



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**



**CIVIL RIGHTS REQUIREMENTS
FOR COMPLIANCE PERIOD
JANUARY 1, 2022 to DECEMBER 31, 2025**

APPENDICES A TO I

APPENDIX A: CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

F-00165, Civil Rights Compliance Letter of Assurance
www.dhs.wisconsin.gov/forms/f0/f00165.docx

<p>CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE</p> <p>Children and Families DCF-F-154-E</p> <p>Health Services F-00165 (12/2021)</p> <p>Civil Rights Compliance Period: January 1, 2022 to December 31, 2025:</p> <p>_____ (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services and the Department of Children and Families (the "State Agencies"). This assurance is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period, or as long as Federal financial assistance is extended to Recipient, whichever is shorter. The State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.</p> <p>Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.</p> <p>By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.</p> <p>_____ SIGNATURE – Authorized Representative</p> <p>Date: _____</p> <p>Printed name: _____</p> <p>Title: _____</p> <p>Instructions for completing Letter of Assurance</p> <ul style="list-style-type: none">• Complete this signature page• Include Appendices A-1, A-2 and A-3 with the signature page• Updates to appendices should be submitted if there are staff or funding changes <p>Page 1 of 2</p>	<p>RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:</p> <p>Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.</p> <p>In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:</p> <ol style="list-style-type: none">1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.7. Post required nondiscrimination statements and notices.8. Provide accessible programs, facilities, and reasonable accommodations to service participants/customers with disabilities.9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area. <p>Page 2 of 2</p>
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CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

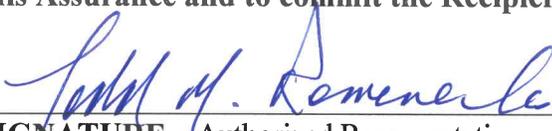
Health Services
F-00165 (12/2021)

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

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

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

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



SIGNATURE – Authorized Representative

Date: 1-4-2022

Printed name: Todd Romenesko

Title: County Administrator

Instructions for completing Letter of Assurance

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

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

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

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

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

RECIPIENT CONTACT INFORMATION

Name of Recipient Calumet County Department of Health and Human Services	Date this Form was Completed 01/03/2022
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Street Address
206 Court St

City Chilton	State WI	Zip Code 53014
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Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions
Michelle Wright

Address
206 Court St Chilton WI 53014

Phone Number 920-849-2361	Email Address michelle.wright@calumetcounty.org
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Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities
Lynn Brenner

Address
206 Court St Chilton WI 53014

Phone Number 920-849-1498	Email Address lynn.brenner@calumetcounty.org
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Name and title of Recipient-Authorized Representative Making Assurances
Lynn Brenner - see above

Address

Phone Number	Email Address
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Instructions for completing Recipient Contact Information

Fill in all the blanks on this form.
Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers.
The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
DHS				
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. APS, CCOP, Alzheimers, Community Mental Health, MHBG, SABG,	1271035
			2.	
			3.	
DCF				
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. TSSF, PSSF, Youth Aids, CST, child care, base, IVE-E	1204013
			2.	
			3.	
DHS / DCF				
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS. Name of County or Consortium: East Central Income Maintenance Partnership	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3. ECIMP	207803
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	

Instructions for completing Funding Relationship to DHS or DCF

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

FUNDED PROGRAMS CHECKLIST

Completing this section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.

Check the type of program or funding applicable to your entity.

Use this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) Programs:

- BadgerCare Plus
- Birth to 3
- Children's Long Term Support Waiver
- Children's Community Options Program
- Family Care
- Family Planning Only
- IRIS
- Katie Beckett
- Medicaid for the Elderly, Blind, or Disabled
- Medicaid Purchase Plan
- PACE
- SeniorCare
- Temporary Assistance for Needy Families (TANF)
- Well Women Medicaid
- Other, specify:

USDA (FNS) Programs:

- FoodShare/SNAP
- Food Stamp Employment and Training (FSET)
- Temporary Emergency Food Assistance Program (TEFAP)
- Women Infants and Children (WIC)
- Commodity Supplemental Food Program
- WIC Farmer's Market Nutrition Program
- Senior Farmer's Market Nutrition Program
- Other, specify:

Use this checklist for Department of Children and Families (DCF)

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF):

