

WestCare Arizona I, Inc.



Title VI Plan
June 14, 2017



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Executive Summary

Type of Program: 5310
Type of Funding Requests: Vehicle Funds and Equipment
5310 Sub-recipient: Since 2009

Since 1973, WestCare has provided a wide spectrum of health and human services in both residential and outpatient environments. WestCare's Mission is to "Uplift the Human Spirit" and its philosophy is to devote the best collective and individual efforts to better the human condition.

WestCare Arizona I, Inc. (WC-AZ) is a subsidiary of the WestCare Foundation and is a separate 501(c)(3). The WestCare Foundation, Inc. (WC-FND) is also a 501(c)(3) non-profit founded and headquartered in Henderson, NV, and is the 'flagship' of a family of tax-exempt nonprofit subsidiaries in eighteen (18) states and two (2) US Territory island regions, and two affiliates.

WC-AZ is dedicated to working in collaboration with the public agencies and communities, as evidenced with our MOU with Silver Rider.

Today, WestCare also provides safe and reliable transportation services to our clients (who are all considered to be disabled) as well as evidence-based programs and services in the areas of:

- Behavioral and mental health.
- Substance use disorder and addiction treatment, prevention and education.
- Medically-supported detoxification and crisis stabilization.
- Therapeutic communities and residential treatment.
- Domestic violence and sexual assault prevention and support.
- Justice-related treatment and re-entry.
- HIV/AIDS and other STD counseling, testing and prevention.
- Homeless and runaway youth.
- Family counseling and reunification.
- Veterans and returning warriors and their families.
- Seniors and eldercare.
- Workforce development.
- Housing.
- Case management.
- Victim advocacy.

Non Discrimination Policy Statement

Title VI Policy Statement

The WestCare policy assures full compliance with Title VI of the Civil Rights act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any WestCare sponsored program or activity. There is no distinction between the sources of funding.

WestCare also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, WestCare will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When WestCare distributes Federal-aid funds to another entity/person, WestCare will ensure all sub-recipients fully comply with WestCare Title VI Nondiscrimination Program requirements. The Senior Vice President and other staff including the Area Director of WestCare Arizona are authorized by Board approval to oversee and implement FTA Title VI requirements.



Michael O. Lavin, Senior Vice President

WESTCARE FOUNDATION, INC.	WESTCARE ARIZONA I, INC.
POLICY TITLE: ACCESSIBILITY POLICY	
PAGES: 1 - 6	
APPLICABLE STANDARDS: WestCare Standards, CARF Standard 1.L	
APPROVAL: /s/ RICHARD E. STEINBERG	
DATE OF SIGNATURE: 6/16/11	
ORIGINAL EFFECTIVE DATE: 6/16/11	
REVISED DATE:	

Accessibility Policy

INTENT

Accessibility to services and operations is a key factor in optimizing the benefit of treatment services for persons served and enhancing the quality of life for those served. WESTCARE is dedicated to taking all appropriate steps to remove architectural, environmental, attitudinal, financial, employment, communication, transportation, and other barriers that may be identified. These steps include implementation of nondiscriminatory employment practices and meeting the expectations of stakeholders in the area of accessibility.

WESTCARE is committed to compliance with all appropriate legal and regulatory requirements related to accessibility that arise from such sources as Equal Employment Opportunity, Affirmative Action, Older American's Act, Occupational Safety & Health Administration (OSHA) and the Department of Health, Department of Children and Families, and other contractual regulations and obligations as well as various national accreditation standards.

Further, WESTCARE strives to reasonably accommodate all individuals, whether persons served or personnel, who may have a documented disability. All requests for reasonable accommodations are identified, reviewed, decided upon and documented. WestCare promotes accessibility and the removal of barriers for the persons served and other stakeholders.

FACILITIES,

ARCHITECTURE, PHYSICAL BARRIERS

WESTCARE's physical facilities are continually being reviewed and the goal is for all physical facilities to meet the Americans with Disabilities Act standards. Plans for improvement, when reasonable and appropriate, are developed through the administration of the organization with the support and recommendations of the Board of Directors.

Leased premises: When arrangements are made to lease a facility for use by WESTCARE, the facility must show evidence of compliance with local ordinances and codes as well as compliance or reasonable steps toward compliance with the Americans with Disabilities Act.

Accessibility of Facilities: Services are provided in facilities that are conveniently located and accessible to persons served, personnel, and the community-at-large. Service providers are oriented to the requirement of providing services in an accessible manner to all persons served. Accessibility is reviewed in regional management team meetings and in senior management meetings of the organization.

ENVIRONMENTAL BARRIERS

Services - Days/Hours: The days and hours of operation are routinely scheduled to ensure maximum opportunity for persons served to access and receive services and the hours and days of service are regularly reviewed by the management teams for effectiveness and efficiency.

CLIENT SERVICES

Physically Impaired and/or Challenged Persons

Persons that are physically impaired and/or challenged will be served within all programs and services of WESTCARE to the extent it is safely possible in the individual WestCare facilities. Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective Program Director and/or Program Coordinator will review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment.

ATTITUDINAL BARRIERS

Attitudinal barriers are addressed through continuous training in civil rights and cultural diversity beginning with new employee orientation. When evidence exists of attitudinal barriers to employment or services, the Clinical Director and/or Human Resources staff provides training and consultation through supervisors. Disciplinary action is taken, as needed and appropriate, when violations are known to have occurred.

WestCare personnel participate in a multitude of events in the community to educate others and reduce the stigma often associated with substance abuse. A quarterly newsletter is published and distributed to help raise awareness of the assistance WestCare offers to persons with substance abuse issues, to highlight WestCare's participation in community events, and to let the public know of new programs.

FINANCIAL BARRIERS

To provide the highest quality services at the most reasonable cost keeping consistent with corporate solvency. WestCare aggressively seeks funding opportunities. Fees shall be set to cover direct and indirect costs of providing each service and program offered by the organization. However, no client is denied services solely on their inability to pay the total program fee and a sliding scale fee schedule is available.

EMPLOYMENT BARRIERS

Employment access to person's representative of the various cultures of the community is ensured through aggressive marketing of positions in multiple and varied media sources, supervisory training and regular review of policies, procedures, and practices. When possible, and as appropriate, the organization employs prior recipients of services. Regular feedback is obtained from persons served, family members, funding sources, regulatory bodies, and other representatives and agencies of the community through satisfaction surveys, suggestion programs (for staff and clients), consumer advocacy groups, and community representation by the key managers of the community organizations.

WestCare continuously seeks to ensure that the employees, managers, and members of the Board of Directors represent the various populations served within the community. A representation of a diverse spectrum of cultures, races and genders is maintained through strategic efforts designed for this purpose.

WestCare advertises employment opportunities externally in the local newspaper, on the local newspaper's website, and internally on WestCare's website.

COMMUNICATION BARRIERS

Interpretative services, e-mail, automated attendants, pagers, cellular phones, newsletters and the internet are some of the communication devices that are continuously reevaluated for increased and improved access.

HEARING IMPAIRED AND/OR CHALLENGED PERSONS

Persons that are hearing impaired and/or challenged will be served within all programs and services of WESTCARE to the extent it is safely possible in the individual WestCare facilities. Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective Program Director and/or Program Coordinator will review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment.

Sign Language/Oral Interpreter: The Program Director will formally notify the person served of their right to have a qualified sign language and/or oral interpreter provided, when available and when funding is available, while participating in program activities. Sign and oral interpreters that are certified and licensed can be arranged through The Deaf Services Center. Information is available with each program and clinical director.

It is suggested that a hearing impaired person will be assisted and mentored in the respective program through the “buddy” system. A volunteer client mentor will be assigned to ensure that the hearing challenged person is included in all program activities, made aware of unsafe situations, and assisted upon personal request.

VISION IMPAIRED AND/OR CHALLENGED PERSONS

Persons served that are sight impaired and/or challenged will be served within all programs of WESTCARE to the extent it is safely possible in the individual WestCare facilities. Reasonable accommodations will be made to assist the person served to participate to the level possible.

The respective Program Director and/or Program Coordinator will review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment.

The only treatment requirement that would be different for vision impaired and/or challenged persons would be the reading requirements of some program components. To accommodate this need, staff will do the following:

1. Read all assignments to the person served;
2. Provide the person served a tape-recorded reading assignment and a tape recorder.
3. Assign a buddy mentor to read the assigned material to the person.

Mobility restrictions of a sight impaired/challenged person will be managed through the “buddy” system. A person served will be assigned a volunteer buddy to ensure that the sight impaired/challenged individual is escorted through the building and to services, thus providing access to all program activities and services.

LITERACY DEFICIENCIES/ CHALLENGES

Persons served that are non-literate and/or challenged will be served within all programs of WESTCARE. Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective Program Director and/or Program Coordinator will review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment.

Language Deficiencies/Challenges

Persons served that are English or Spanish language impaired and/or challenged will be served within all programs of WESTCARE. Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective Program Director and/or Program Coordinator will

review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment.

WESTCARE services and programs strive to provide written material in Spanish when needed. Interpreter services are available to assist the person served, if needed, when the command of either of these two languages would not allow for full participation in the program and/or services best suited to meet the needs of the person.

ADAPTIVE DEVICES

Adaptive Devices and related equipment are available, or resources to such are available, to persons with special needs. Examples of such devices include equipment to assist the hearing impaired/challenged; individuals to provide signing or translation services; language assistance; mobility assistance as well as materials and equipment for individuals who are visually challenged.

LEADERSHIP ACCESSIBILITY

WESTCARE strives to model principles of accessibility concerning communication with leadership, to all persons served as well as to the community-at-large. Communications are accessible to all employees and persons served through the use of periodically issued bulletins, newsletters, and news articles.

