mm/dd/yyyy)

APPENDIX F *txuas ntxiv Daim Ntawv Tsis Txaus Siab rau Kev Pab Cuam los yog Kev Ua Hauj Lwm*

Cov lus hauv qab no yog cia rau qhov chaw uas koj tsis txaus siab rau ua tus teb xa rov qab rau koj.

Daim Ntawv (Form)

Hnub Txais Tau	Tus Neeg Txais Daim Ntawv Lub Npe	Nws Tuav Hauj Lwm Dab Tsi (Title)

Qhov Chaw Lub Npe (Agency)

Cov Hauj Lwm Yuav Nqes Tes Ua thiab Cov Neeg Uas Yuav Raug Nug Txog Qhov Teeb Meem (Actions and Individual(s) to be Investigated:)

Tshawb Tau Dab Tsi (Findings) (Yuav tsum ua kom tiav tsis pub dhau 30 hnub):

Cov Hauj Lwm Tau Nqes Tes Ua Lawm (Action Taken:)

Puas Tshuav Dab Tsi Yuav Ua Ntxiv? (Further Action Required?) ☐ Tshuav ☐ Tsis Tshuav
Yog Tshuav, yog dab tsi?

APPENDIX F cont'd:

YUAV UA NTAWV TSIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV UA HAUJ LWM LOS YOG KEV PAB CUAM Li CAS

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Yog koj xav tias luag ua tsis ncaj rau koj vim koj lub hnub nyoog, haiv neeg, kev ntseeg, tsos nqaij daim tawv, poj niam/txiv neej, keeb kwm teb chaws los yog poj koob yawm txwv, muaj mob xiam oob qhab los yog muaj kev koom nrog ib ib tug neeg muaj mob xiam oob qhab, raug ntes raug kaw, kev plees kev yi txawv, muaj txij nkawm los tsis muaj los yog cev xeeb tub, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv, ua tub rog, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm, koj yuav ua daim ntawv tsis txaus siab tau. Yog luag tsis kam muab kev pab rau koj raws txoj cai, los yog qhov kev pab koj tau txais ntawd raug muab cais los yog muab tsis thooj li lwm tus, los yog qhov pab koj raug muab faib tsis thooj li lwm tus los sis txawv dua lwm tus li, los yog qhov kev pab cuam ntawd tsis yooj yim rau koj mus cuag tau lawv, tej zaum nws yuav yog lawv ua tsis ncaj lawm tiag.

TSEEM CEEB: Yog luag tsis kam txais koj daim ntawv thov kev pab los yog luag hais rau koj tias koj tsis muaj feem tau txais ib qhov kev pab twg, TIAM SIS koj xav tias koj yeej muaj feem tau txais, nug qhov chaw ua hauj lwm muab kev pab ntawd kom lawv muab daim ntawv qhia txog qhov chaw ua hauj lwm txoj kev pab daws teeb meem tsis txaus siab los yog lub Xeev txoj kev pab taug kev ncaj ncees seb yuav ua li cas. Koj txoj cai thov kom rov qab muab qhov luag tau txiav txim ntawd los sib hais dua los yog thov kom Xeev tsa ib lub rooj taug kev ncaj ncees no nws tsis tas yuav tsum yog tsis txaus siab vim muaj kev ntxub ntxaug cais neeg tsis kam pab xwb.

Qhov ua ntaub ntawv tsis txaus siab los ntawm kev ntxub ntxaug cais neeg no, koj yuav ua xa mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab cuam, los yog ua xa mus rau tsoom fwv xeev los yog tsoom fwv teb chaws qhov chaw ua hauj lwm muab kev pab. Tab sis, cov ntaub ntawv ua tsis txaus siab vim hnub nyoog raws li United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) cov kev pab cuam txoj cai ntawd, yuav muab xa mus rau FNS Regional OCR tsis pub dhau 5 hnub tom qab tau txais daim ntawv tsis txaus siab. FNS Regional OCR yuav muab koj daim ntawv tsis txaus siab xa mus rau Federal Medication and Conciliation Services (FMCS) tsis pub dhau 10 hnub suav txij hnub luag tau txais koj daim ntawv. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj vim koj tau ua ntawv tsis txaus siab. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj cov neeg ua pov thawj vim lawv tau hais raws li lawv pom, hnov thiab ntsib los mus.

Cov ntawv tsis txaus siab yuav tsum ua tsis pub dhau 180 hnub suav txij hnub koj ntseeg tias muaj qhov teeb meem ntxub ntxaug cais neeg los mus. Tab txawm li no los, koj yuav tau ua kom sai li sai tau tom qab qhov teeb meem tshwm sim. YOG koj xub ua ntawv tsis txaus siab mus sib hais rau ntawm koj tus tswv hauj lwm los yog qhov chaw muab kev pab es koj ho tsis txaus siab raws li qhov luag tau txiav txim ntawd, koj tseem muaj cai ua ntawv tsis txaus siab ntxiv mus rau theem siab hauv xeev los yog tsoom fwv teb chaws thiab, tsuav yog koj ua raws lub sij hawm tsis pub dhau xwb. Yog koj yeej npaj yuav ua ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fwv teb chaws no ces koj tsis tas tos kom tau lus teb los ntawm qhov koj xub ua mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab tso.