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Adoption Assistance Program<input type="checkbox"/> Adoption Finalization and Post Adoption Services<input type="checkbox"/> Brighter Futures Initiative<input checked="" type="checkbox"/> Child Abuse and Neglect - Child Protective Services<input checked="" type="checkbox"/> Child Abuse and Neglect - Prevention Services<input checked="" type="checkbox"/> Child Care Certification or Licensing<input type="checkbox"/> Child Care Resource and Referral<input type="checkbox"/> Child Care Quality Improvement<input checked="" type="checkbox"/> Child Placing Agencies - Foster Care<input type="checkbox"/> Qualified Residential Treatment Providers, Child Residential Care Centers & Group Homes<input checked="" type="checkbox"/> Child Support<input checked="" type="checkbox"/> Child Welfare Case Management Services<input checked="" type="checkbox"/> Community Services Block Grant Services<input type="checkbox"/> Domestic Violence/Domestic Abuse | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Foster Care Payments<input type="checkbox"/> Home Visiting Services<input type="checkbox"/> Independent Living Services<input type="checkbox"/> Indian Child Welfare<input checked="" type="checkbox"/> Kinship Care Payments<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider<input checked="" type="checkbox"/> Promoting Safe and Stable Families<input type="checkbox"/> Refugee Assistance and Services<input type="checkbox"/> Runaway Youth Services<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First<input checked="" type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program<input type="checkbox"/> Wisconsin Works (W-2) Programs<input checked="" type="checkbox"/> Youth Aids and Youth Justice grants<input type="checkbox"/> Other, specify: |
|--|---|

Please list your specific Federal grant/funding source if not listed above.

Note: The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.

Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in Appendix D .	Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in Appendix E .	Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	Yes	No	
b) The nondiscrimination policy is posted where current customers and applicants applying for services may review and read them in their own languages.	Yes	No	
c) The appropriate "Justice For All" poster designated for USDA-FNS-specific programs is posted as follow: <ul style="list-style-type: none"> • Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B • Entities administering WIC programs must post the "Justice For All" poster 475C. Posters are available from the USDA .	Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	Yes	No	
4. We receive funding from HHS through a State Agency and use the required HHS nondiscrimination notices and statements, including in the 15 taglines, on all significant communications and significant publications per the Section 1557 of the Affordable Care Act regulations (45 C.F.R. part 92)?	Yes	No	N/A
5. We receive funding from USDA-FNS through a State Agency and use the appropriate FNS Nondiscrimination Statement on all websites, documents, pamphlets, brochures, etc. for the program that are produced for public information, public education, or public distribution. The Nondiscrimination Statement can be found here: FNS Nondiscrimination Statement and in Appendix D .	Yes	No	N/A

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:

Function of an Equal Opportunity Coordinator and LEP Coordinator

<p>1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties.</p> <ul style="list-style-type: none"> • Indicate date EOC received CRC Training <u>9-7-15</u> • Indicate date LEPC received CRC Training <u>2-13-14</u> 	Yes	No	
<p>2. Our EOC and LEPC have the following responsibilities:</p>			
<p>a) Handling service delivery and language access complaints.</p>	Yes	No	
<p>b) Disseminating equal opportunity and language access information to provider staff and interested persons.</p>	Yes	No	
<p>c) Preparing equal opportunity and language access plans and reports.</p>	Yes	No	
<p>e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.</p>	Yes	No	
<p>f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.</p>	Yes	No	
<p>g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.</p>	Yes	No	
<p>h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.</p>	Yes	No	N/A
<p>i) Meeting with the CEO, President, Director, or Administrator of the entity to provide input into policies and procedures to improve language access and equal opportunity in employment and service delivery.</p>	Yes	No	

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:

Meaningful Access to Programs and Services

Our entity provides meaningful access to individuals with limited English proficiency by:		
1. Providing interpreters to assist applicants and customers with limited ability to read, speak, or understand English.	Yes	No
2. Prominently display an "I Speak" poster and a "Your Right to an Interpreter" poster in the language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients.	Yes	No
3. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	Yes	No
4. Providing culturally trained bilingual and/or bicultural qualified staff.	Yes	No
5. Notifying LEP customers of their right to ask for translation of vital program information at no cost to the LEP customer whenever they access programs and services.	Yes	No
6. Preparing a listing of our vital documents requiring written translation and updating the inventory list annually to reflect which documents have been translated and prioritizing those needing translation.	Yes	No
7. Developing policies on confidentiality and code of ethics for oral interpretation for contracted vendors and/or community volunteers used for interpreting by individual agency programs.	Yes	No
8. Our agency uses the following methods to ensure written translation services:		
A) Contract with an outside translation services to translate the agency's vital documents.	Yes	No
B) Partner with community associations for paid or voluntary translation of vital documents.	Yes	No
C) Other: Specify		

