

Notice of Nondiscrimination and Accessibility

Discrimination is Against the Law

Jefferson County Health Department, Home Health and Hospice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Jefferson County Health Department, Home Health and Hospice does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Jefferson County Home Health and Hospice:

- 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 Beth Brown, Civil Right Coordinator.

If you believe that Jefferson County Health Department, Home Health and Hospice has failed to provide these services or discriminated in any other way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Beth Brown, Administrator, Civil Rights Coordinator, 1212 Walnut Street, Oskaloosa, Kansas 66066, 785-403-0025, 1-800-766-3777 TTD; 785-863-3323 Fax; bbrown@jfcountyks.com. You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Beth Brown, Administrator, Civil Rights Coordinator 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

1-800-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-785-403-0025 (TTY: 1-800-766-3777).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-785-403-0025 (TTY: 1-800-766-3777).

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1-785-403-0025 (TTY: 1-800-766-3777)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-785-403-0025 (TTY: 1-800-766-3777).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-785-403-0025 (TTY: 1-800-766-3777) 번으로 전화해 주십시오.

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-785-403-0025 (TTY: 1-800-766-3777).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-785-403-0025 رقم هاتف الصم والبكم: 1-800-766-3777

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-785-403-0025 (TTY: 1-800-766-3777).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-785-403-0025 (ATS: 1-800-766-3777).

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-785-403-0025 (TTY: 1-800-766-3777) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-785-403-0025 (TTY: 1-800-766-3777).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawbrau koj. Hu rau 1-785-403-0025 (TTY: 1-800-766-3777).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

فراهم می باشد. یا (TTY: 1-800-766-3777) 1-785-403-0025 تماس بگیریید.

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu

1-785-403-0025 (TTY: 1-800-766-3777).