

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E (R. 11/2017)

Health Services
F-00165

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

City of Appleton (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the "State Agencies") and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.

8. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities.

9. Provide translation of vital documents for each eligible LEP language 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.

Recipient identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:


Name <i>Debra Van Den Bogart</i>	Title <i>Deputy Director HR</i>
Telephone Number <i>920 832-6427</i>	Email Address <i>debravandenbergart@appleton.org</i>

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

Name <i>Sonja Jensen</i>	Title <i>Nursing Supervisor</i>
Telephone Number <i>920-832-6497</i>	Email Address <i>sonja.jensen@appleton.org</i>

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.


SIGNATURE – Authorized Representative

Date 1/9/18

Printed name: TIMOTHY M. HANNA

Title: MAYOR

RECIPIENT CONTACT INFORMATION

Name of Recipient City of Appleton		
Street Address 100 N. Appleton Street		
City Appleton	State WI	Zip Code 54911

Name of Individual Designated as Contact for Civil Rights Compliance Questions Debra Van Den Bogart	
Address 100 N. Appleton Street	
Telephone Number 920-832-6427	Email Address debra.vandenbogart@appleton.org

Name of Individual Designated to Assist with LEP Individuals and Individuals with Disabilities Sonja Jensen	
Address 100 N. appleton Street	
Telephone Number 920-832-6497	Email Address sonja.jensen@appleton.org

Name of Authorized Representative Debra Van Den Bogart	
Address 100 N. Appleton Street	
Telephone Number 920-832-6427	Email Address debra.vandenbogart@appleton.org

Instructions for completing Recipient Contact Information

- Fill in all the blanks on this form.
- Some smaller entities may not have dedicated LEP/ADA coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

APPENDIX B: FUNDING RELATIONSHIP TO DHS / DCF / DWD

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. Consolidated 2. 3.	\$139,000.00
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF <input checked="" type="radio"/> Yes	No	1. Refugee Health 2. 3.	712,300.00
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	DWD Yes	<input checked="" type="radio"/> No	1. 2. 3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD.	Yes	<input checked="" type="radio"/> No	1. 2. 3.	
Name of County or Consortium? _____				
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF/DWD.	Yes	<input checked="" type="radio"/> No	1. 2. 3.	
Name of the entity/entities:				

Instructions for completing Funding Relationship to DHS, DCF or DWD

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

APPENDIX C: FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DHS, DCF or DWD to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

Check the type of program or funding applicable to your entity.

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):

<p>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</p> <p><input type="checkbox"/> BadgerCare Plus</p> <p><input type="checkbox"/> Birth to 3</p> <p><input type="checkbox"/> Children's Long Term Support Waiver</p> <p><input type="checkbox"/> Children's Community Options Program</p> <p><input type="checkbox"/> Family Care</p> <p><input type="checkbox"/> Family Planning Only</p> <p><input type="checkbox"/> IRIS</p> <p><input type="checkbox"/> Katie Beckett</p> <p><input type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled</p> <p><input type="checkbox"/> Medicaid Purchase Plan</p> <p><input type="checkbox"/> PACE</p> <p><input type="checkbox"/> SeniorCare</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> Well Women Medicaid</p> <p><input checked="" type="checkbox"/> Other: Specify <i>MCH, Lead, Immunization, Preparedness (consolidated contract funding)</i></p> <p>Please list your specific Federal grant/funding source if not listed above.</p>	<p>USDA (FNS) programs:</p> <p><input type="checkbox"/> FoodShare/SNAP</p> <p><input type="checkbox"/> Food Stamp Employment and Training (FSET)</p> <p><input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP)</p> <p><input type="checkbox"/> Women Infants and Children (WIC)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p> <p><input type="checkbox"/> WIC Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Senior Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Other: Specify</p>
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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)