9. Our entity uses the following methods for oral interpretation:			
A) Establish oral language assistance procedures for taking incoming calls from LEP persons and trained our receptionist and staff to use oral interpretation resources.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Hmong <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> German <input type="checkbox"/> Pennsylvanian Dutch <input type="checkbox"/> Albanian <input type="checkbox"/> Other languages: (Specify) <ul style="list-style-type: none"> <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Bosnian/Serbian/Croatian <input type="checkbox"/> Hindi <input type="checkbox"/> Tagalog 			
C) Use a language line for languages not often used in the service area.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
D) Partner with other community organizations for paid or voluntary oral interpretation services.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
F) Use inbound call center system with universal queue technology that provides callers with an alternative to waiting on hold when no agents are available.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
G) Use an inbound virtual queuing call center system that has the capacity for directing LEP language groups to directly access, perform similar functions as in the English menu, and/or the ability to leave messages in their language.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
H) Other: Specify - <i>ES has the above</i> <i>Our phone line gets answered.</i>			
10. List methods used to communicate <u>important</u> <u>benefit</u> information to customers. Check all that apply:			
<ul style="list-style-type: none"> Video Web Sites Posters Voice Mail Messages Interactive Voice Response (IVR) 	<ul style="list-style-type: none"> Television Radio Community Newspaper Other: Specify 	<i>We use State provided Resources</i>	

If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:

Self-Evaluation of Accessibility to Programs and Services

ACCESS ELEMENT		
1. Has your entity completed a self-evaluation of its policies and practices to determine compliance with nondiscrimination on the basis of disability provisions?	Yes	No
2. Are all your programs or activities accessible to individuals with disabilities?	Yes	No
3. In choosing methods to make your programs accessible, have you given priority to those methods that allow individuals with disabilities to participate in your programs or activities in the most integrated setting appropriate?	Yes	No
4. Have you maintained on file the following information: <ul style="list-style-type: none"> • A list of interested persons consulted. • A brief description of the areas examined and any problems identified, and a description of any modifications made. 	Yes	No
5. Has your entity designated an Equal Opportunity Coordinator, or other personnel, to coordinate its efforts to comply with Section 504 and the ADA?	Yes	No
6. Has your entity adopted complaint procedures that provide for the prompt and equitable resolution of complaints alleging discrimination in benefits or service because of disability?	Yes	No
7. Has your entity developed a transition plan to address barriers you identified in facilities that affect equal participation of people with disabilities in your programs and activities?	Yes	No
8. Does your entity provide public notice that it does not discriminate on the basis of disability in print and audio formats on information that is intended for the public about the program or activity, including on your website?	Yes	No
9. Has your entity included a nondiscrimination clause in your contracts with subrecipients?	Yes	No

<p>10. Does your entity provide training on and know how to provide auxiliary aids and services for people with communications disabilities at no cost to the individual with disabilities:</p> <ul style="list-style-type: none"> • For deaf or hard of hearing: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sign language, oral, and cued speech interpreters (provided by the entity) <ul style="list-style-type: none"> <input type="checkbox"/> Video remote interpreting services <input type="checkbox"/> Open and closed captioning of videos <input type="checkbox"/> Real time captioning • For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <input type="checkbox"/> Braille <input type="checkbox"/> Large print/magnification software <input type="checkbox"/> Audio recordings <input type="checkbox"/> Accessible electronic formats that can be read by screen reading software <input type="checkbox"/> Screen reading software available for applicants and members of the benefits program <input type="checkbox"/> Optical readers 	<p>Yes</p>	<p>No</p>
<p>11. Does your entity provide training on and know how to use telecommunications relay and video relay services for individuals with hearing and speech disabilities?</p>	<p>Yes</p>	<p>No</p>
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<p>Yes</p>	<p>No</p>
<p>13. Do your employees know to give primary consideration to the person with a disability in determining what type of auxiliary aid or service to provide?</p>	<p>Yes</p>	<p>No</p>
<p>14. Does your entity use the chart below (or similar shorthand) as a means for individuals with disabilities to communicate their preferred type of auxiliary aid or service? (The symbol boxes are explained in Appendix G)</p>	<p>Yes</p>	<p>No</p>
<p>If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:</p>		

