



Carlton County Comprehensive Civil Rights Plan (CCRP)

Carlton County Public Health & Human Services
14 N 11th Street, P.O. Box 650
Cloquet, MN 55720
(218) 879-4511 (voice)
MN Relay Service: 711 or (800) 627-3529 (TTY)

Civil Rights Coordinator: (218) 879-4511 (voice)
ADA Coordinator: (218) 384-9197 (voice)
Limited English Proficiency Coordinator: (218) 878-2523 (voice)

This CCRP is posted on public bulletin boards in the agency and available in the Carlton County Human Resources Office.

Americans with Disabilities Act Advisory

This information is available in accessible formats to individuals with disabilities. For information about equal access to services, call (218) 879-4511 (voice). TTY users place calls through MN Relay Service: 711 or (800) 627-3529.

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1. Purpose

As a recipient of federal financial assistance, Carlton County Public Health & Human Services (CCPHHS) is responsible for providing core services to assist and support Minnesota's most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. CCPHHS has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out CCPHHS' civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

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

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

3. Civil Rights Contact

CCPHHS designates Annie Napoli, Director, Carlton County Public Health & Human Services to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Annie Napoli
Director, Carlton County Public Health & Human Services
(218) 879-4511 (voice)
MN Relay Service: 711 or (800) 627-3529
Annie.Napoli@carltoncountymn.gov

4. Carlton County Public Health & Human Services Equal Opportunity Policy and Procedure

It is the policy of CCPHHS to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

CCPHHS employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. "Sex" includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers CCPHHS' full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with CCPHHS. The Minnesota Human Rights Act also applies to the work of CCPHHS and those agencies carrying out its programs.

Program Accessibility for People with Disabilities

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

To avoid disability discrimination, CCPHHS will:

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

Physical access includes:

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

Reasonable Modifications to Policies, Procedures or Practices

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

Effective Communication and Auxiliary Aids and Services

CCPHHS will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, CCPHHS will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, CCPHHS will give primary consideration to the requests of people with disabilities. CCPHHS will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, CCPHHS will find another equally effective auxiliary aid or service.

5. Carlton County Public Health & Human Services Civil Rights Complaint Procedure

You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. CCPHHS has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.

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

It is against the law for anyone who works for CCPHHS to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for Carlton County Public Health and Human Services' equal opportunity policy, complaint procedure and complaint form. A copy of the *Complaint Form* is located in the Appendix; Attachment B. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at CCPHHS:

Annie Napoli, Director
Carlton County Public Health and Human Services
14 N 11th Street, P.O. Box 650
Cloquet, MN 55720
(218) 879-4511 (voice)
MN Relay Service: 711 or (800) 627-3529 (TTY)
(218) 878-2500 (fax)

Procedure:

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. The complaint **must** state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.
3. CCPHHS **must** conduct an investigation of the complaint. The investigation may be informal, but it **must** be thorough and timely. People who have an interest in the complaint **must** have an opportunity to submit relevant evidence about the complaint. CCPHHS will issue a written decision on the complaint within 90 days after its filing. CCPHHS will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
4. The person filing the complaint may appeal the decision by writing to the agency's Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact **will** issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services' Appeals and Regulations Division.

5. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

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

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

Region V
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

- (b) USDA requires that the following nondiscrimination statement be provided exactly as it is shown below:**

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

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

This institution is an equal opportunity provider.

6. Filing Complaints with State Agencies:

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

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

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

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

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997, St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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

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

7. Arrangements for People with Disabilities:

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

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

6. Complaint Notification Form

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

7. Disability Compliance

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

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

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

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

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

(b) ADA Contact

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

Gary Jackson
Human Resources Director
(218) 384-9197 (voice)
MN Relay Service: 711 or (800) 627-3529 (TTY)
gary.jackson@carltoncountymn.gov

(c) Disability Complaints

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

(d) ADA Notice Document

CCPHHS will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that CCPHHS does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

CCPHHS has a copy of DHS brochure: *Do you have a disability* (DHS-4133-ENG) posted on public bulletin boards in the agency.

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

(e) Disability Policy Prohibiting Discrimination

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

8. Limited English Proficiency Plan

A copy of the Carlton County Health and Human Services Limited English Proficiency (LEP) Plan is located in the Appendix; Attachment E.

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

CCPHHS will conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, such as support staff, supervisors and managers. CCPHHS will use DHS' PowerPoint presentation or TrainLink titled Civil Rights Requirements for SNAP to train staff, document the date of the training each year and document who attends the training.