<ul style="list-style-type: none"> <input type="checkbox"/> Adoption Assistance Program <input type="checkbox"/> Adoption Finalization and Post Adoption Services <input type="checkbox"/> Brighter Futures Initiative <input type="checkbox"/> Child Abuse and Neglect - Child Protective Services <input type="checkbox"/> Child Abuse and Neglect -- Prevention Services <input type="checkbox"/> Child Care Certification or Licensing <input type="checkbox"/> Child Care Resource and Referral <input type="checkbox"/> Child Care Quality Improvement <input type="checkbox"/> Child Placing Agencies - Foster Care <input type="checkbox"/> Child Residential Care Centers & Group Homes <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare Case Management Services <input type="checkbox"/> Community Services Block Grant Services <input type="checkbox"/> Domestic Violence/Domestic Abuse <input type="checkbox"/> Programs Foster Care Payments <input type="checkbox"/> Home Visiting Services Independent Living <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Kinship Care Payments 	<ul style="list-style-type: none"> <input type="checkbox"/> Milwaukee Child Welfare Program Service Provider <input type="checkbox"/> Promoting Safe and Stable Families Refugee Assistance and Services <input type="checkbox"/> Other Services <input type="checkbox"/> Runaway Youth Services <input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First <input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program <input type="checkbox"/> Wisconsin Works (W-2) Programs <input type="checkbox"/> Youth Aids and Youth Justice grants <input checked="" type="checkbox"/> Other: Specify <i>Refugee Health Screening</i>
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Customer Service Population Analysis (CSPA) Data Chart

Program or Activity:	Public Health (Immunization, Maternal Child Prenatal refugee and Lead Poisoning & Lead Poisoning Prevention)
Service Area:	City of Appleton

Category	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		Percentage Difference (= %Elig. - %Served)
	Number	Percentage	Number	Percentage	
Total Eligible Population	72623	100%	1806	100%	
Breakdown by Race					
White	64894	89.36%	862	47.73%	-41.63%
Black or African American	1807	2.49%	367	20.32%	17.83%
American Indian or Alaska Native	870	1.2%	2	0.11%	-1.09%
Asian	4693	6.46%	397	21.98%	15.52%
Native Hawaiian or Pacific Islander	65	0.09%	0		-0.09%
More Than One Race	1848	2.54%	2	.11%	-2.43%
Subtotal, Non-White	9283	12.78%	768	42.52%	29.74%
Hispanic/Latino (Regardless of Race)	3643	5.02%	176	9.75%	4.73%
Breakdown by Sex					
Female	36664	50.49%	1178	65.23%	14.74%
Male	35959	49.51%	678	37.54%	-11.97%
Disabilities	588	0.81%	0		-0.81%

Data Source:	US Census Bureau American Fact Finder 2010 Demographic Profile City of Appleton Health Department May 2018
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Customer Service Population Data Analysis

Using the data table, determine the difference between the percentage of the total eligible population for each category and the population actually served for each category. Where a negative difference in percentage between the eligible population and the population actually served is more than the absolute value of -2% (e.g., -3%, -4%, etc.), please explain whether you believe that the result indicates recipient may not be providing service to potentially eligible participants in the particular categories.

-2.43% More than one race
-11.97% Male

Note: The WIOA program has an 80% adverse impact rule relevant to this analysis. Please contact the DWD Civil Rights Unit with any questions or for assistance.

What actions can be tried to improve program participation and encourage enrollment to categories of populations that are under-served? (**Note:** Depending on the applicable Federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate State Agency for additional information on outreach).

City of Appleton will review record keeping system to ensure it is accurately reflecting the data.
City of Appleton does not deny service to Males who meet criteria of the grant.

It may be that denials of service (includes negative decisions, licensing activities, etc.) contribute toward lower than expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar year you looked at to complete the CSPA table:

This Customer Service Data Analysis was prepared by:

Sonja Jensen, Health Department and Debra Van Den Bogart, HR
PRINT NAME of Preparer

I am the (Administrator, Coordinator or Director) of the civil rights compliance program.

Yes No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed to ensure that this requirement was met.

Yes No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

Yes No

Sonja Jensen

PRINT NAME of Authorized Representative

Debra Van Den Bogart

[Signature]

SIGNATURE of Authorized Representative

Debra Van Den Bogart

Date Signed

7/18

LEP Customer Data Analysis Chart

Program or Activity:	Public health Nursing
Service Area:	City of Appleton

Language Groups	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area (from GSPA) Number (a)	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area Number (b)	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area Percent (c) $(c) = ((b)/(a) \times 100)$	(d) LEP Population Served Served (d)	Safe Harbor Written Translation of Vital Documents Column (c) is 5% or column (b) is 1,000 or more?	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish	3373			80	Yes No	Yes No
Hmong (Asian/other)	3515			208	Yes No	Yes No
Chinese	311			9	Yes No	Yes No
German/Germanic	233			0	Yes No	Yes No
Arabic	5			7	Yes No	Yes No
Korean	59			0	Yes No	Yes No
Russian	90			0	Yes No	Yes No
Vietnamese	25			2	Yes No	Yes No
French/Patois/Creole	131			4	Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					Yes No	Yes No
Laotian					Yes No	Yes No
Pennsylvanian Dutch					Yes No	Yes No
Hindi					Yes No	Yes No
Albanian					Yes No	Yes No
Tagalog	75				Yes No	Yes No
Other: Specify/sub-Saharan	168			39	Yes No	Yes No

Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area:

- Oral interpretation is provided upon request at no charge to an LEP customer.
- We hire bilingual staff with demonstrated proficiency in English and a second language, knowledgeable of specialized terms and concepts in English and the language they interpret, and have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- We have identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- Where there are fewer than 50 people in the language group that reaches the 5% trigger; we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- For all documents, whether or not vital, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

Please discuss the **nature** of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:

None

This LEP Customer Data Analysis was prepared by:

Sonja Jensen, Health Department and Debra Van Den Bogart, HR

PRINT NAME of Preparer

I am the (Administrator, Coordinator or Director) of the LEP program.

Yes No

I met with each program administrator, coordinator or director to review the results of the analysis, the implications, and corrective action steps needed, to ensure that this requirement was met.

Yes No

I acknowledge that I understand the analysis and/or corrective actions steps needed to be in compliance with this requirement.

Yes No

Sonja Jensen

PRINT NAME of Authorized Representative

Debra Van Den Bogart

Sonja Jensen
SIGNATURE of Authorized Representative

Debra Van Den Bogart

7/18
Date Signed

NONDISCRIMINATION NOTIFICATION

APPENDIX D

HHS NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS:

The City of Appleton complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [Name of covered entity] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The City of Appleton:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sonja Jensen, Health Department or Debra Van Den Bogart, Human Resources Department.

If you believe that the City of Appleton has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Debra Van Den Bogart, **Deputy Director HR, 100 N. Appleton Street, Appleton, WI 54911, [920-832-6427], [debra.vandenbogart@appleton.org]**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Debra Van Den Bogart, Deputy Director of HR is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: Language assistance services free of charge are available to you. Call 920-832-6427.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث ذاكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-xxx-xxx-xxxx (رقم هاتف الصم اولبكم: 1-xxx-xxx-xxxx).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) पर कॉल करें।

HHS NONDISCRIMINATION STATEMENT FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICATION COMMUNICATIONS THAT ARE SMALL-SIZE:

City of Appleton complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

USDA NONDISCRIMINATION STATEMENT (SNAP/FOODSHARE AND FDPIR ONLY):

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

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

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

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

This institution is an equal opportunity provider.

USDA NONDISCRIMINATION STATEMENT (FNS NUTRITION ASSISTANCE PROGRAMS OTHER THAN SNAP/FOODSHARE AND FDPIR):

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

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

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

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

Washington, D.C. 20250-9410;

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

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

This institution is an equal opportunity provider.

DOL BABEL NOTICE:

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (920) 832-6427 for assistance in the translation and understanding of the information in this document.

Spanish ¡**IMPORTANTE!** Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (xxx) xxx-xxxx para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional **重要須知!** 本文件包含重要資訊, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。請致電 (xxx) xxxxxxxx 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese **LƯU Ý QUAN TRỌNG!** Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (xxx) xxx-xxxx để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog **MAHALAGA!** Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (xxx) xxx-xxxx upang humingi ng tulong sa pagsasalingwika at pag-unawa sa impormasyong nasa dokumentong ito.

French **IMPORTANT!** Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (xxx) xxx-xxxx pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole **ENPÒTAN!** Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (xxx) xxx-xxxx pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese **IMPORTANTE!** Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número (xxx) xxx-xxxx para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic (xxx) xxx-xxxx تاملعملما مهفن اكمب ايمهلا ن م . كنداوف او/و اكتايلووسمو اكنوقد لود اهمه تاملعملما اذ ه دننسملا اذ ه يوتحي ! مهم
تمجرتي في قدعاسم لي اذ ل و ص ح ل م ق ر ل ا لي اذ ل ص ن ا . ا ن ف ل ك ن ا ا ي ك ل م ح ت د و ن ا ل م ص ف ل م ا ك ت غ ل ب ت ا م و ل ع م ل ا ر ف و ن س و ، د ن ن س م ل ا ا ذ ه ي ف ا ر د و ل ا
ا ه م ه ف و د ن ن س م ل ا ا ذ ه ي ف ا ر د و ل ا ت ا م و ل ع م ل ا .