Discrimination Complaint/Grievance Procedures

<p>1. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in Appendix F, or a substantially similar complaint form and process that explains the complaint process, including that the complainant may file a formal complaint with the appropriate State Agency or HHS/USDA-FNS, as appropriate:</p> <ul style="list-style-type: none"> • DCF Complaint http://dcf.wisconsin.gov/civil_rights/complaint-procedures • DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm • US HHS Region V Office of Civil Rights, Chicago Complaint http://www.hhs.gov/ocr/office/file/index.html • USDA, Office of Civil Rights, Washington D.C. https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf 	Yes	No
<p>2. Our entity's complaint resolution procedures, including the name, address and phone number of the Equal Opportunity Coordinator, limited English proficiency Coordinator or Complaint Investigator (which may be the same person), are publicly posted in language(s) understood by customers, and in a format or formats accessible to persons with visual or hearing impairments.</p>	Yes	No
<p>3. We have instituted a database system to track informal and formal discrimination complaints and their disposition. The system should record the number of complaints by program area, protected status/or class.</p>	Yes	No
<p>4. All participants in complaint investigations are advised of and protected from retaliation.</p>	Yes	No
<p>5. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.</p>	Yes	No
<p>6. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.</p>	Yes	No
<p>7. Corrective action is taken when evidence of discrimination has been found.</p>	Yes	No
<p>8. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.</p>	Yes	No
<p>9. Customers are permitted to have representatives of their choice during their interviews in the complaint process.</p>	Yes	No
<p>10. Our staff will assist complainants during the complaint process if necessary.</p>	Yes	No
<p>11. Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</p>	Yes	No

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

Training Requirements

1. Are new staff informed of policies regarding equal opportunity for service delivery as part of their orientation program?	Yes	No	
2. Do new staff receive training on federal CRC requirements?	Yes	No	
3. Do all staff receive CRC refresher training at the following intervals?			
a. Once every three years for entities receiving federal funds from the US DHHS.	Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	Yes	No	N/A
4. Does the entity provide CRC training for <u>subrecipient</u> agency staff?	Yes	No	N/A

If you responded "No" to a question above, describe your plan for addressing these requirements, including target dates for completion, below:

*Required to do in contract
Only contract ADRC - all are Counties.*

APPENDIX C: NONDISCRIMINATION NOTIFICATION

1. USHHS Nondiscrimination Statement for Health Care Related Programs

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

Calumet County:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

Lynn Brenner
206 Court St
Chilton WI 53014
920-849-1400
Lynn.brenner@calumetcounty.org

FILING A GRIEVANCE

If you believe that Calumet County has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation, or filing of a prior civil rights complaint, please contact Lynn Brenner, Deputy Director at:

Lynn Brenner
Calumet County
206 Court St
Chilton WI 53014
920-849-1400

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019 (Voice), 800-537-7697 (TTY)

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

2. USDA Nondiscrimination Statement for SNAP and FDPIR

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

FILING A GRIEVANCE

If you believe that **Calumet County** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or filing of a prior civil rights complaint, please contact Lynn Brenner at:

Lynn Brenner or Deputy Director
Calumet County
206 Court St
Chilton WI 53014
920-849-1400

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

3. USDA Nondiscrimination Statement for all other FNS Nutrition Assistance Programs

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

FILING A GRIEVANCE

If you believe that **Calumet County** has failed to provide these services or has otherwise discriminated against you on the basis of race, color, national origin, sex, disability, age, or filing of a prior civil rights complaint, please contact [**Lynn Brenner Deputy Director**] at:

Lynn Brenner or Deputy Director
Calumet County
206 Court St
Chilton WI 53014
920-849-1400

To file a program complaint of discrimination with the U.S. Department of Agriculture, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

APPENDIX D: SAMPLE LEP POLICY STATEMENT AND ACKNOWLEDGEMENT/REFUSAL OF INTERPRETER SERVICES

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

Calumet County is committed to providing equal opportunity in all programs, services and activities to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. Those individuals are referred to as limited English proficient, or "LEP." Meaningful access to Federally funded programs and activities is required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Meaningful access to LEP individuals is provided in two ways: Oral interpretation and written translation. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons, to access through commercially-available telephonic interpretation services. Written translation can range from translation of an entire document to translation of a short description of the document.

The entity fulfills this obligation by one or more of the following: hiring bilingual staff, hiring staff interpreters/translators, contracting for interpreters/translation services, using telephone interpreter lines, and/or using community volunteers. The entity understands that the interpretation/translation must be performed in a competent, confidential, ethical, and accurate manner at no cost to the LEP individual. The entity does not rely on the LEP individual to provide an interpreter.

If an LEP person requests to use a family member, friend or other adult as an interpreter, the entity makes the LEP person aware that the entity will provide a qualified interpreter at no cost to the LEP person. The entity respects the LEP person's choice of interpreters. If the LEP person chooses a family member, friend, or other adult to interpret instead of one provided by the entity, the entity makes a record of that decision. If the entity believes the interpreter selected by the LEP person is not competent or appropriate, the entity supplements with its own qualified interpreter. Minors should not act as interpreters unless there is an emergency situation and another interpreter is not immediately available.

