

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165 (12/2021)

Civil Rights Compliance Period: January 1, 2022 to December 31, 2025:

_____ (hereinafter “Recipient”) agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services and the Department of Children and Families (the “State Agencies”). This assurance is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period, or as long as Federal financial assistance is extended to Recipient, whichever is shorter. The State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.

SIGNATURE – Authorized Representative

Date: _____

Printed name: _____

Title: _____

Instructions for completing Letter of Assurance

- Complete this signature page
- Include Appendices A-1, A-2 and A-3 with the signature page
- Updates to appendices should be submitted if there are staff or funding changes

RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.
8. Provide accessible programs, facilities, and reasonable accommodations to service participants/customers with disabilities.
9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

RECIPIENT CONTACT INFORMATION

Name of Recipient	Date this Form was Completed
--------------------------	------------------------------

Street Address

City	State	Zip Code
------	-------	----------

Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions

Address

Phone Number	Email Address
--------------	---------------

Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities

Address

Phone Number	Email Address
--------------	---------------

Name and title of Recipient-Authorized Representative Making Assurances

Address

Phone Number	Email Address
--------------	---------------

Instructions for completing Recipient Contact Information

Fill in all the blanks on this form.

Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers.

The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

FUNDING RELATIONSHIP TO DHS / DCF

- Recipients may receive Federal funding through one or more State Agencies to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State Agencies identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
DHS				
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	
DCF				
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	
DHS / DCF				
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS. Name of County or Consortium:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	

Instructions for completing Funding Relationship to DHS or DCF

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.



Telephone: 414-223-4847

Fax: 414-231-1090

CIVIL RIGHTS COMPLIANCE (CRC) ATTESTATION

Complete Section I if your company receives \$50,000 or more in funding from *iCare* **AND** has 50 or more employees. Complete Section II if your company receives less than \$50,000 in funding from *iCare* **AND/OR** has fewer than 50 employees.

Section I:

I, _____, as _____ (title) am authorized to sign this attestation on behalf of _____ (company). I hereby attest that _____ (company) receives \$50,000 or more in funding from *iCare* **AND** has 50 or more employees, and therefore will complete and keep on file a Civil Rights Compliance Plan, as outlined in Appendix B of the Civil Rights Compliance Requirements published by the Wisconsin Department of Health Services (DHS) found here: <https://www.dhs.wisconsin.gov/library/P-00164.htm>. _____ (company) agrees it will produce its CRC Plan upon request by *iCare* or by the appropriate DHS State Agency.

Section II:

I, _____, as _____ (title) am authorized to sign this attestation on behalf of _____ (company). I hereby attest that _____ (company) receives less than \$50,000 in funding from *iCare* **AND/OR** has fewer than 50 employees, and therefore is not required to complete a Civil Rights Compliance Plan.

Date

Print Name

Signature