**APPENDIX C: NONDISCRIMINATION NOTIFICATION**

1. **USHHS Nondiscrimination Statement for Health Care Related Programs**

**[Name of covered entity]** complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint.

**[Name of covered entity]:**

* 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:

**[Name and/or Title of Entity’s Civil Rights and/or LEP Coordinator]**

**[Mailing Address]**

**[Telephone number], [TTY number]**

**[Email]**

FILING A GRIEVANCE

If you believe that **[Name of Covered Entity]** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, please contact **[Name and/or Title of Entity’s Contact for Civil Rights Complaints]** at:

**[Name and/or Title of Entity’s Contact for Civil Rights Complaints]**

**[Mailing Address]**

**[Telephone number], [TTY number]**

**[Email]**

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 OCR Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019 (Voice), 800-537-7697 (TTY)

OCRComplaint@hhs.gov

<https://www.hhs.gov/civil-rights>

1. **USDA Nondiscrimination Statement for SNAP 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

FILING A GRIEVANCE

If you believe that **[Name of Covered Entity]** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact **[Name and/or Title of Entity’s Contact for Civil Rights Complaints]** at:

**[Name and/or Title of Entity’s Contact for Civil Rights Complaints]**

**[Mailing Address]**

**[Telephone number], [TTY number]**

**[Email]**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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
4. **USDA Nondiscrimination Statement for all other FNS Nutrition Assistance Programs**

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, 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.  Additionally, program information may be made available in languages other than English.

FILING A GRIEVANCE

If you believe that **[Name of Covered Entity]** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, disability, age, or filing of a prior civil rights complaint, please contact **[Name and/or Title of Entity’s Contact for Civil Rights Complaints]** at:

**[Name and/or Title of Entity’s Contact for Civil Rights Complaints]**

**[Mailing Address]**

**[Telephone number], [TTY number]**

**[Email]**

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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