LEADERSHIP COMMUNITY INVOLVEMENT

WESTCARE actively encourages the involvement of staff and providers in community outreach and advocacy efforts. WESTCARE has appointed representatives on numerous professional and peer driven boards and organizations within the community with the purpose of representing the needs of the persons served and insuring a smooth and organized system of addressing the needs of the community in the areas of Arizona where programs are located.

LEADERSHIP & STAFF DIVERSITY

WESTCARE's staff and provider network reflects the diversity represented within the areas of Nevada where programs are located. WESTCARE practices affirmative action in its recruitment, hiring and contracting efforts and actively works on retaining all employees in the organization.

TRANSPORTATION BARRIERS

Access to Public Transportation: WESTCARE's physical facilities are accessible to public and private transportation as they are located on central public transportation routes, well-marked, and conveniently located near major intersections for commuters. Each facility owned, leased or rented by the organization has a description of access by public and private transportation. WestCare.

WestCare Vans: Additionally, transportation is provided to persons served and employees, as needed and/or as funding is available, to enhance and promote the availability of programs, services and employment. The organization also provides a number of services through the use of vans and other vehicles, when possible, in an effort to take services to the community.

IN SUMMARY, WestCare is active in its attempts to ensure that barriers to service are either non-existent or minimal. Through continual self-inspection of facilities, WestCare's Environmental of Care Plan, strategic planning, WestCare's Incident Reporting System, Performance Improvement Plan and regular management team meetings, WestCare identifies and addresses potential or real barriers.

Non Discrimination Notice to the Public

*As posted on our website www.westcare.com

NOTIFYING THE PUBLIC OF RIGHTS UNDER TITLE VI AND ADA

WestCare operates its programs and services without regard to race, color, national origin or disability in accordance with the Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with:

Cheryl Debatt
WestCare Arizona Area Director
821 Hancock Road Suite #2
Bullhead City, AZ 86442
928-763-1945

If the complaint is filed against WestCare, the complaint will be forwarded to the Human Resources Department in Henderson, Nevada; notification sent all complaints will be promptly investigated.

WestCare Foundation Office
Shannon Alvarez / VP Human Resources
1711 Whitney Mesa Dr.
Henderson, NV 8901
702-385-2090

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: ADOT: ATTN: Title VI Program Manager 206 S. 17th Ave MD 155A RM: 183 Phoenix AZ, 85007 FTA: ATTN: title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact 928-763-1945 - WestCare Arizona will upon request have an interpreter provide the information and will be consistent with LEP guidance. Para información en Español llame: Cheryl Debatt, WestCare Arizona Area Director, 821 Hancock Road Suite #2, Bullhead City, AZ 86442 / P 928-763-1945

Non Discrimination Notice to the Public– Spanish

NOTIFICAR AL PÚBLICO DE LOS DERECHOS BAJO TÍTULO VI Y ADA

WestCare opera sus programas y servicios sin importar raza, color, origen nacional o discapacidad según el título VI de la ley de derechos civiles de 1964, sección 504 de la Rehabilitation Act de 1973 y el Americans with Disabilities Act de 1990 (ADA). Cualquier persona que cree que él o ella ha sido agraviado por cualquier práctica discriminatoria ilegal bajo el título VI puede presentar una queja con:

Cheryl DeBatt
Director de área de Arizona WestCare
821 Hancock Road Suite #2
Bullhead City, AZ 86442
928-763-1945

Si la denuncia es contra WestCare, se remitirá la queja al Departamento de recursos humanos en Henderson, Nevada. Todas las quejas se investigarán inmediatamente.
Oficina de la Fundación de WestCare

Shannon Alvarez / Vicepresidente de recursos humanos
Dr. Whitney Mesa de 1711.
Henderson, NV 8901
702-385-2090

Un querellante puede presentar una queja directamente con el Departamento de transporte de Arizona (ADOT) o la administración de tránsito Federal (FTA) mediante la presentación de una denuncia directamente ante las oficinas correspondientes de los derechos civiles: ADOT: ATTN: título VI Programa Gerente 206 S. 17th Ave MD 155A RM: 183 Phoenix AZ, 85007 FTA: ATTN: título VI Programa Coordinador, edificio este, 5th Floor TCR 1200 New Jersey Ave. , SE Washington DC 20590

Si necesita información en otro idioma, contacto 928-763-1945-Arizona WestCare petición tendrá un intérprete proporcionar la información y será coherente con la orientación LEP. Para información en Español promocionando: Cheryl DeBatt, Director de área de Arizona WestCare, 821 Hancock Road Suite #2, Bullhead City, AZ 86442 / P 928-763-1945

Discrimination ADA / Title VI Complaint Procedures

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to member of the public.

Title VI Procedures and Compliance

Discrimination Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by WESTCARE ARIZONA I INC. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). WESTCARE ARIZONA I, INC. investigate complaints received no more than 180 days after the alleged incident will WESTCARE ARIZONA I, INC. process complaints that are complete.

Once the complaint is received, WESTCARE Human Resources will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

WESTCARE ARIZONA I, INC. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, WESTCARE ARIZONA, INC. may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days WESTCARE ARIZONA I, INC. can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

WestCare will inform ADOT of all discrimination complaints within 72 hours of receiving. The complaint will then be logged identifying its basis of discrimination, the status, and the next steps. The complaint procedure will be made available to the public at www.westcare.com.

Discrimination Complaint Form

A copy of the complaint form in English and Spanish is provided for WESTCARE ARIZONA I, INC. at www.westcare.com.

Record Retention and Reporting Policy

FTA requires that all direct and primary recipients document their compliance by submitting a Title VI Plan to their FTA regional civil rights officer once every three (3) years. WESTCARE ARIZONA, INC. will submit Title VI Plans to ADOT for concurrence on an annual basis or any time a major change in the Plan occurs.

Compliance records and all Title VI related documents will be retained for a minimum of three (3) years and reported to the primary recipient annually.

Sub-recipient Assistance and Monitoring

WESTCARE ARIZONA, INC. does not have any sub-recipients to provide monitoring and assistance. As a sub-recipient to ADOT, WESTCARE ARIZONA, INC. utilizes the sub-recipient assistance and monitoring provided by ADOT, as needed. In the future, if WESTCARE ARIZONA I, INC. has sub-recipients, it will provide assistance and monitoring as required by FTA Circular 4702.1B.]

Contractors and Subcontractors

WESTCARE ARIZONA I, INC. am responsible for ensuring that contractors are in compliance with Title VI requirements. Contractors may not discriminate in the selection and retention of any subcontractors. Subcontractors also may not discriminate in the selection and retention of any subcontractors. WC-AZ, contractors, and subcontractors may not discriminate in their employment practices in connection with federally assisted projects. Contractors and subcontractors are not required to prepare or submit a Title VI Plan. However, the following nondiscrimination clauses will be inserted into every contract with contractors and subcontractors subject to Title VI regulations.

Nondiscrimination Clauses

During the performance of a contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "Contractor") must agree to the following clauses:

1. **Compliance with Regulations:** The Contractor shall comply with the Regulations relative to nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation (hereinafter, "USDOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this Agreement.
1. **Nondiscrimination:** The Contractor, with regard to the work performed during the contract, shall not discriminate on the basis of race, color, national origin, sex, age, disability, religion or family status in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.
2. **Solicitations for Subcontractors, including Procurements of Materials and Equipment:** In all solicitations made by the Contractor, either by competitive bidding or negotiation for work to be performed under a subcontract, including procurements of materials or leases of equipment; each potential subcontractor or supplier shall be notified by the Contractor of the subcontractor's obligations under this contract and the Regulations relative to nondiscrimination on the basis of race, color, national origin, sex, age, disability, religion or family status.
3. **Information and Reports:** The Contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the *Florida Department of Transportation*, the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a Contractor is in the exclusive possession of another who fails or refuses to furnish this information the Contractor shall so certify to the *Florida Department of Transportation*, the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* as appropriate, and shall set forth what efforts it has made to obtain the information.

4. **Sanctions for Noncompliance:** In the event of the Contractor's noncompliance with the nondiscrimination provisions of this contract, WESTCARE ARIZONA, INC. shall impose contract sanctions as appropriate, including, but not limited to:
 - a. withholding of payments to the Contractor under the contract until the Contractor complies, and/or
 - b. Cancellation, termination or suspension of the contract, in whole or in part.
5. **Incorporation of Provisions:** The Contractor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurement of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto. The Contractor shall take such action with respect to any subcontract or procurement as the WESTCARE ARIZONA I, INC. Florida Department of Transportation, the Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration may direct as a means of enforcing such provisions including sanctions for noncompliance.

Disadvantaged Business Enterprise (DBE) Policy

As a part of the Joint Participation Agreement (JPA) with ADOT, WESTCARE ARIZONA I, INC. and its contractors and subcontractors agree to ensure that Disadvantaged Business Enterprises as defined in 49 CFR Part 26, as amended, have the opportunity to participate in the performance of contracts. WESTCARE ARIZONA I, INC. and its contractor and subcontractors shall not discriminate on the basis of race, color, national origin, or sex in the performance of any contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of ADOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of the contract or such other remedy as the recipient deems appropriate.

E-Verify

As a part of the JPA with ADOT, vendors and contractors of WESTCARE ARIZONA I, INC. shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the vendor or contractor while contracted with WC-AZ. Additionally, vendors and contractors shall expressly require any subcontractors performing work or providing services pursuant to work for WESTCARE ARIZONA I, INC. shall likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor while working for WC-AZ .

Discrimination ADA / Title VI Complaint Form

WestCare Arizona I, Inc.

Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Electronic Mail Address:					
Accessible Requirements?	Format	Large Print		Audio Tape	
		TDD		Other	
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this question, go to Section III.					
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you have filed for a third party: _____					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No	
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age		
<input type="checkbox"/> Disability	<input type="checkbox"/> Family or Religious Status	<input type="checkbox"/>	Other	(explain)	

Date of Alleged Discrimination (Month, Day, Year): _____					
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____					
Section IV					
Have you previously filed a Title VI complaint with this agency?			Yes	No	

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:

Cheryl Debatt
 WestCare Arizona Area Director / Title VI Coordinator
 821 Hancock Road Suite #2
 Bullhead City, AZ 86442
 928-763-1945

WestCare Arizona I, Inc.

Título VI queja forma

Sección I:				
Nombre:				
Dirección:				
Teléfono (casa):			Teléfono (trabajo):	
Dirección de correo electrónico:				
¿Requisitos de formato accesible?	Letra de gran tamaño		Cinta de audio	
	TDD		Otros	
Sección II:				
¿Está presentando esta denuncia en su nombre?			Sí *	No
* Si contestaste "sí" a esta pregunta, vaya a la sección III.				
Si no, por favor suministrar el nombre y la relación de la persona para quien se quejan:				
Por favor explique por qué han presentado por un tercero: _____				
Por favor confirme que ha obtenido el permiso de la parte agraviada si está presentando en nombre de un tercero.			Sí	No
Sección III:				
Creo que la discriminación que viví fue basada en (marque todos que aplican):				
<input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> <input type="checkbox"/> de nacionalidad edad				
<input type="checkbox"/> <input type="checkbox"/> Discapacidad otros (explicar) ____				

Creo que la discriminación que viví fue basada en (marque todos que aplican):

Raza Color de nacionalidad edad

Discapacidad otros (explicar) ____

Fecha de la supuesta discriminación (mes, día, año): _____

Explicar lo más claramente posible lo que sucedió y por qué usted cree que fueron discriminados. Describir a todas las personas que participaron. Incluir el nombre e información de contacto de la persona que discriminó (si se conoce) así como los nombres y la información de contacto de cualquier testigo. Si necesita más espacio, utilice el dorso de este formulario.

Sección IV

¿Usted ha presentado anteriormente una queja del título VI con esta agencia?

Sí

No

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sección V

¿Se presentó esta queja con cualquier otro Federal, estado o agencia local o con cualquier Tribunal Federal o estatal?

Sí No

En caso afirmativo, marque todas las que aplican:

Agencia Federal para el : _____

Tribunal Federal de la agencia estatal _____

Tribunal del estado Local Agencia _____

Sírvanse facilitar información sobre una persona de contacto en la Agencia/tribunal donde se presentó la queja.

Nombre:
Título:
Agencia:
Dirección:
Teléfono:
Sección VI
Nombre de denuncia de la agencia está en contra de:
Persona de contacto:
Título:
Número de teléfono:

Usted puede conectar cualquier material escrito u otra información que crees que es relevante a su queja.

Firma y fecha especificadas a continuación

Firma fecha

Por favor enviar este formulario personalmente en la siguiente dirección, o enviar por correo este formulario a:

Cheryl Debatt

Director de área de Arizona WestCare / título VI Coordinador

821 Hancock Road Suite #2

Bullhead City, AZ 86442

928-763-1945

Discrimination Investigations, Complaints, and Lawsuits

FTA Circular 4702.1B, Chapter III, Paragraph 7: In order to comply with the reporting requirements of 49 CFR 21.9(b), FTA requires all recipients to prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin: active investigations....; lawsuits, and complaints naming the recipient.

In accordance with 49 CFR 21.9(b), WESTCARE ARIZONA I, INC. will record and report any investigations, complaints, or lawsuits involving allegations of discrimination. The records of these events shall include the date the investigation, lawsuit, or complaint was filed; a summary of the allegations; the status of the investigation, lawsuit, or complaint; and actions taken by WESTCARE ARIZONA I, INC. in response; and final findings related to the investigation, lawsuit, or complaint. The records for the previous three (3) years shall be included in the Title VI Plan when it is submitted to ADOT. WESTCARE ARIZONA I, INC. has had **no** transit-related Title VI investigations, complaints, and lawsuits involving allegations of discrimination on the basis of race, color, or national origin over the past three (3) years. A summary of these incidents is recorded in Table 1.

Table 1: Summary of Investigations, Lawsuits, and Complaints

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations	0			
1.				
2.				
Lawsuits	0			
1.				
2.				
Complaints	0			
1.				
2.				

WestCare Arizona I, Inc. has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in 2016

Public Participation Plan

FTA Circular 4702.1B, Chapter III, Paragraph 4.a.4: Every Title VI Plan shall include the following information: A public participation plan that includes an outreach plan to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Plan submission. A recipient's targeted public participation plan of minority populations may be part of efforts that extend more broadly to include constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others.

WC-AZ provides transportation related outreach through public presentations, word of mouth, brochures and through collaboration with other community organizations. Efforts are made to reach riders in remote rural locations so they are not disenfranchised and offered the same transportation opportunities as those living in a more populated area of Mohave County.

Language Assistance Plan

FTA Circular 4702.1B, Chapter III, Paragraph 9: Recipients shall take reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for individuals who are limited English proficient (LEP).

WESTCARE ARIZONA I, INC. operates a transit system within Mohave County, AZ. The Language Assistance Plan (LAP) has been prepared to address WC-AZ's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak or understand English are LEP. In WESTCARE ARIZONA I, INC. service area there are 204,737 residents, 11.6% who speak a language other than English at home or who describe themselves as not able to communicate in English very well (Source: US Census). Out of the 11.6% of persons who speak a language other than English at home, 10.72% speak Spanish.

WESTCARE ARIZONA, INC. is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. WESTCARE ARIZONA I, INC. has utilized the U.S. Department of Transportation (DOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP.

DEMOGRAPHICS		Mohave County, Arizona				
Subject	Total		Percent of specified language speakers			
	Estimate	Margin of Error	Speak English "very well"		Speak English less than "very well"	
			Estimate	Margin of Error	Estimate	Margin of Error
Population 5 years and over	192,410	+/-134	95.7%	+/-0.5	4.3%	+/-0.5
Speak only English	88.4%	+/-0.7	(X)	(X)	(X)	(X)
Speak a language other than English	11.6%	+/-0.7	62.7%	+/-2.9	37.3%	+/-2.9
Spanish or Spanish Creole	9.2%	+/-0.6	61.0%	+/-3.6	39.0%	+/-3.6
Other Indo-European languages	1.1%	+/-0.2	85.9%	+/-5.1	14.1%	+/-5.1
Asian and Pacific Island languages	0.7%	+/-0.1	46.3%	+/-13.8	53.7%	+/-13.8
Other languages	0.6%	+/-0.2	63.7%	+/-16.0	36.3%	+/-16.0
SPEAK A LANGUAGE OTHER THAN ENGLISH						
Spanish or Spanish Creole	17,752	+/-1,128	61.0%	+/-3.6	39.0%	+/-3.6
5-17 years	3,710	+/-612	81.0%	+/-7.1	19.0%	+/-7.1
18-64 years	11,965	+/-838	56.7%	+/-4.0	43.3%	+/-4.0
65 years and over	2,077	+/-243	50.2%	+/-10.6	49.8%	+/-10.6
Other Indo-European languages	2,206	+/-433	85.9%	+/-5.1	14.1%	+/-5.1
5-17 years	44	+/-42	70.5%	+/-55.7	29.5%	+/-55.7
18-64 years	1,042	+/-326	93.5%	+/-4.4	6.5%	+/-4.4
65 years and over	1,120	+/-273	79.6%	+/-9.6	20.4%	+/-9.6
Asian and Pacific Island languages	1,351	+/-263	46.3%	+/-13.8	53.7%	+/-13.8
5-17 years	18	+/-31	100.0%	+/-75.1	0.0%	+/-75.1
18-64 years	989	+/-330	46.0%	+/-12.6	53.1%	+/-12.6

Subject	Mohave County, Arizona					
	Total		Percent of specified language speakers			
			Speak English "very well"		Speak English less than "very well"	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
65 years and over	285	+/-135	43.2%	+/-20.5	56.8%	+/-20.5
CITIZENS 18 YEARS AND OVER						
All citizens 18 years and over	154,694	+/-848	97.8%	+/-0.3	2.2%	+/-0.3
Speak only English	92.4%	+/-0.6	(X)	(X)	(X)	(X)
Speak a language other than English	7.6%	+/-0.6	71.6%	+/-3.6	28.4%	+/-3.6
Spanish or Spanish Creole	5.5%	+/-0.4	70.8%	+/-4.3	29.2%	+/-4.3
Other languages	2.2%	+/-0.3	73.4%	+/-7.7	26.6%	+/-7.7
PERCENT IMPUTED						
Language status	6.9%	(X)	(X)	(X)	(X)	(X)
Language status (speak a language other than English)	5.1%	(X)	(X)	(X)	(X)	(X)
Ability to speak English	5.8%	(X)	(X)	(X)	(X)	(X)

Limited English Proficiency Plan

WESTCARE ARIZONA I, INC. operates a transit system within Mohave County. The Language Assistance Plan (LAP) has been prepared to address WC-AZ's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak or understand English are LEP. In WESTCARE ARIZONA I, INC. service area there is a total population of 207,77 with 20,111 residents or 10.72% (Spanish) who describe themselves as not able to communicate in English "very well" (Source: US Census). WESTCARE ARIZONA I, INC. is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. WESTCARE ARIZONA I, INC. has utilized the U.S. Department of Transportation (USDOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP.

The U.S. Department of Transportation Handbook, titled "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers, (April 13, 2007) " (hereinafter "Handbook"), states that Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., and its implementing regulations provide that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives Federal financial assistance (Handbook, page 5). The Handbook further adds that Title VI prohibits conduct that has a disproportionate effect on LEP persons because such conduct constitutes national origin discrimination (Handbook, page 5).

