

APPENDIX A
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor
Sauk County Department of Human Services

Street Address
505 Broadway Street

City
Baraboo

State
WI

Zip Code
53913

Recipient's or Vendor's Total Workforce
650

Name of Equal Opportunity Coordinator
Michelle Posewitz

SIGNATURE - Equal Opportunity Coordinator

Date Signed
1/07/2014

Telephone Number
(608) 355-3271

Email Address
mposewitz@co.sauk.wi.us

Name of Limited English Proficiency (LEP) Coordinator
Michelle Posewitz

SIGNATURE - LEP Coordinator

Date Signed
1/07/2014

Telephone Number
(608) 355-3271

Email Address
mposewitz@co.sauk.wi.us

Name of Executive Director or Chief Executive Officer (CEO)
Kathryn Schauf

SIGNATURE - Executive Director or CEO

Date Signed
1/07/2014

Telephone Number
(608) 355-3273

Email Address
kschauf@co.sauk.wi.us

Notes:

- **Be sure to show the names in print and have the form signed where indicated.**
- **Important:** Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

APPENDIX B

FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

Please check as many as applicable

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	DCF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Child Care Administration	106014
		2. Annual State-County Child Welfare Contract	312576
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	DHS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. State and County Contract Covering Social Services and Community Programs	2913775
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	DWD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with Dane County	COUNTY AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Income Maintenance	\$652,536
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	
		2.	
		3.	

Note: If you have more than three contracts, add a copy as an attachment

Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD

Fill in all the blanks on the above form

Single-Funded Recipient

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

Mutually-Funded Recipient

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

Sauk County Department of Human Services
2013 State Contract Revenue

Line #	G/L Acct #	Revenue Line Item	2013 State Contract
1	41200.2001	Base Allocation - DHS	1,619,162
2	41200.2003	Base Allocation - DCF	172,714
3	41200.2015	Safe & Stable Families	42,827
4	41200.2035	WISACWIS On Going	7,453
5	41200.2092	TPR Legal Services	0
6	41200.2103	Adam Walsh Fingerprinting	807
7	41200.2135	Kinship Care (Benefits)	76,620
8	41200.2150	Kinship Care (Assments)	6,612
9	41200.2170	Youth Independent Living	19,171
10	41200.2170	Youth Ind Living Educ & Training	1,278
11	41200.2180	Alzheimers Family Support	13,678
12	41200.2195	COP	170,767
13	40200.2260	Adult Protective Services	46,441
14	41200.2xxx	Children's Waivers	764,883
15	41200.2435	Family Support Program	46,635
16	41200.2465	Birth to Three	121,976
17	41200.2495	Mental Health Block	17,541
18	41200.2510	AODA Block Grant	82,089
19	41300.3105	Burials W2 & Non W2	0
20	41300.3120	MA Transportation	0
21	41300.3150	IM Allocation	652,536
22	41300.3480	Child Care Administration	106,014
23	41300.37xx	FSET	45,317
24	41400.0000	WI Works W-2 Capitol Consortium	0
25	41400.4210	Children First	0
26	41700.7030	Elder Abuse Grant	21,768
27	41700.7050	Community Intervention	42,000
28	41700.7160	WHEAP (Emergency Energy)	196,296
29	41200.2500	Regional Crisis Grant	138,773
30	41200.2494	Certified Mental Health Program	30,603
		SUBTOTAL	4,443,961
31	41700.7008	Youth Aids State Charge	0
32	41700.7015	Youth Aids Community	585,310
33	41700.7020	Youth Aids AODA	8,930
		SUBTOTAL	594,240
		GRAND TOTAL	5,038,201

APPENDIX C FUNDED PROGRAMS CHECKLIST

- ✓ Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- ✓ The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

Check the type of program or funding applicable to your contract(s).

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)

<input type="checkbox"/> Wisconsin Works (W-2) <input type="checkbox"/> Adoption <input type="checkbox"/> Child Support <input checked="" type="checkbox"/> Child Care Program & Licensing <input checked="" type="checkbox"/> Children Residential Programs – Licensing <input checked="" type="checkbox"/> Child Placing Agencies- Licensing <input checked="" type="checkbox"/> Child Care Certification <input type="checkbox"/> Quality Child Care Initiative <input checked="" type="checkbox"/> Child Abuse and Neglect (Child Protective Services) <input type="checkbox"/> Interstate Compact on the Placement of Children <input type="checkbox"/> Milwaukee Child Welfare Program <input type="checkbox"/> Immigrant Integration – Social Services <input type="checkbox"/> Immigrant Integration – Older Refugee <input type="checkbox"/> Immigrant Integration – Preventative Health <input type="checkbox"/> Immigrant Integration – Health Services <input type="checkbox"/> Refugee Cash and Medical Assistance	<input checked="" type="checkbox"/> Promoting Safe and Stable Families <input type="checkbox"/> Adoption Assistance Program <input checked="" type="checkbox"/> Foster Care <input checked="" type="checkbox"/> Kinship Care <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Domestic Violence/Domestic Abuse Programs <input checked="" type="checkbox"/> Independent Living <input type="checkbox"/> Paternal Interest Registry <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula <input type="checkbox"/> Immigrant Integration – Mental Health <input checked="" type="checkbox"/> TANF-GPR <input type="checkbox"/> Other (specify):
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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):