10. Civil Rights Assurance of Compliance

The Carlton County Public Health and Human Services Director has signed the *State-County Civil Right Assurance Agreement*. A copy is located in the Appendix; Attachment F.

11. CCRP Administration

CCPHHS will:

- Post a copy of its CCRP on public bulletin boards in the agency where members of the public can review it and in the employee break room where staff can review it;
- Post the CCRP on the agency's public website;
- Review the CCRP annually with ALL staff;
- For the benefit of applicants, clients and members of the public, prominently post on public bulletin boards in the agency a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure;
- Post a copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) on public bulletin boards in the agency; and
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors and managers. CCPHHS will document the date of the training each year and document who attends the training.

12. Appendix

See attachments.

Attachment A — Full List of Legal Authorities

Federal

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

State

Minnesota Human Rights Act, Chapter 363A

Civil Rights Complaint Form: Discrimination in Service Delivery

Client/complainant information

CLIENT'S NAME		EMAIL ADDRESS (OPTIONAL)	
CLIENT'S STREET ADDRESS	CITY	STATE	ZIP CODE
CLIENT'S PHONE NUMBER	NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WHO WILL KNOW HOW TO REACH YOU (OPTIONAL)		

Information about discriminating agency and/or parties

AGENCY NAME AND/OR PERSON'S NAME		AGENCY PHONE NUMBER	
AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE

Information about discrimination (check as many as apply)

- Race Color National origin Sex Creed Religion Political beliefs Age
 Disability Public assistance status Sexual orientation Marital status

If you filed this charge with any other agency, please give the name, address and phone number of the agency and the name of the investigator assigned to the case.

Details of discrimination

Explain what happened to you, including the following points:

- Explain why you believe you were treated differently.
- Explain how you were treated differently from other people.
- Give the date(s) of the incident(s).
- Give the name(s) of the people who were directly involved.
- If there were any witnesses, give their name(s) and explain what information they can provide. If you need more space, attach additional pages.

SIGNATURE	DATE
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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.equalopportunity@state.mn.us, call 651-431-3040, or use your preferred relay service. ADA1 (2-18)

Equal Opportunity & Access Division
 Contact: Civil Rights Coordinator
 651-431-3040 (voice)
 651-431-7444 (fax)
 Use preferred relay service

Attachment C — Complaint Notification Form

**COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM
COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY**

AUTHORITY: U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1

REQUIREMENT: County human service agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

ACTION REQUIRED:

Complete this form and send it to the DHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

1. Name, address, telephone number of complainant:

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

3. Type of discrimination alleged:

4. Describe the alleged discrimination, including the dates it happened. Give names and contact information of any witnesses:

5. Give a summary of the investigation findings, including any corrective action ordered:

CONTACT INFORMATION:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
(651) 431-3034 (voice) or use your preferred relay service
(651) 431-7444 (fax)
Joann.daSilva@state.mn.us



Do you have a disability?

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

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

What medical conditions may be disabilities?

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

Types of disabilities may include:

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

If you are asking for or are getting benefits through either a county human services agency or a Tribal Nation, that office will let you know if you have a disability based on information from you and your doctor.

What help is available?

If you have a disability, your county or Tribal Nation can help you by:

- Calling or meeting with you in another place if you are not able to come into the office

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

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

How does the law protect people with disabilities?

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

Civil Rights Notice

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

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

Civil Rights Complaints

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

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

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

Minnesota Department of Human Rights (MDHR)

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

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

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

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

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

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

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

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

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

U.S. Department of Agriculture

Do Not Send Applications Here

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

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

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

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov

Do Not Send Applications Here

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

This institution is an equal opportunity provider.

Carlton County Public Health & Human Services
14 N 11th Street
P.O. Box 650
Cloquet, MN 55720



For accessible formats of this information, ask your county worker.
For assistance with additional equal access to human services, contact
your county's ADA coordinator. ADA4 (2-18)

NO ENGLISH



1-218-879-4511 or 1-888-818-4511

Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ:- ስለ ዶክሜንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেনাযোগ দিন। যিদ আপিন বিনামূল্যে এই নিখতিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেরাকত বাকেস থাক। নমবরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုင်ရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយភតតិកែច្នៃក្នុង ឯកសារ បកស្រាយឯកសារនេះ សូម មេហៅទូរសព្ទទៅលេខក្នុង ឯប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. héčínhan niyé wačhínjyAnj wayúiyeska ki de wówapi sutá, ečiyA kinj wóiyawa ed ophiye wan. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