Russian **ВАЖНО!** В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке.

Позвоните по телефону (xxx) xxx-xxxx для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean 중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (xxx) xxx-xxxx로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

1. WIOA Title I Equal Opportunity Notice/Statement/Poster:

WIOA Title I notice must contain the following specific wording:

"Equal Opportunity Is the Law"

It is against the law for **City of Appleton**, a recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;

- providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.
- **City of Appleton** as a recipient of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Local Level

The **City of Appleton** Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

State Level

David Durán

Equal Opportunity Officer

Wisconsin Department of Workforce Development

201 East Washington Avenue, Room E100,

P.O. Box 7972 Madison, WI 53707-7972 (608) 266-6889 (voice) (608)-261-8506 (Fax); TTY/TTD: Users Call Us Through WI. Relay Services 7-1-1; Email: David2.Duran@dwd.wisconsin.gov

Federal Level

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with **City of Appleton**, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the **City of Appleton** does not give you a written Notice of Final Action within 90 days of the day on which

you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the **City of Appleton** does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

APPENDIX E

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The City of Appleton is committed to providing equal opportunity in all programs, services and activities to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. Those individuals are referred to as limited English proficient, or "LEP." Meaningful access to Federally funded programs and activities is required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person's choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

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

The entity requires its subrecipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, the LEP Coordinator is:

Name: Debra Van Den Bogart Phone: 920-832-6427 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 upon request.

Acknowledgement and Refusal of Free Interpretation Services

The City of Appleton has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

(Recipient/Subrecipient) _____ has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

Client Signature Date

Recipient Signature Date

Interpreter Signature Date

If interpreted by phone, interpreter name and #: _____

Explanation of Document (for providers and staff):

SERVICE DELIVERY DISCRIMINATION COMPLAINT

Children and Families
DCF-F-156-E (R. 11/2017)

Health Services
F-00166 (11/2017)

Workforce Development
DETS-16707-E (R. 11/2017)

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator Debra Van Den Bogart	Phone (Voice) 920-832-6427	Phone (TDD) - -
Name of Complainant	Phone - -	

Address (number, street, city, state, zip code)

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENEFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF/DWD) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

Describe the action or treatment that you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the relief or remedy you want:

SIGNATURE – Complainant or Complainant Representative

Date Signed (mm/dd/yyyy)

The information below is to be completed by the person at the entity who receives your complaint and investigates it.

Informal Complaint

Date Received	Received By	Title
---------------	-------------	-------

Agency

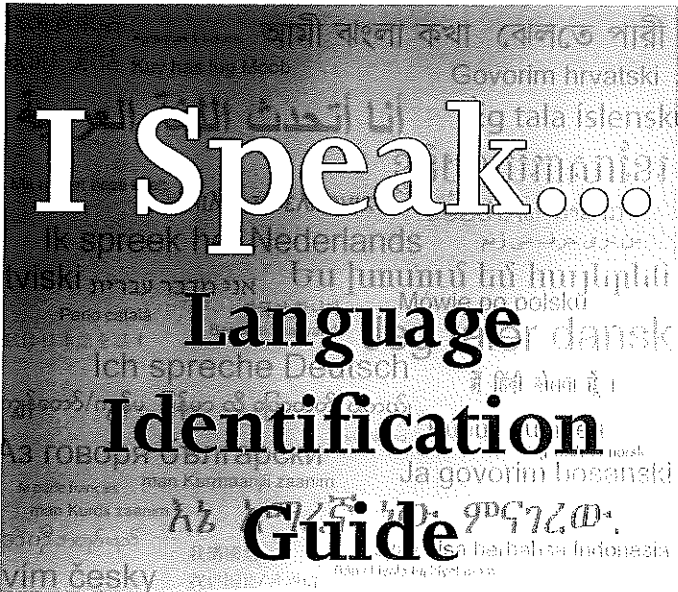
Actions and individual(s) to be investigated:

Findings (must be completed within 90 days):


Action Taken:

Further Action Required? Yes No If yes, what action is recommended?