Yog koj yuav ua daim ntawv tsis txaus siab mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab, koj yuav tau thov kom lawv muab ib daim qauv rau koj. Hu rau los yog mus ntsib tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator) ntawm ( ) - lossis TDD ( ) - . Tom qab muab daim qauv los yog daim form ua tiav lawm, rov qab muab xa mus rau tus Xyuas Txog Kev Muab Vaj Huam Sib Luag. Nws tus xov tooj yuav tsum muaj nyob rau ntawm daim form no.

Yog koj xav ua daim ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fwv teb chaws, koj yuav tau xa ncaj nraim mus rau tsoom fwv xeev los yog tsoom fwv teb chaws qhov chaw ua hauj lwm uas tau muab teev rau nplooj ntawv phab tom qab no. Nrog rau tsab ntawv tsis txaus siab no koj yuav tau sau ib daim hais qhia rau lawv tias koj tsis txaus siab rau ib qhov chaw ua hauj lwm muab kev pab los yog ib tus tswv hauj lwm uas tau nyiaj ntawm lawv los khiav hauj lwm pab sawv daws. Cov neeg khiav hauj lwm hauv xeev los yog tsoom fwv teb chaws yuav ua ntawv tuaj qhia rau koj paub tsis pub dhau 90 hnub seb qhov teeb meem muab daws li cas lawm.

APPENDIX F cont'd: Ua ntawv tsis txaus siab txog cov kev pab cuam no xa mus rau cov chaw khiav hauj lwm hauv xeev teev hauv qab no.

KEV PAB CUAM (PROGRAM)	TSOOM FWV XEEV COV CHAW KHIAV HAUJ LWM (STATE AGENCY)
Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),	**Wisconsin Department of Children and Families** 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services.	**Wisconsin Department of Health Services** Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voice: (608) 266-9372 TTY: 1-888-701-1251
Wisconsin Workforce Investment Act, thiab lwm cov kev pab cuam uas yog Wisconsin Department of Workforce Development ua tus saib xyuas.	**Wisconsin Department of Workforce Development** ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165
Unsubsidized and Trial Jobs Complaints. Tsis txaus siab rau cov chaw khiav hauj lwm uas tau nyiaj los ntawm DCF, DHS los yog DWD (Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.)	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: (608) 266-6860 TDD-Hearing Impaired: (608) 264-8752 Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: (414) 227-4384 TDD: (414) 227-4081 U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115 The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: 312-353-2158, TDD: 312-353-2158

APPENDIX F cont'd: Koj tseem muaj cai ua ntawv tsis txaus siab xa mu rau ib qhov chaw khiav hauj lwm ntawm tsoom fwv teb chaws teev nram qab no thiab.

KEV PAB CUAM (PROGRAM)	TSOOM FWV TEB CHAWS COV CHAW KHIAV HAUJ LWM (FEDERAL AGENCY)
Ua ntawv tsis txaus siab tsis hais qhov kev pab cuam twg uas tau teev los saum toj no uas yog Wisconsin Department of Health Services ua tus saib xyuas.	HHS, Director, Office for Civil Rights Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voice) (202)-619-3257 (TTY) U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Ua ntawv tsis txaus siab tsis hais qhov kev pab cuam twg (Formal Discrimination Complaint about any program.)	U.S. Dept of Justice Civil Rights Division 10th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD: 800-800-3302
Ua ntawv tsis txaus siab txog qhov kev pab cuam Supplemental Nutrition Assistance Program (SNAP) (thaum ub hu ua Food Stamp Program nyob rau theem siab ntawm Tsoom Fwv teb chaws) FoodShare (thaum ub hu ua Food Stamps in Wisconsin), WIC, TEFAP thiab qhov kev pab cuam Food Stamp Employment and Training (FSET) Program.	USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY) Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)

TUS TSIS TXAUS SIAB DAIM NTAWV TSO CAI
COMPLAINANT CONSENT/RELEASE FORM

Tus Tsis Txaus Siab Lub Npe:			Hnub Tim (mm/dd/yyyy)
Chaw Nyob:	Lub Zos:	Xeev	Zip Code
Xov Tooj ( ) -	Cell Xov Tooj ( ) -	Email Chaw Nyob	

Cov Kev Pab Cuam Uas Daim Ntawv Tso Cai No Hais Txog (Program(s) for which this Consent/Release Form apply)

Thov nyeem cov lus hauv qab no, kos npe thiab sau hnub kos npe rau ntawm qhov chaw luag kom sau.