1-218-879-4511 or 1-888-818-4511

Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကိးထံလံာ်တီၤလံာ်မိတဖဉ်အယိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နီဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. نهگهر بو وهرگهرانی ئهم بهلگهنامهیه پیویستت به یارمهتی بییهرامبهره، نهوا پیوهندی بهو ژمارهیهوه بکه که له بوکسهکهی سهره وهدایه. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanží thí wíyukčanpi kin yuhá níyunspe hécha chéya, lé tkíchuŋ kin k'é nánpa opáwinyan. Lakota

ຂ້າໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。
Mandarin (Simplified Chinese)

Paɛ ro piny: Mi gööri luäk lbrä ke luɔc kä memε, yɔtni nämbär εmo tää nhial guäth εmε. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

NO ENGLISH



1-218-879-4511 or 1-888-818-4511

Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እገተ ደልዮም፤ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐጥጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówó pẹ̀lú tí tú mọ̀ àkòólẹ̀ yíí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

Limited English Proficiency (LEP) Plan

Carlton County Public Health & Human Services

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services and information at Carlton County Public Health & Human Services in Cloquet and Moose Lake, MN.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Bilingual requirements in the Food Stamp program, 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service. <http://www.gpo.gov/fdsys/pkg/CFR-1998-title7-vol4/pdf/CFR-1998-title7-vol4-sec272-4.pdf>
- Communications Services, Minnesota Statutes § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Status §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

3. Definitions

- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or

do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin. - 45 CFR 80.3(b)(2).

- **Effective communication** - In a healthcare and social services delivery setting such as Carlton County Public Health & Human Services, effective communication occurs when provider staff has taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) is able to communicate the relevant circumstances of their situation to the provider, and the provider has access to adequate information to do their job.
- **I Speak Cards** - “I Speak” Cards say both in English and the target language “I need a (target language) interpreter.”
- **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write, or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
- **Interpreting**—Interpreting means the oral, verbal, or spoken transfer of a message from the source language into the target language. Different modes of interpreting exist, such as consecutive, simultaneous, sight-translation, and summarization.
- **Language Block (LB)** – This is a block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a particular document or included as an insert in appropriate documents.
- **LEP Implementation Team** (*Patti Hart or Angela Korpela*) - Individuals appointed by Annie Napoli, Director, to review LEP Implementation activities within Carlton County Public Health & Human Services.
- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, service providers must make available to clients and their families language assistance that is free of charge and provided without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most commonly spoken by clientele as identified by Carlton County Public Health &

Human Services collection of demographic data. Currently there are 2 primary languages: Ukrainian and Spanish.

- **Qualified Bilingual staff** - Is the person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages), AND has demonstrated cultural responsiveness, AND Carlton County Public Health & Human Services have documented the above.

If the qualified bilingual staff is going to act as interpreter for others, the above criteria are required, in addition to receiving at least 8 hours annually of interpreting Continuing Education (CE) including 2 hours of ethics and 2 hours of skills development (performance skills), AND at least one of the following documented by Carlton County Public Health & Human Services:

The qualified bilingual staff:

- i. Is a Healthcare Certified Interpreter (CHI, or CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter
- ii. has received healthcare interpreting training (minimum of 40 hours)
- iii. has received community interpreting training (minimum of 40 hours)
- iv. has developed proven skills and abilities as an interpreter
- v. understands boundaries and roles as an interpreter by abiding by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, Canons, the conduct for court interpreters, or other professional codes of ethics and standards of practice related to language access

Carlton County Public Health & Human Services must keep documentation of the above readily available upon request, audits, or in the process of investigations.

Note: Carlton County does not have any qualified bilingual staff currently.

- **Qualified Interpreter** - A person who either has met training and competency requirements, or who is a certified healthcare interpreter, certified federal or certified state court interpreter and is in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics, the conduct for court interpreters, or other professional codes of ethics and standards of practice related to language access.
- **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
- **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. **Methods of Providing Services to individuals with LEP**

The primary methods used are: Telephonic interpreter via 3-way call, iPad interpreter access for in-person client visits, in-person sign language interpreter.

Contracted Qualified Interpreters: Language Line, Clarity Interpretations, Keystone Interpreting Solutions.

Telephone Interpreter Services: Language Line, Clarity Interpretations, Keystone Interpreting Solutions.