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input type="checkbox"/> Children With Special Health Care Needs	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Refugee Health
<input type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input checked="" type="checkbox"/> AODA- Comprehensive Community Services
<input checked="" type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input checked="" type="checkbox"/> Community Support Programs (CSP)	<input checked="" type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input type="checkbox"/> Integrated Service Project (CST-ISP)	<input checked="" type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input checked="" type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input checked="" type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input checked="" type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input checked="" type="checkbox"/> BadgerCare-Plus	<input checked="" type="checkbox"/> FoodShare Program
<input checked="" type="checkbox"/> Medicaid Fee for Services	<input checked="" type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input type="checkbox"/> Other (specify):

USE this checklist for Department Workforce Development (DWD)

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

☐ Other (specify):

☐ Other (specify):

Note: The Checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with US DHHS, and USDA-FNS, grants, for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other (specify)" space to specify the type of program, grant or funding agreement administered by the agency/entity.

APPENDIX D

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of Sauk County (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

EMPLOYMENT¹

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

SERVICE DELIVERY

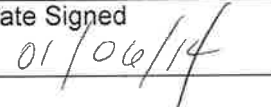
No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, sexual identity, sexual orientation, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Michelle Posewitz Phone (608) 355-3271 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer

Date Signed



¹ Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

APPENDIX E EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The Sauk County is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 608-355-3269 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 608-355-3490 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation and, in some cases, religion and political beliefs.

The U.S. Department of Health and Human Services (HHS) and Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the State information /Hotline Number. Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: Wisconsin IM Consortia.

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410
202-690-7442 (fax) or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509-F, HHH Building
Washington, D.C. 20201
Toll free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)

DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or by dialing 1-888-701-1251 (TTY)

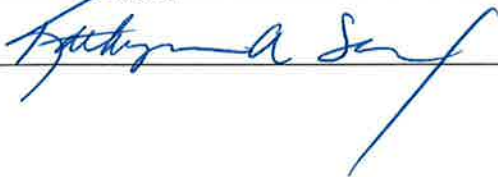
To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed

(Mr./Ms.) Michelle Posewitz Phone: 608-355-3269

as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer

Date Signed



01/06/14

APPENDIX F
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

Sauk County is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 608-355-3269 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or 608-355-3490 (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with **(Michelle Posewitz)**, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed Mr./Ms. Michelle Posewitz, (telephone: 608-355-3269) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Civil Rights Compliance Officer
P.O. Box 7850
1 West Wilson Street, Room 656
Madison, WI 53707-7850
608-266-9372 (Voice), 608-266-0583 (Fax)
Wisconsin Relay Services 711 or 1-888-701-1251 (TTY)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights
200 Independence Avenue, S.W.,
Room 509-F, HHH Building
Washington, D.C. 20301 or
Toll Free 800-368-1019 or 800-537-7697 (TDD)

Complaints can also be directed to:
HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Toll Free 800-368-1019
800-537-7697 (TDD)
312-886-1807 (Fax)

Federal Health Care Provider Conscience Protection Laws complaints must be filed at the Federal level with the HHS Office for Civil Rights (OCR).

We recommend that you use the Civil Rights Discrimination Complaint Form Package, which can be found on the federal website at <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. However, you also may file a complaint by mail, fax or email. If you need help filing a complaint, please email HHS OCR at OCRMail@hhs.gov.

For further information, contact:
Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201
Toll Free 1-800-368-1019, 1-800-537-7697 (TDD)
Email: OCRMail@hhs.gov
Website: <http://www.hhs.gov/ocr>

Sauk County, DHS, and HHS are equal opportunity service providers and employers.

**APPENDIX G: USDA-FNS EMPLOYMENT AND SERVICE DELIVERY STATEMENT
FOR
SNAP/FOODSHARE, WIC, TEFAP AND FSET PROGRAM RECIPIENTS
WEBSITES OR WEBPAGES STATEMENT**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities).**

If you wish to file a Civil Rights Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail:

U.S. Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, S.W.
Washington D.C., 20250-9410
202-690-7442 (Fax) or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish, or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.

APPENDIX H LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The Sauk County

is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of Sauk County

to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

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

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed

(Mr./Ms.) Michelle Posewitz Phone (608)355-3271

as Limited English Proficiency Coordinator. 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 to you upon request.



SIGNATURE Executive Director or Chief Executive Officer

01/06/14

Date Signed

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name Michelle Posewitz		LEP Coordinator Title Human Resources Director* (agencies have own LEP)
Telephone Number 608 - 355-3271	Email Address mposewitz@co.sauk.wi.us	

The SAUK COUNTY agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients and applicants for services, subcontractors, and referral agencies.

The SAUK COUNTY agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The SAUK COUNTY agrees to implement the requirements of the CRC Letter of Assurance.

The SAUK COUNTY agrees to conduct an annual self-assessment as required below.

- Self-Assessment Requirement--Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.



SIGNATURE - Executive Director or CEO

01/06/14

Date Signed