

NOTICE OF NONDISCRIMINATION

[Name of covered entity] 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.

[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 of Civil Rights Coordinator].

If you believe that [Name of covered entity] 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: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of 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
1-800-368-1019, 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

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| English | ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-443-0815 (TTY: 711) |
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-443-0815 (TTY: 711). |
| Chinese | 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 1-800-443-0815 (TTY : 711)。 |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-443-0815 (TTY: 711). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-443-0815 (TTY: 711). |
| Korean | 주요통역서비스에 무료로 제공됩니다. 1-800-443-0815 (TTY: 711)번 전화하십시오. |
| Armenian | ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք 1-800-443-0815 (TTY (հեռախոս)՝ 711)։ |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-443-0815 (телетайп: 711). |
| Japanese | 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。1-800-443-0815 (TTY:711) まで、お電話にてご連絡ください。 |
| Arabic | 1-800-443-0815 دعوة لك تتوفر، مجاناً، اللغوية المساعدة وخدمات، العربية تتكلم كنت إذا: تنبيه (TTY: 711) |
| Punjabi | ਸੇਵਾ: ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ, ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ, ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ, ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ ਸੇਵਾ. 1-800-443-0815 (TTY: 711) |
| Cambodian | ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-443-0815 (TTY: 711)។ |
| Hmong | LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-443-0815 (TTY: 711). |
| Hindi | सेवा: सेवा सेवा सेवा सेवा, सेवा सेवा सेवा सेवा, सेवा सेवा सेवा सेवा 1-800-443-0815 (TTY: 711) सेवा सेवा सेवा सेवा |
| Thai | เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-443-0815 (TTY: 711). |
| Farsi | تماس شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر: توجه با. باشد می فراهم (TTY: 711) 1-800-443-0815 بکیرید |