A
Amharic አኒ የምናገረው አማርኛ ነው።
Arabic أنا أتكلم العربية
Armenian Ես խոսում եմ հայերենի
B
Bengali আমি বাংলা বলতে পারি
Bosnian Ja govorim bosanski
Bulgarian Аз говоря български
Burmese ကျွန်ုပ်တို့/ကျွန်ုပ် မြန်မာ ဝို ခြောက်တော် ဝေဟံ
C
Cambodian ខ្ញុំនិយាយភាសាខ្មែរ
Cantonese 我講廣東話 (Traditional) 我讲广东话 (Simplified)
Catalan I parlo català
Croatian Govorim hrvatski
Czech Mluvím česky
D
Danish Jeg taler dansk
Dari من دری حرف می زنم
Dutch Ik spreek het Nederlands
E
Estonian Ma räägin eesti keelt
F
Finnish Puhun suomea
French Je parle français
G
German Ich spreche Deutsch
Greek Μιλώ τα ελληνικά
Gujarati હું ગુજરાતી બોલું છું
H
Haitian Creole M pale kreòl ayisyen
Hebrew אני מדבר עברית
Hindi मैं हिंदी बोलता हूँ।
Hmong Kuv hais lus Hmoob
Hungarian Beszélék magyarul



I	M
Icelandic Ég tala íslensku	Mandarin 我講國語 (Traditional) 我讲国语/普通话 (Simplified)
Indonesian Saya berbicara bahasa Indonesia	Mongolian БИ МОНГОЛ ХЭЛ ЯРЬДАГ
Ilocano Agsaonak ti Ilocano	N
Italian Parlo italiano	Norwegian Jeg snakker norsk
J	P
Japanese 私は日本語を話す	Persian من فارسی صحبت می کنم.
K	Polish Mówię po polsku
Korean 한국어 합니다	Portuguese Eu falo português do Brasil (for Brazil) Eu falo português de Portugal (for Portugal)
Kurdish min azanim Ba Kurdi Qsa bkam	Punjabi ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ।
Kurmanci as zanîm eb kurmanji baxvim	
L	
Laotian ຂອບປາກພາສາລາວ	
Latvian Es runāju latviski	
Lithuanian Aš kalbu lietuviškai	

R
Romanian Vorbesc românește
Russian Я говорю по-русски
S
Serbian Ja govorim српски
Sign Language (American) 
Slovak Hovorím slovenská
Slovenian Govorim slovensko
Somali Waxaan ku hadlaa af-Soomaali
Spanish Yo hablo español
Swahili Ninaongea Kiswahili
Swedish Jag talar svenska
T
Tagalog Marunong akong mag-Tagalog
Tamil நான் தமிழ் பேசுகிறேன்
Thai พูดภาษาไทย
Turkish Türkçe konuşurum
U
Ukrainian Я розмовляю українською мовою
Urdu میں اردو بولتا ہوں
V
Vietnamese Tôi nói tiếng Việt
W
Welsh Dwi'n siarad Cymraeg
X
Xhosa Ndithetha isiXhosa
Y
Yiddish איך רעד יידיש
Yoruba Mo ñso Yorùbá
Z
Zulu Ngiyakhuluma isiZulu

Human trafficking is a form of modern-day slavery and involves the use of force, fraud, or coercion to exploit men, women or children and subject them into some type of labor or commercial sex act. Any minor exploited for commercial sex is a victim of human trafficking, even if not induced by force, fraud, or coercion.

Trafficking victims can be any age, race, gender, or nationality. Victims can find themselves in a foreign country and may not speak the language.

Report human trafficking to the U.S. Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Homeland Security Investigations (HSI) Tip line at 1-866-347-2423 or online at www.ice.gov/tips. The HSI Tip line is available 24/7 with language capability in over 300 languages and dialects. If calling from outside the United States, please call the non-toll free worldwide number of 802-872-6199.

To get help from the National Human Trafficking Resource Center (NHTRC) call 1-888-373-7888 or text HELP or INFO to BeFree (233733). The NHTRC is a national, toll-free hotline available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year with language capability in over 170 languages. The NHTRC is not a law enforcement or immigration authority and is operated by a nongovernmental organization funded by the federal government.

To get digital copies of this poster or "I Speak" booklet, visit www.dhs.gov/blue-campaign or contact the DHS Blue Campaign at BlueCampaign@hq.dhs.gov.



www.dhs.gov/blue-campaign
 Email: BlueCampaign@hq.dhs.gov
 Report suspicious activity to
 1-866-347-2423

I Speak is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Other resources are available at www.ice.gov. Special thanks to the Department of Justice Bureau of Justice Assistance and the Ohio Office of Criminal Justice Services for inspiration and permission to use their I Speak guide. Permission may be required for the use of Ohio Office of Criminal Justice Services information other than as included in this booklet.