Kuv tau twm Daim Ntawv Ceeb Toom (Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD). Kuv tus tsis txaus siab, kuv to taub tias thaum lub sij hawm luag tshawb nug txog qhov teeb meem kuv tsis txaus siab ntawd, DCF, DHS los yog DWD yuav tau qhia kuv tus kheej rau cov neeg los yog cov chaw uas kuv tau muaj lus tsis txaus siab rau lawv. Kuv paub tias DCF, DHS los yog DWD yuav hwm thiab ua raws li txoj cai Freedom of Information Act. Kuv to taub tias DCF, DHS los yog DWD yuav tau qhia txog kuv tus kheej kom paub tseeb tias kuv yog leej twg rau lawv txoj hauj lwm tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab. Ntxiv rau qhov no, kuv tus tsis txaus siab, kuv to taub tias muaj tsoom fwv teb chaws cov cai pab tiv thaiv kuv kom kuv txhob rau luag hem los yog raug luag ua phem pauj txiaj ntsim rau qhov uas kuv tau ua daim ntawv tsis txaus siab no.

TSO CAI (CONSENT / RELEASE)

TSO CAI (CONSENT GRANTED) – Kuv tau nyeem thiab to taub cov lus hais saum toj no thiab tso cai rau DCF, DHS los yog DWD muab kuv npe qhia rau cov neeg los yog cov chaw uas kuv tsis txaus siab lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no thiab muab qhia rau tsoom fwv teb chaws cov chaw khiav hauj lwm uas tau muab nyiaj txiag tuaj pab rau cov chaw no khiav hauj lwm thiab muaj cai tsom kwm taug qab kom lawv ua hauj lwm pab sawv daws raws li tsoom fwv cov cai. Kuv tseem tso cai rau DCF, DHS los yog DWD txais tau tej ntaub ntawv hais txog kuv tus kheej thaum lub sij hawm tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab no thiab. Tej ntaub ntawv muab tso tawm txog kuv tus kheej no kuj muaj xws li cov ntawv kuv tau ua thov kev pab, tej ntaub ntawv luag khaws cia txog kuv tus kheej. Kuv to taub tias cov ntaub ntawv qhia txog kuv tus kheej no yuav muab siv mus rau cov hauj lwm ntsig txog neeg cov cai thiab kev tswj kom ua raws li neeg cov cai (civil rights compliance and enforcement activities.) Kuv tseem to taub ntxiv tias tsis muaj leej twg yuam kom kuv tso cai li no. Qhov no yog kuv ua raws li kuv siab yeem xwb.
Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tso cai: _____ *(Initials)*.

TSIS KAM TSO CAI (CONSENT DENIED) -- Kuv tau nyeem thiab to taub cov lus hais thiab kuv tsis xav kom DCF, DHS los yog DWD muab kuv npe qhia rau qhov chaw uas kuv tsis txaus siab rau lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no. Tsis tas li no kuv tsis xav kom qhov chaw tau txais tej ntaub ntawv hais txog kuv tus kheej, muab kuv tej ntaub ntawv coj mus xyuas los yog coj mus sib tham txog qhov kuv tsis txaus siab. Kuv to tau tias qhov kuv tsis tso cai no yuav ua rau kev tshawb nrhiav txog qhov teeb meem kuv tsis txaus siab mus nyuaj thiab tej zaum kuv yuav mus tsis taus, thiab thaum kawg kuj yuav cia li muab kuv qhov teeb meem tsis txaus siab kaw tseg cia xwb los muaj.
Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tsis kam tso cai: _____ *(Initials)*.

Tus Neeg Tsis Txaus Siab los yog nws Tus Sawv Cev Kos Npe	Hnub Kos Npe (mm/dd/yyyy

APPENDIX G
USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT
FOR
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
WEBSITES OR WEBPAGES STATEMENT

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

If you wish to file a Civil Rights Program complaint of discrimination, complete the USDA Program Discrimination Compliant Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C., 20250-9410
202-690-7442 (Fax) or email at program.intake@usda.gov.

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

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish, or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES
571 County Road A.
PO Box 588
Green Lake, WI 54941-0588
VOICE: 920-294-4070
FAX: 920-294-4139
Email: glcdhhs@co.green-lake.wi.us

FOX RIVER INDUSTRIES
222 Leffert St.
PO Box 69
Berlin, WI 54923-0069
920-361-3484
FAX 920-361-1195
Email: fri@co.green-lake.wi.us

APPENDIX H
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The GREEN LAKE COUNTY is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of GREEN LAKE COUNTY to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed (Mr./Ms.) LEROY DISSING Phone (920)294-4070 as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.

Jack Wiesen
SIGNATURE - Executive Director or Chief Executive Officer

12/19/2013
Date Signed