Video Remote Interpreting (VRI) Services: Language Line is set up on an iPad for Office Support and other staff's use.

Bilingual staff: None.

LEP Liaison & Coordinator: Patti Hart, 218-878-2523 patti.hart@carltoncountymn.gov

LEP Liaison Back-up: Angela Korpela, 218-878-2502 angela.korpela@carltoncountymn.gov

5. Interpreter Services

Carlton County Public Health & Human Services, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and service to all individuals with LEP and/or their families receiving information and services.

6. Translation of Documents

Carlton County Public Health & Human Services contracts qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to provide information and perform services.

7. Dissemination and Mandatory Training to Agency Staff, Volunteers, and Others

Carlton County Public Health & Human Services is committed to providing LEP training to:

- All staff at new employee orientation, AND
- At least once a year to all staff, volunteers, and contractors

Carlton County Public Health & Human Services will keep a record of those training sessions, and individual records of attendance to training will be part of personnel files. Record of this training will be kept for at least five years and readily available during DHS audits, investigations, or any proceeding and as required by the law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters and use of new technology, and
- Any other cultural and equity components related to delivery of information and services to individuals with LEP served by Carlton County Public Health & Human Services.

This LEP plan is added to the Manual of Policies and Procedures of Carlton County Public Health & Human Services.

Dissemination of Language Access Information in Public Areas

Carlton County Public Health & Human Services makes available to individuals with LEP:

- Notice of language access services by posting in public areas the “[Language Poster](#)”, available through the DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4739-ENG>)
- “[I need an interpreter](#)” cards available in 15 languages and from DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG>)
- Catalog of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

8. Annual Review of the LEP Plan

Carlton County Public Health & Human Services reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by Carlton County Public Health & Human Services during its delivery of information and services to individuals with LEP throughout the year.

Carlton County Public Health & Human Services upon DHS request will complete and submit DHS LEP Plan review annually or as often as requested by DHS.

9. Collection of Data & Its Analysis

Carlton County Public Health & Human Services is committed to monitoring and making reasonable adjustments to comply with Title VI requirements. Carlton County Public Health & Human Services will collect:

- Maxis bulk script will be run annually to get a report of preferred spoken language, preferred written language, needs an interpreter Yes or No.
- Carlton County Public Health & Human Services will use this data to be aware of the common languages and interpreting services needed and will use the data to determine if any changes need to be made to our providers of interpreter services.

10. Complaint Process:

Individuals with LEP have the right to file a formal complaint with:

- Carlton County Public Health & Human Services:
 - Patti Hart
 - 218-878-2523
 - 14 N 11 St, Cloquet, MN 55720
 - Patti.hart@carltoncountymn.gov
- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
 - Alejandro Maldonado
 - 651-431-4018
 - P.O. Box 64997
 - Saint Paul, MN
 - 55164-0997

alejandro.maldonado@state.mn.us

Fax 651-431-7440

MN Relay 711 or 1-800-627-3529

- Office for Civil Rights (OCR)
 - Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

○

This LEP Plan is available in public areas of Carlton County Public Health & Human Services, to all staff, volunteers, and contractors, and to members of the community.

Revisions to this LEP Plan

Creation March 2025 By Patti Hart

No changes made at this time as this is the creation of the LEP plan.

First Revision

Second Revision

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M DEPARTMENT OF HUMAN
SERVICES 2025-2027 STATE-COUNTY

CIVIL RIGHTS ASSURANCE AGREEMENT

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

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

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

The County Agency agrees to:

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

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

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.

4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2025-2027 Civil Rights Assurance Agreement and commit it to the above provisions.



Signature of agency representative
Carlton County PH&HS
Name of County Agency



Print Name
14 N 11 St Cloquet, MN 55720
Street Address, City, State, Zip Code

ADDENDUM

Clarification of SNAP Civil Rights Requirements — Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)," and Titles II and III of the Americans with Disabilities Act.

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

Meaningful Access for LEP Individuals

State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

Federal LEP regulations and guidance include:

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

Four Factor Analysis for Assessing LEP Needs

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

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

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

Developing an LEP Plan

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

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

Ensuring Equal Opportunity Access for Persons with Disabilities

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

DOJ published revised final regulations implementing Titles 11 and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, "Nondiscrimination on the Basis of Disability in State and Local Government Services" and 28 CFR Part 36, "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities." In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (WY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: www.ada.gov

**Please Deliver Signed
2025-2027 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT to:**

**Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division**

**P.O. Box 64997
St. Paul, MN 55164-0997**