Executive Order 13166 of August 16, 2000 states that recipients of Federal financial assistance must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons (Handbook, page 6). Additionally recipients should use the DOT LEP Guidance to determine how best to comply with statutory and regulatory obligations to provide meaningful access to the benefits, services, information and other important portions of their programs and activities for individuals who are LEP (Handbook, page 6). These provisions are included in FTA Circular 4702.1B in Paragraph 9 of Chapter III (pages III-6 to III-9).

For many LEP individuals, public transit is the principal transportation mode available. It is important for WESTCARE ARIZONA I, INC. be able to communicate effectively with all of its riders. When WESTCARE ARIZONA I, INC. is able to communicate effectively with all of its riders, the service provided is safer, more reliable, convenient, and accessible for all within its service area. WESTCARE ARIZONA I, INC. is committed to taking reasonable steps to ensure meaningful access for LEP individuals to this agency's services in accordance with Title VI.

This plan will demonstrate the efforts that WESTCARE ARIZONA I, INC. undertakes to make its service accessible to all persons without regard to their ability to communicate in English. The plan addresses how services will be provided through general guidelines and procedures including the following:

- Identification: Identifying LEP populations in service areas
- Notification: Providing notice to LEP individuals about their right to language services
- Interpretation: Offering timely interpretation to LEP individuals upon request
- Translation: Providing timely translation of important documents
- Staffing: Identifying WESTCARE ARIZONA I, INC. staff to assist LEP customers
- Training: Providing training on LAP to responsible employees.

I. Four Factor Analysis

The analysis provided in this report has been developed to identify LEP population that may use WESTCARE ARIZONA I, INC. services and identify needs for language assistance. This analysis is based on the “Four Factor Analysis” presented in the Implementing the Department of Transportation’s Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient (LEP) Persons, dated April 13, 2007, which considers the following factors:

1. The number and proportion of LEP persons in the service area who may be served or are likely to encounter a program, activity or service.
2. The frequency with which LEP persons come in contact with WESTCARE ARIZONA I, INC. programs, activities or services.
3. The nature and importance of programs, activities or services provided by WESTCARE ARIZONA I, INC. to the LEP population.
4. The resources available to WESTCARE ARIZONA I, INC. and overall costs to provide LEP assistance

a. Factor 1: The Number and Proportion of LEP Persons Served or Encountered in the Eligible Service Population

Of the 204,737 residents in the WESTCARE ARIZONA I, INC. service area 20,111 residents describe themselves as speaking English less than “very well”. People of Spanish or Spanish Creole descent are the primary LEP persons likely to utilize WESTCARE ARIZONA I, INC. services. For the WESTCARE ARIZONA I, INC. service area, the American Community Survey of the U.S. Census Bureau shows that among the area’s population 97% speak English “very well”. For groups who speak English “less than very well”, 3% speak Spanish.

b. Factor 2: The Frequency with which LEP Individuals Come into Contact with Your Programs, Activities, and Services

The Federal guidance for this factor recommends that agencies should assess the frequency with which they have contact with LEP individuals from different language groups. The more frequent the contact with a particular LEP language group, the more likely enhanced services will be needed.

WESTCARE ARIZONA I, INC. has assessed the frequency with which LEP individuals come in daily contact with the transit system. The methods utilized for this assessment include analysis of Census data, examining phone inquiries, requests for translated documents, and staff survey. As discussed above, Census data indicates that of the 886,900 residents in the WESTCARE ARIZONA I, INC. service area 23,971 residents describe themselves as speaking English less than “very well”. People of Spanish or Spanish Creole descent are the primary LEP persons likely to utilize WESTCARE ARIZONA I, INC. services. Phone inquiries and staff survey feedback indicated that WESTCARE ARIZONA I, INC. dispatchers and drivers interact frequently with LEP persons. The majority of these interactions have occurred with LEP persons who mainly spoke Spanish. WESTCARE ARIZONA I, INC. does not track requests for translated documents, however, due to the number of clients who speak Spanish many are already translated and we have many bilingual staff for translation when needed. *Translated materials attached.

c. Factor 3: The Nature and Importance of the Program, Activity, or Service Provided by the Recipient to People’s Lives

Public transportation and regional transportation planning is vital to many people's lives. According to the Department of Transportation's *Policy Guidance Concerning Recipient's Responsibilities to LEP Persons*, providing public transportation access to LEP persons is crucial. A LEP person's inability to utilize public transportation effectively, may adversely affect his or her ability to access health care, education, or employment. WESTCARE ARIZONA I, INC. transports clients throughout the community daily. We strive to empower each client to be as independent as possible and employ a system for distributing free bus tokens to clients who opt to use public transportation. To alleviate the strain on the public transportation system, clients are also transported by WESTCARE ARIZONA I, INC. vehicles. The average one way trip is 9-10 miles from a facility. The common and frequent uses for transportation are to (1) medical appointments; (2) community-based support and 12-step groups; (3) to and from their homes or current transitional housing;(4) community outings or events; (5) legal appointments ; and (6) community-based social services for referral services including employment, housing and life skills development training.

WESTCARE ARIZONA I , INC. provides transportation of up to 948 clients annually. Our clients are a diverse population of males and females of all ages. One hundred (100%) of our clients are defined as "disabled" due to their severe substance abuse and mental health disorders. More than 53% of our clients experience co-occurring mental health and substance abuse disorder. About 20% of the client population is over 55 years of age and may also be homeless or under-housed and most are extremely low to very low income and cannot afford private transportation. They also may lack a valid driver's license.

d. Factor 4: The Resources Available to the Recipient and Costs

WESTCARE ARIZONA I, INC. assessed its available resources that are currently being used, and those that could be used, to provide assistance to LEP populations. These resources include the following: Spanish to English translation services via written and spoken assistance. WESTCARE ARIZONA I, INC. provides a reasonable degree of services for LEP populations in its service area.

II. Language Assistance Plan

In developing a Language Assistance Plan, FTA guidance recommends the analysis of the following five elements:

1. Identifying LEP individuals who need language assistance
2. Providing language assistance measures
3. Training staff
4. Providing notice to LEP persons
5. Monitoring and updating the plan

The five elements are addressed below.

a. Element 1: Identifying LEP Individuals Who Need Language Assistance

Federal guidance provides that there should be an assessment of the number or proportion of LEP individuals eligible to be serviced or encountered and the frequency of encounters pursuant to the first two factors in the four-factor analysis.

WESTCARE ARIZONA I, INC. has identified the number and proportion of LEP individuals within its service area using United States Census data (see Appendix H). As presented earlier, 97% of the service area population speaks English only. The largest non-English spoken language in the service

area is Spanish (63%). Of those whose primary spoken language is English, approximately 31% identify themselves as speaking less than “very well”. Those residents whose primary language is not English or Spanish and who identify themselves as speaking English less than “very well” account for 2% (French) of the service area population which is under the (5%) LEP threshold for translated materials, etc.

WESTCARE ARIZONA I, INC. may identify language assistance need for an LEP group by:

1. Examining records to see if requests for language assistance have been received in the past, either at meetings or over the phone, to determine whether language assistance might be needed at future events or meetings.
2. Having Census Bureau Language Identification Flashcards available at WESTCARE ARIZONA I, INC. Meetings. This will assist WESTCARE ARIZONA I, INC. in identifying language assistance needs for future events and meetings.
3. Having Census Bureau Language Identification Flashcards on all transit vehicles to assist operators in identifying specific language assistance needs of passengers. If such individuals are encountered, vehicle operators will be instructed to obtain contact information to give to WESTCARE ARIZONA I, INC. management to follow-up.
4. Vehicle operators and front-line staff (i.e. Dispatchers, Transit Operation Supervisors, etc.) will be surveyed on their experience concerning any contacts with LEP persons during the previous year.

b. Element 2: Language Assistance Measures

Federal Guidance suggests that an effective LAP should include information about the ways in which language assistance will be provided. This refers to listing the different language services an agency provides and how staff can access this information.

For this task Federal Guidance recommends that transit agencies consider developing strategies that train staff as to how to effectively deal with LEP individuals when they either call agency centers or otherwise interact with the agency.

WESTCARE ARIZONA I, INC. has undertaken the following actions to improve access to information and services for LEP individuals:

1. Provide bilingual staff at community events, public hearings, and transit committee meetings.
2. Survey transit drivers and other front-line staff annually on their experience concerning any contacts with LEP persons during the previous year.
3. Provide Language Identification Flashcards onboard transit vehicles and in the WESTCARE ARIZONA I, INC. offices.
4. Include statements clarifying that being bilingual is preferred on bus driver recruitment flyers and onboard recruitment posters.
5. When an interpreter is needed in person or on the telephone, staff will attempt to access language assistance services from a professional translation service or qualified community volunteers.

WESTCARE ARIZONA I, INC. will utilize the demographic maps provided in Appendix I in order to better provide the above efforts to the LEP persons within the service area.

c. Element 3: Training Staff

Federal guidance states staff members of an agency should know their obligations to provide meaningful access to information and services for LEP persons and that all employees in public contact positions should be properly trained.

Suggestions for implementing Element 3 of the Language Assistance Plan, involve: (1) identifying agency staff likely to come into contact with LEP individuals; (2) identifying existing staff training opportunities; (3) providing regular re-training for staff dealing with LEP individual needs; and (4) designing and implementing LEP training for agency staff.

In the case of WC-AZ , the most important staff training is for staff and transit drivers. Several representatives are bilingual in English and Spanish.

The following training will be provided to drivers and staff:

1. Information on Title VI Procedures and LEP responsibilities
2. Use of Language Identification Flashcards
3. Documentation of language assistance requests
4. How to handle a potential Title VI/LEP complaint

d. Element 4: Providing Note to LEP Persons

WESTCARE ARIZONA I, INC. will make Title VI information available in English and Spanish on the Agency's website. Key documents are written in English and Spanish. Notices are also posted in WESTCARE ARIZONA I, INC. office lobby, and on buses. Additionally, when staff prepares a document or schedules a meeting, for which the target audience is expected to include LEP individuals, then documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population.

e. Element 5: Monitoring and Updating the Plan

The plan will be reviewed and updated on an ongoing basis. Updates will consider the following:

- The number of documented LEP person contacts encountered annually
- How the needs of LEP persons have been addressed
- Determination of the current LEP population in the service area
- Determination as to whether the need for translation services has changed
- Determine whether WC-AZ 's financial resources are sufficient to fund language assistance resources needed

WESTCARE ARIZONA I, INC. understands the value that its service plays in the lives of individuals who rely on this service, and the importance of any measures undertaken to make the use of system easier. WESTCARE ARIZONA I, INC. is open to suggestions from all sources, including customers, WESTCARE ARIZONA I, INC. staff, other transportation agencies with similar experiences with LEP communities, and the general public, regarding additional methods to improve their accessibility to LEP communities.

III. Safe Harbor Provision

DOT has adopted the Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP population. The Safe

Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations. Translation of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger, the recipient is not required to translate vital written materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

WESTCARE ARIZONA I, INC. service area does have LEP populations which qualify for the Safe Harbor Provision. As shown in Appendix H, WESTCARE ARIZONA I, INC. does have over 5% or higher of LEP groups which speak English less than "very well" which exceed either 5.0% or 1,000 person.] or [As shown in Appendix H, the number of person which speak English less than "very well" is counted as 31% and 771,435 persons.

The Safe Harbor Provision applies to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. WESTCARE ARIZONA I, INC. may determine, based on the Four Factor Analysis, that even though a language group meets the threshold specified by the Safe Harbor Provision, written translation may not be an effective means to provide language assistance measures.

Non-elected Committees Membership Table

N/A - WestCare Arizona I, Inc. does not have an elected or non-elected transportation related committee, planning board, or advisory council.

Monitoring for Sub recipient Title VI Compliance

WESTCARE ARIZONA I, INC., does not have any sub-recipients to provide monitoring and assistance. As a sub-recipient to ADOT, WESTCARE ARIZONA I, INC. utilizes the sub-recipient assistance and monitoring provided by ADOT, as needed. In the future, if WESTCARE ARIZONA I, INC. has sub-recipients, it will provide assistance and monitoring as required by FTA Circular 4702.1B.]

Title VI Training

Please see pages 5 – 10 of this plan and Appendix A: Unique Needs Training that all of our employees receive. This training is conducted by:

Jennifer Hilton

Director of Training and Technology Transfer

WestCare Foundation, Professional Services Department

(702) 385-2090 ext. 10139

Title VI Equity Analysis

FTA Circular 4702.1B, Chapter III, Paragraph 4.a.8: If the recipient has constructed a facility, such as vehicle storage, maintenance facility, operation center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.

Title 49 CFR, Appendix C, Section (3)(iv) requires that “the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.” For purposes of this requirement, “facilities” does not include bus shelters, as they are considered transit amenities. It also does not include transit stations, power substations, or any other project evaluated by the National Environmental Policy Act (NEPA) process. Facilities included in the provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc. In order to comply with the regulations, WESTCARE ARIZONA I, INC. will ensure the following:

6. WESTCARE ARIZONA I, INC. will complete a Title VI equity analysis for any facility during the planning stage with regard to where a project is located or sited to ensure the location is selected without regard to race, color, or national origin. WESTCARE ARIZONA I, INC. will engage in outreach to persons potentially impacted by the siting of the facility. The Title VI equity analysis must compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.
7. When evaluating locations of facilities, WESTCARE ARIZONA I, INC. will give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result. Analysis should be done at the Census tract or block group level where appropriate to ensure that proper perspective is given to localized impacts.
8. If WESTCARE ARIZONA I, INC. determines that the location of the project will result in a disparate impact on the basis of race, color, or national origin, WESTCARE ARIZONA I, INC. may only locate the project in that location if there is a substantial legitimate justification for locating the project there, and where there are no alternative locations that would have a less disparate impact on the basis of race, color, or national origin. WESTCARE ARIZONA I, INC. must demonstrate and document how both tests are met. WESTCARE ARIZONA I, INC. will consider and analyze alternatives to determine whether those alternatives would have less of a disparate impact on the basis of race, color, or national origin, and then implement the least discriminatory alternative.

WESTCARE ARIZONA, INC. has not recently constructed any facilities nor does it currently have any facilities in the planning stage. Therefore, WESTCARE ARIZONA I, INC. does not have any Title VI Equity Analysis reports to submit with this Plan. WESTCARE ARIZONA I, INC. will utilize the demographic maps included in Appendix I for future Title VI analysis.]

Fixed Route Transit Provider Analysis

N/A – WestCare Arizona I, Inc. provides only “on-demand” transportation services.



June 14, 2017

Approval for the Title VI Program (Signed statement by Senior Vice President)

I have reviewed and approved the Title VI plan for WestCare Arizona, Inc.

A handwritten signature in black ink that reads "Michael O. Lavin".

Michael O. Lavin, Senior Vice President

* See the following attached authorizing resolution signed by the Board of WestCare.




RESOLUTION WCNV 2012-03

RESOLUTION OF WESTCARE NEVADA, INC. BOARD OF DIRECTORS AUTHORIZING THE CONTRACTING POWERS OF THE OFFICERS OF THE CORPORATION.

WHEREAS, the following organizational resolution was passed at a regular meeting of the Directors of WestCare Nevada, Inc. (the "Corporation"), held on October 27, 2012, at which a quorum was present.

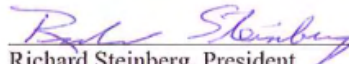
THEREFORE, BE IT RESOLVED that, subject to any Contract Policy as may be adopted by the Board, in its discretion, and in addition to those authorizations expressly set forth in Section 5 of *The Amended and Restated Bylaws of WestCare Nevada, Inc.* dated October 27, 2012, and unless otherwise limited or directed by the Board, the President, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, and Regional Senior Vice President be, and each of them hereby is, authorized to sign and execute in the name and on behalf of the Corporation all applications, contracts, licenses, permits, leases and other deeds and documents or instruments in writing of whatever nature that may be reasonably required in the ordinary course of business of the Corporation, and pursuant to the mission and purpose of the Corporation, and that may be necessary for, and incidental to, the lawful operation of the business of the Corporation, and to do such other acts and things as such officers deem necessary or advisable to fulfill such legal requirements as are applicable to the Corporation, its mission and purpose.

PASSED AND ADOPTED at its regular meeting of the Board of Directors of WestCare Nevada, Inc., held on this 27th day of October, 2012, by a unanimous vote:



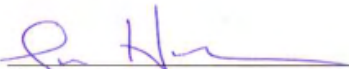
John Jeppsen, Chair
Board of Directors
WestCare Nevada, Inc.

October 27, 2012
Date



Richard Steinberg, President
Board of Directors
WestCare Nevada, Inc.

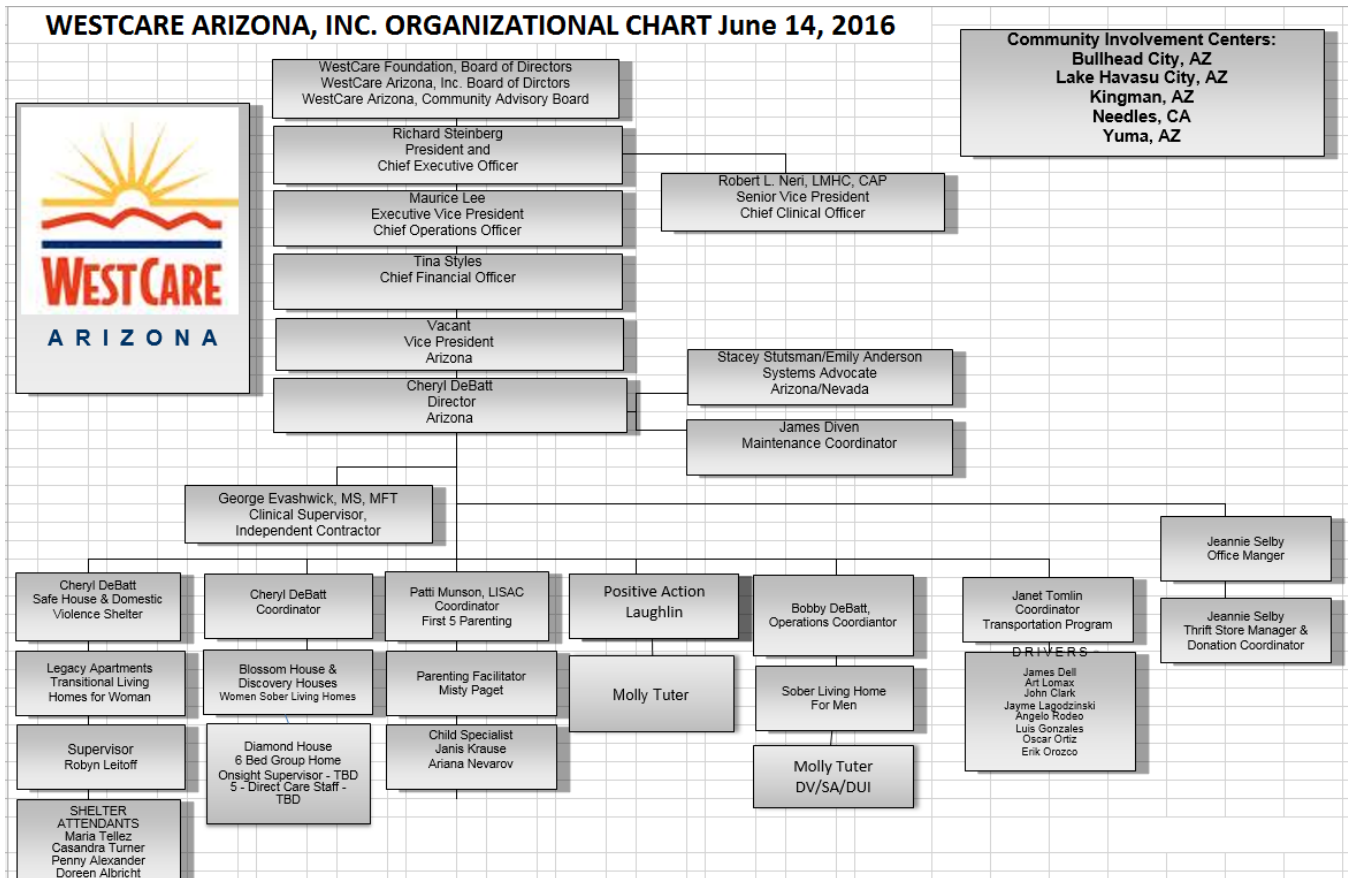
October 27, 2012
Date



Jim Hanna, Secretary
Board of Directors
WestCare Nevada, Inc.

October 27, 2012
Date

Organizational Chart



Website Link for Title VI Guidance

www.westcare.com

APPENDIX A: UNIQUE NEEDS TRAINING

**PERSONS WITH
UNIQUE NEEDS
TRAINING BOOKLET**

Applies to:

**STAFF, CLIENTS, VOLUNTEERS,
INTERNS, VISITORS**

WESTCARE PERSONS WITH UNIQUE NEEDS TRAINING BOOKLET

Applies to: STAFF, CLIENTS, VOLUNTEERS, INTERNS, VISITORS

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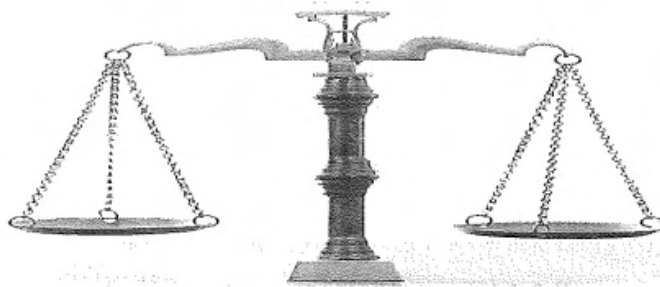
In-Person Communication Etiquette

1. Interacting with People Who Are Deaf
2. Interacting with People Who Are Hard of Hearing
3. Guidelines for Communication with People Who Use Sign Language
4. Interacting with People with a Speech Disability
5. Interacting with People Who Have a Physical Disability
6. Interacting with People Who are Blind or Have Low Vision
7. Interacting with People with Dual Sensory Impairments
8. Interacting with People with Limited English Proficiency
9. Interacting with People Who have Mental Illnesses
10. **When Referring to People with Disabilities, Choose Words that Reflect Dignity and Respect – 2 pg. sample of inappropriate language and appropriate language**
11. Interpreter and Translation Services Poster
12. I Speak Cards Flashcards

Source – 2013 Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency
– State of Florida 6/6/14 mj



2013 STATEWIDE AUXILIARY AIDS AND SERVICE PLAN
FOR
PERSONS WITH DISABILITIES
&
PERSONS WITH LIMITED ENGLISH PROFICIENCY



APPENDIX F IN-PERSON COMMUNICATION ETIQUETTE

1. INTERACTING WITH PEOPLE WHO ARE DEAF

Deaf people have many different communication needs. People who were born deaf (pre-lingual deaf) may have more difficulty with speech than those who lost their hearing after they learned a language (post-lingual deaf). The way a person communicates will vary according to the environment in which he or she was raised, type of education received, level of education achieved, and many other factors. Their ability to communicate in a language will vary from not very well to very well.

Some people use American Sign Language (ASL) or other sign language; some read lips and speak as their primary means of communication; some use Signed Exact English (SEE), where every word is signed in the exact sequence it is spoken in English, and there is a vocabulary which has a one-to-one relationship to English words. People who became deaf later in life may never have learned either sign language or lip-reading. Although they may pick up some sign and try their best to read lips, their primary means of communicating may be reading or writing.

Lip-reading ability varies greatly from person to person and from situation to situation. It is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or directly look at the person, or that speaks with an accent affecting the way words appear on their lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in good light source, and keep your hands, gum and food away from your mouth while you are speaking.

When to use Interpreters: Since communication is vital in the workplace and in service delivery, and the deaf person knows how he or she communicates best, supervisors and staff should follow the wishes of the person who is deaf regarding communication methods.

In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, Department policy is to use nothing less than a Quality Assurance (QA) Screened interpreter for service delivery. The need for a more skilled interpreter depends not only on the complexity and importance of the information being communicated, but also on the ability of the interpreter to translate the particular sign language used by the individual, and the speed.

2. INTERACTING WITH PEOPLE WHO ARE HARD OF HEARING

Persons who are hard-of-hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard of hearing, etc. A person who is hard-of-hearing may or may not wear a hearing aid.

Employees should be aware that many hard-of-hearing people will not admit having a hearing loss, so it is important employees be alerted to the signs of hearing loss:

- The person asks you to repeat yourself several times; and
- The person does not respond appropriately, especially if you have been talking with your back to them.

The key to communication with a person who is hard of hearing – as with all people – is patience and sensitivity. Please use the following guidelines:

- Ask the person how he or she prefers to communicate.
- If you are using an interpreter, the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the person will look at the interpreter and may not make continuous eye contact with you during the conversation.
- Before you speak, make sure you have the attention of the person you are addressing.
- If you know any sign language, try using it. It may help you communicate and at least demonstrates your interest in communicating and willingness to try.
- Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words.
- Look directly at the person. Most people who are hard-of-hearing need to watch a person's face to help them understand what is being said. Do not turn your back or walk around while talking. If you look away, the person may assume the conversation is over.
- Do not put obstacles in front of your face.
- Do not have objects in your mouth, such as gum, cigarettes, or food.
- Do not turn to another person in their presence to discuss other issues with them.
- Write notes back and forth, if feasible.
- Use facial expressions and gestures.
- Do not talk while writing, as the person cannot read your note and attempt to read your lips at the same time.
- Use a computer, if feasible, to type messages back and forth.
- Offer to provide an assistive listening device.
- If the person has a service animal, such as a dog, do not divert the animal's attention. Do not pet or speak to the animal.

3. GUIDELINES FOR COMMUNICATING WITH PEOPLE WHO USE SIGN LANGUAGE

- You may get the attention of a person who is Deaf, hard of hearing or late-deafened by positioning yourself within the line of vision, or by a gentle tap on the shoulder, a small wave or a slight rap on the table.
- Maintaining eye contact is vital whenever you are communicating with a person who has a hearing loss.

- While waiting for an interpreter to arrive, have a paper and pen ready for simple conversation. Do not attempt to address complex issues, such as DCF forms, in the absence of a certified interpreter.
- When a sign language interpreter is present, talk directly to the person with a hearing loss. It is inappropriate to say to the interpreter, "Tell her..." or "Ask him..." Look directly at the consumer, not the interpreter.
- Everything you say should be interpreted. It is the interpreter's job to communicate the conversation in its totality and to convey other auditory information, such as environmental sounds and side comments.
- In using Yes-or-No questions, do not assume that a head nod by a consumer who has a hearing loss means affirmation or understanding. Nodding of the head often indicates that the message is being received or may be a courtesy to show that you have the attention of the receiver. Ask the interpreter to identify that the specific signs indicating "Yes" or "No" were used in situations where such confirmation of the response is crucial.
- If you know basic sign language or finger-spelling, use it for simple things. It is important to realize that the ability to interpret is much more than knowing how to sign. Having taken one or more sign language classes does not qualify a person to act in a professional interpreting role.
- If the conversation is stopped for the telephone or to answer a knock at the door, let the Deaf or hard of hearing person know that you are responding to that interruption.

4. INTERACTING WITH PEOPLE WITH A SPEECH DISABILITY

- If you have trouble understanding someone's speech, ask him or her to repeat what he or she has said. It is better for the person to know you do not understand than to assume that you do.
- Give the person your undivided attention.
- Do not simplify your own speech or raise your voice. Speak in a normal tone.
- Write notes back and forth or use a computer, if feasible.
- Ask for help in communicating. If the person uses a communicating device, such as a manual or electronic communication board, ask the person how to use it.

5. INTERACTING WITH PEOPLE WHO HAVE A PHYSICAL DISABILITY

- Do not make assumptions about what the person can or cannot do. Always ask if the person would like assistance before you help. Your help may not be needed or wanted.
- Do not touch a person's wheelchair or grab the arm of a person walking without first asking if he or she would like assistance.
- Do not hang or lean on a person's wheelchair because it is part of the wheelchair user's personal space.
- Never move someone's crutches, walker, cane, or other mobility aid without permission.
- When speaking to a person in a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level.
- Speak directly to the person in a wheelchair, not to someone nearby as if the wheelchair user did not exist.
- Do not demean or patronize the wheelchair user by patting him/her on the head.
- Do not discourage children from asking questions about the wheelchair. Open communication helps overcome fearful or misleading attitudes.
- When a wheelchair user "transfers" out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reach.
- Do not raise your voice or shout. Use normal speech. It is okay to use expressions like "running along." It is likely that the wheelchair user expresses things the same way.
- Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
- Do not classify persons who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- Do not assume that using a wheelchair is in itself a tragedy. It is a means of transportation/freedom that allows the user to move about independently.

6. INTERACTING WITH PEOPLE WHO ARE BLIND OR HAVE LOW VISION

- The first thing to do when you meet a person who is blind is to identify yourself.
- When speaking, face the person directly. Speak in a normal tone. Your voice will let the person know where you are.
- Do not leave without saying that you are leaving.
- Some individuals who want assistance will tell you. You may offer assistance if it seems needed, but if your offer is declined, do not insist.
- When offering assistance, say, "Would you like to take my arm?" and allow the person to decline or accept. The movement of your arm will let the person know what to expect. Never grab or pull the person.
- When going through a doorway, let the person know whether the door opens in or out and to the right or left.

- Before going up or down stairs, let the person know that you are going up or down, and advise if there is a handrail and where it is. Ask the person if he or she would like assistance – he or she will let you know.
- When giving directions, or describing where things are in a room or in the person's path, be as specific as possible, and use clock clues where appropriate.
- When directing the person to a chair, let the person know where the back of the chair is, and he or she will take it from there.
- If the person has a service animal, do not distract or divert the animal's attention. Do not pet or speak to the animal unless the owner has given you permission.
- The person's single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).

7. INTERACTING WITH PEOPLE WITH DUAL SENSORY IMPAIRMENTS

The means of communication with a person with dual sensory impairments will depend on the degree of hearing and vision loss. Use all of the suggestions in the above sections on referencing interaction with people who are deaf or hard-of-hearing, blind or have low vision. The person with dual sensory impairments has unique and very challenging communications needs. Staff is to use every possible means of communication available.

8. INTERACTING WITH PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Some of the people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively providing services to this group of people. Breaking down these barriers will allow individuals with Limited English Proficiency to participate in the programs administered by the Department.

- The way a person with Limited English Proficiency communicates in English will vary from some to no English at all. Use the following guidelines when communicating with a person with Limited-English Proficiency:
- Ask the person if he/she needs a translator.
- If you are speaking through an interpreter, remember the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the Limited-English Proficiency person may look at the interpreter and may not make eye contact with you.
- If you know a little of the language, try using it. It may help you communicate and it also demonstrates your interest in communicating and willingness to try.
- Do not simplify your speech or raise your voice. Speak in a normal tone.
- The person's single greatest communication need is to have access to the information by having the information either orally translated or provided in their language written form.
- Be patient and sensitive to the needs of the Limited English Proficiency person.

9. INTERACTING WITH PEOPLE WHO HAVE MENTAL ILLNESSES

- Mental illnesses include schizophrenia, depressive disorders, and bipolar disorder, as well as many others.
- Mental illnesses are much more common than most people realize. You probably encounter people with mental illnesses every day, even if you don't realize it.
- These illnesses affect the individual's thoughts and emotions, and sometimes may make the individual behave in ways that seem strange.
- Individuals with schizophrenia often have hallucinations (seeing or hearing things that are not real) or delusions (unreasonable beliefs, which are sometimes bizarre).
- Individuals with bipolar disorder experience extreme moods. They sometimes experience mania (highly excited, talkative, and jumping suddenly from one topic to the next). At other times they experience depression (low mood, sadness, lack of motivation or interest in activities).
- Keep in mind that people with mental illnesses are *people* first. The mental illness is not the most important thing about who they are.
- Individuals with mental illness deserve to be treated with respect, and treated as individuals, just like everyone else.
- If an individual you are interacting with becomes agitated:
 1. Remain calm and try to understand what the customer is asking for.
 2. Try not to become angry or confrontational, even if the individual seems unreasonable.
 3. Respect the person's space.
 4. Do not put your hands on the person.
- Most individuals with mental illness are *not* dangerous. However, occasionally, an individual with mental illness may become dangerous because of their hallucinations, delusions, or mood swings.
- If you believe that an individual may represent a danger to themselves or others due to mental illness call 9-1-1 and explain the situation, even if the individual has already left the premises.
- In such cases, a law enforcement officer has authority to initiate involuntary examination under the Baker Act. MOST STATE REGULATIONS.
- This allows the individual to be taken to a psychiatric facility for examination, observation, and treatment, even if the individual is not willing to go.

10. WHEN REFERRING TO PEOPLE WITH DISABILITIES, CHOOSE WORDS THAT REFLECT DIGNITY AND RESPECT.

Inappropriate language	Appropriate language
<ul style="list-style-type: none"> • The disabled • The blind • The deaf • Deaf people • Legally blind person • Disabled person 	<ul style="list-style-type: none"> • People with disabilities • The disability community ("disabled" is an adjective, so must be accompanied by a noun) • The blind community • The Deaf community, • People who are deaf or who are hard of hearing • Person who is blind • People who are blind or who have low vision
<ul style="list-style-type: none"> • Crippled • Suffers from • Afflicted with • Stricken with • Victim of • Invalid 	<ul style="list-style-type: none"> • Has a disability • Is a person with a disability • Is physically disabled • Walks with a cane • Uses leg braces
<ul style="list-style-type: none"> • Normal person • Healthy • Whole 	<ul style="list-style-type: none"> • Non-disabled • Person without disabilities
<ul style="list-style-type: none"> • Impaired • Impairment 	<ul style="list-style-type: none"> • Has a disability
<ul style="list-style-type: none"> • Hearing impaired • Hearing impairment 	<ul style="list-style-type: none"> • Person who is deaf, • Person who is hard of hearing • People who are deaf and hard of hearing •
<ul style="list-style-type: none"> • Wheelchair bound • Confined to a wheelchair • Wheelchair person 	<ul style="list-style-type: none"> • Wheelchair user • Person who uses a wheelchair
<ul style="list-style-type: none"> • Handicap parking • Disabled parking 	<ul style="list-style-type: none"> • Accessible parking • Disability parking
<ul style="list-style-type: none"> • Dumb • Mute 	<ul style="list-style-type: none"> • Person who cannot speak • Has difficulty speaking • Uses synthetic speech • Is non-vocal or Non-verbal
<ul style="list-style-type: none"> • Stutterer • Tongue-tied 	<ul style="list-style-type: none"> • Person who has a speech or communication disability

Inappropriate language	Appropriate language
<ul style="list-style-type: none"> • CP victim, Spastic 	<ul style="list-style-type: none"> • Person with cerebral palsy
<ul style="list-style-type: none"> • Epileptic 	<ul style="list-style-type: none"> • Person with epilepsy • Person with seizure disorder
<ul style="list-style-type: none"> • Fit • Attack 	<ul style="list-style-type: none"> • Seizure • Epileptic episode or event
<ul style="list-style-type: none"> • Crazy • Lunatic • Insane, Nuts • Deranged, Psycho 	<ul style="list-style-type: none"> • People with emotional disorders • Mental illness • A mental disability • A psychiatric disability
<ul style="list-style-type: none"> • Retard • Mentally defective • Moron, Idiot, Imbecile • Down's person • Mongoloid 	<ul style="list-style-type: none"> • People who are developmentally disabled • Developmentally delayed • Person with mental retardation • Person with Down syndrome
<ul style="list-style-type: none"> • Slow learner • Retarded 	<ul style="list-style-type: none"> • Has a learning disability • Person with specific learning disability
<ul style="list-style-type: none"> • Dwarf, Midget 	<ul style="list-style-type: none"> • Person of small stature or small stature • Little person
<ul style="list-style-type: none"> • Paraplegic • Quadriplegic 	<ul style="list-style-type: none"> • Man with paraplegia • Women who is paralyzed • Person with spinal cord injury
<ul style="list-style-type: none"> • Birth defect 	<ul style="list-style-type: none"> • Person who has a congenital disability • People who have congenital disabilities • Disabled from birth
<ul style="list-style-type: none"> • Post-polio • Suffered from polio 	<ul style="list-style-type: none"> • Person who has polio
<ul style="list-style-type: none"> • Homebound 	<ul style="list-style-type: none"> • A person who stays at home • It is hard for the person to get out.

APPENDIX G INTERPRETER AND TRANSLATION SERVICES POSTER

Attention

If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, YOU can have interpretive and translation services provided at no charge. Please ask for assistance

English

Atención!

Si usted no habla inglés, o es sordo, o mudo, o slego, usted puede pedir servicios de interprete o traductor a no costo de su parte. Por favor, pida ayuda.

Spanish

Attention

Si vous ne parlez pas l'anglais, si vous êtes sourd, ou durs d'oreille ou si vous êtes aveugles ou avez des difficultés à bien voir, vous pouvez obtenir des services d'interprétation ou de traduction. Les services sont gratuites. Si l vous plaît, demandez de l'aide.

French

सहायता !

अगर आपको अंग्रेजी नहीं आती, अथवा आप बतरे हैं, कम सुनाई देता है, या कम दिखाई देता है, तो आपको मुफ्त में अनुवादक की सेवाएँ उपलब्ध हो सकती हैं। कृपया सहायता माँगें।

Hindi

Attenzione

Si voi no parla l'inglese o sono muto, sordo o cieco voi podrei ottenere les services d'un Interpretator o d'un traductor. Voi no deve pagare niente. Per favore, domandare d'assistenza.

Italian

Atenção

Se você não fala inglês, o não ouve o não ouve bem, não pode ver bem, então pode ter ajuda gratis, sem ter que pagar pelo serviço. Faça favor de pedir ajuda.

Portuguese

Arabic

إذا كنت لا تتكلم الإنجليزية، أو إذا كنت أطرشاً أو خفيف السمع أو ضعيف البصيرة، على خدمات مجانية للترجمة. أطلب المساعدة من فضلك.

Arabic

pansin

Kung hindi ka marunong maganilia ng Ingles or kaya'y bingi ka, mahina ang pandinig o masama ang paningin, may mga tagapaganlin sa iyong wika na makakatulong sa iyo. Ang serbiyong lio ay walang bayad. Mangyaring humingi lamang ng tulong.

Taylog

공 고

제가 영어나 말을 못 보기는 장애가 또는 영어가 읽히는 장애 또는 시각적 음력이나 언어를 더 드릴 수 있습니다. 도움이 필요 하신 것은 알려하십시오.

Korean

προσοχή

Αν δεν μιλάτε Αγγλικά ή αν είστε κωφός, βαρβικός ή έχετε εξασθενημένη όραση, μπορούν να σας παρέχονται δωρεάν υπηρεσίες διερμηνείας και μετάφρασης. Παρακαλούμε, ζητήστε για βοήθεια.

Greek

Bemærk

Stvis De ikke taler engelsk eller hvis De er döv, hørehæmmet eller synsvækket, kan De få tolke- og oversættelsesassistance uden beregning. Anmod venligst om assistance.

Danish

Atansyon!

Si ou pa pale angle, si ou pa kapab tande (soud), si ou mal pou tande, si je'ou pa bon, ou ka jwenn moun pou ede-w tradwi epi enteprete pou'ou gratis. Tanpri mande pou yo ede-w.

Haitian Creole

ဘဏ္ဍာပြန်

အကယ်၍ ခင်မင်မင်ကားအင်္ဂလိပ်ဘာသာကို မပြောနိုင်ဘဲဖြစ်ပါက၊ မှားယွင်းစွာ ဖတ်ရှုနိုင်ပါက၊ မှားယွင်းစွာ ကြားရပါက၊ မှားယွင်းစွာ မြင်ရပါက၊ သို့မဟုတ် အခြား အခက်အခဲများကြောင့် အင်္ဂလိပ်ဘာသာဖြင့် ပြောဆိုခြင်းကို မပြုနိုင်ပါက၊ သို့မဟုတ် အခြား အခက်အခဲများကြောင့် အင်္ဂလိပ်ဘာသာဖြင့် ဖတ်ရှုခြင်းကို မပြုနိုင်ပါက၊ သို့မဟုတ် အခြား အခက်အခဲများကြောင့် အင်္ဂလိပ်ဘာသာဖြင့် ကြားရခြင်းကို မပြုနိုင်ပါက၊ အင်္ဂလိပ်ဘာသာဖြင့် ပြောဆိုခြင်း၊ ဖတ်ရှုခြင်း၊ ကြားရခြင်း စသည်တို့ကို အခမဲ့ အကူအညီ ပေးပို့ပေးပါမည်။

Burmese

Внимание!

Если вы страдаете проблемами со слухом или зрением, или не говорите по-английски, вы можете воспользоваться услугами устного или письменного перевода бесплатно. Мы ждем ваших заявок.

Russian

uwaga

Jeżeli nie mówią Państwo po angielsku, albo jeżeli Państwo są głusi lub nie dostyszą lub nie dowidzą, mają Państwo dostęp do bezpłatnej pomocy tłumacza pisemnego lub ustnego. Proszę zwrócić się o pomoc w tym zakresie.

Polish

Viktig

Hvis du ikke snakker engelsk, er döv, hørselshemmet eller synshemmet kan du få tilkalt tolk og oversetter uten ekstra kostnader. Vennligst be om assistanse.

Norwegian

Viktig

Om du ej talar engelska, eller om du är döv, har svår hörsel eller är synskadad, kan du erhålla tolknings- eller översättningservice utan kostnad. Var god fråga om assistans.

Swedish

Achtung:

Wenn Sie nicht Englisch sprechen, taub sind, schlecht hören oder schlecht sehen, können Sie einen kostenlosen Dolmetscher- und Übersetzungsservice fordern

German

Nemt in akhít

אם אתם לא מדברים אנגלית, או אם אתם חרשים או חרשים חלקית, או אם אתם חסרי ראייה או חסרי ראייה חלקית, אתם יכולים לקבל שירות תרגום או שירות תרגום כתוב או שירות תרגום מכתוב או שירות תרגום מכתוב ללא תשלום. אנא פנו למתארגן לשירות לקבלת עזרה.

Hebrew

Chú ý

Nếu quý vị không nói tiếng Anh, hoặc nếu quý vị bị điếc, kém nhìn, hoặc bị khiếm thị, quý vị có thể được cung cấp dịch vụ thông dịch và biên dịch miễn phí. Xin vui lòng đặt nghi vấn đầ.

Vietnamese

通告

英語を話さない方、または耳の不自由な方、耳の遠い方、視覚の弱い方は無料で通訳や翻訳のサービスが受けられます。担当者にお尋ね下さい。

Japanese

APPENDIX H
I SPEAK CARDS FLASHCARDS

Use these cards with Limited English Proficiency Customers to determine client's language.

- | | |
|---|----------------------------|
| <input type="checkbox"/> Mark this box if you read or speak English. | <i>English</i> |
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية | <i>Arabic</i> |
| <input type="checkbox"/> Մարտոմէ՛ն եմք՝ եղում՝ կատարեցք ալ, թատարուում՝, հիշե՛ն խոսում՝ կամ՝ կարում՝ եք Հայերե՛ն: | <i>Armenian</i> |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | <i>Bengali</i> |
| <input type="checkbox"/> រូមមញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកមាន ចំនិយាយភាសា ខ្មែរ ។ | <i>Cambodian</i> |
| <input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | <i>Chamorro</i> |
| <input type="checkbox"/> 如果你能读中文或讲中文, 请选择此框。 | <i>Simplified Chinese</i> |
| <input type="checkbox"/> 如果你能讀中文或講中文, 請選擇此框。 | <i>Traditional Chinese</i> |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | <i>Croatian</i> |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | <i>Czech</i> |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | <i>Dutch</i> |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | <i>Farsi</i> |
| <input type="checkbox"/> Cocher ici si vous lisez ou parlez le français. | <i>French</i> |
| <input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | <i>German</i> |
| <input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | <i>Greek</i> |
| <input type="checkbox"/> Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | <i>Haitian Creole</i> |
| <input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | <i>Hindi</i> |
| <input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | <i>Hmong</i> |
| <input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. | <i>Hungarian</i> |
| <input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | <i>Ilocano</i> |

- | | |
|---|-------------------|
| <input type="checkbox"/> Marchi questa casella se legge o parla italiano. | <i>Italian</i> |
| <input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。 | <i>Japanese</i> |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | <i>Korean</i> |
| <input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກົນສາລາວ. | <i>Laotian</i> |
| <input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | <i>Polish</i> |
| <input type="checkbox"/> Assinale este quadrado se você lê ou fala português. | <i>Portuguese</i> |
| <input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți românește. | <i>Romanian</i> |
| <input type="checkbox"/> Пометьте этот квадратик, если вы читаете или говорите по-русски. | <i>Russian</i> |
| <input type="checkbox"/> Обележите овај квадратик уколико читате или говорите српски језик. | <i>Serbian</i> |
| <input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | <i>Slovak</i> |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | <i>Spanish</i> |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | <i>Tagalog</i> |
| <input type="checkbox"/> ให้ทำเครื่องหมายลงในช่องนี้ถ้าท่านอ่านหรือพูดภาษาไทย. | <i>Thai</i> |
| <input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | <i>Tongan</i> |
| <input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | <i>Ukrainian</i> |
| <input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | <i>Urdu</i> |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | <i>Vietnamese</i> |
| <input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש | <i>Yiddish</i> |

APPENDIX B: TRANSLATED MATERIALS

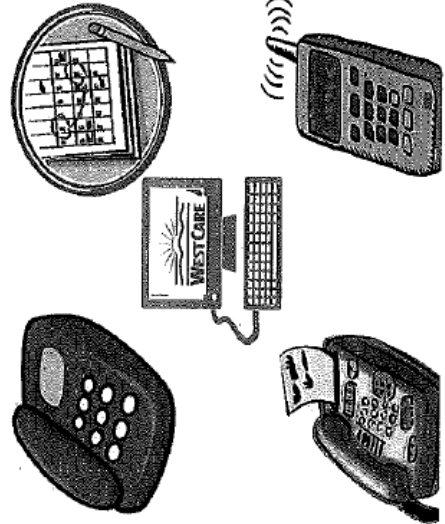
For Scheduling
Contact:

Janet Tomlin
TRANSPORTATION
COORDINATOR

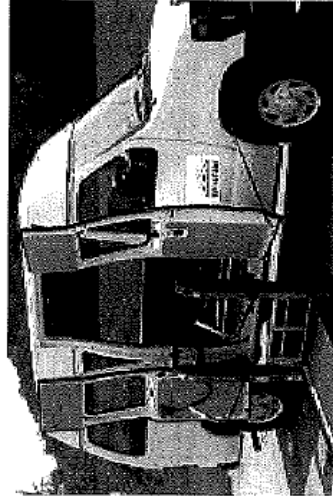
Phone: 928-763-1945 ext.
62103
Fax: 928-763-8809
Cell: 928-444-3794
E-mail: janet.tomlin@westcare.com

COMING SOON: ONLINE REFERRALS

Monday — Friday 8am—4pm



Transportation
Program



821 HANCOCK ROAD #2
BULLHEAD CITY, AZ 86442
PHONE: 929-763-1945 EXT 62103
FAX: 928-763-8809

☞ **Todos los conductores están entrenados en primeros auxilios y niño asiento instalación y operación.**

☞ **Todas las solicitudes de transporte aceptadas**

☞ **Mismo día las peticiones pueden ser acomodadas según la disponibilidad.**

☞ **Las cancelaciones se deben recibir 2 horas por adelantado para evitar que un no show cargó.**

☞ **Servicios de transporte están disponible domingo - el sábado 24/7.**

☞ **Clientes servidos no pueden considerarse un peligro para sí mismos u otros.**

☞ **Vehículos de minusválidos están disponibles bajo petición.**

Cómo funciona el programa:

▶ **Fax o correo electrónico una solicitud de transporte a nuestro Departamento de transporte.**

▶ **horarios de nuestro coordinador de transporte el viaje.**

▶ **la confirmación se hace 24 horas antes de viaje.**

▶ **Niños asientos y kits de primeros auxilios se proporcionan en cada vehículo.**

▶ **Todos los conductores llevan teléfonos celulares.**

▶ **Esperamos para satisfacer su transporte necesita.**