The entity records the number and date of instances in which interpretation was offered, what service was offered (e.g., staff, in-person contracted, telephone, etc.), whether it was accepted or whether the LEP individual selected their own interpreter, and in what language group the service was needed.

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

The entity requires its subrecipients to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations, and guidelines, the LEP Coordinator is:

Name: Lynn Brenner _____ Phone: 920 -849-1400 _____

LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available upon request.

APPENDIX E: SERVICE DELIVERY DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator	Phone (Voice) - -	Phone (TDD) - -
Name of Complainant	Phone - -	
Address (number, street, city, state, zip code)		

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENEFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

Describe the action or treatment that you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the relief or remedy you want:

SIGNATURE – Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
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The information below is to be completed by the person at the entity who receives your complaint and investigates it.

Date Received	Received By	Title
---------------	-------------	-------

Agency

Actions and individual(s) to be investigated:

Findings (must be completed within 90 days):

Action Taken:

Further Action Required? Yes No If yes, what action is recommended?

SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION

File formal discrimination complaints about these services with the state agency listed below.

PROGRAM	STATE AGENCY
<p>Wisconsin (WI) Works (W-2), Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance)</p>	<p>WI Department of Children and Families 201 W. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services.</p>	<p>WI Department of Health Services Civil Rights Compliance Office 1 W. Wilson, Room 651 P.O. Box 7850 Madison, WI 53707-7850 608-266-1258 (Voice); 608-267-1434 (Fax) 711 or 1-800-947-3529 (TTY) Email: DHSCRC@dhs.wisconsin.gov</p>
PROGRAM	FEDERAL AGENCY
<p>HHS program or activity</p>	<p>Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf (On-line complaint portal)</p>
<p>USDA-FNS program or activity</p>	<p>U.S. Department of Agriculture Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (866) 632-9992 800-877-8339 (Federal Relay Services) 866-377-8642 (Relay voice users) 800-845-6136 (Spanish) Cr-info@ascr.usda.gov</p>

APPENDIX F: KEY TO ACCESSIBILITY SYMBOLS

BLIND OR HAVE LOW VISION



BLIND OR HAVE LOW VISION symbol may be used to indicate access for people who are blind or have low vision, including: a guided tour, a path to a nature trail or a scent garden in a park; and a tactile tour or a museum exhibition that may be touched.

SYMBOL FOR ACCESSIBILITY



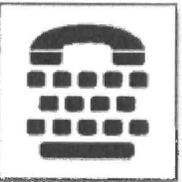
SYMBOL FOR ACCESSIBILITY, known as the wheelchair symbol, should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember that a ramped entrance is not completely accessible if there are no curb cuts, and an elevator is not accessible if it can only be reached via steps.

AUDIO DESCRIPTION



AUDIO DESCRIPTION is a service for persons who are blind or have low vision that makes the performing arts, visual arts, television, video, and film more accessible. Description of visual elements is provided by a trained Audio Descriptor through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the Blind, 800-829-0500. For live Audio Description, a trained Audio Descriptor offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition.

TELEPHONE TYPEWRITER (TTY)



TELEPHONE TYPEWRITER (TTY) device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). TTY indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.

VOLUME CONTROL TELEPHONE



VOLUME CONTROL TELEPHONE symbol indicates the location of telephones that have handsets with amplified sound and/or adjustable volume controls.

ASSISTIVE LISTENING SYSTEMS



ASSISTIVE LISTENING SYSTEMS transmit amplified sound via hearing aids, headsets or other devices. They include infrared, loop and FM systems. Portable systems may be available from the same audiovisual equipment suppliers that service conferences and meetings.

SIGN LANGUAGE INTERPRETATION



SIGN LANGUAGE INTERPRETATION symbol indicates that Sign Language Interpretation is provided for a lecture, tour, film, performance, conference or other program.

ACCESSIBLE PRINT (18 pt. or Larger)



The symbol for large print is "Large Print" printed in 18 pt. or larger text. In addition to indicating that large print versions of books, pamphlets, museum guides and theater programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided in large print. Sans serif or modified serif print with good contrast is important, and special attention should be paid to letter and word spacing.

THE INFORMATION SYMBOL



One the most valuable commodity of today's society is information; to a person with a disability and others are essential. For example, the symbol may be used on signage or on a floor plan to indicate the location of the information or security desk, where there is more specific information or materials concerning access accommodations and services such as "LARGE PRINT" materials, audio cassette recordings of materials, or sign interpreted tours.

CLOSED CAPTIONING (CC)



CLOSED CAPTIONING (CC) symbol indicates a choice for whether or not to display captions for a television program or videotape. TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry Act of 1990 requires TV sets (with screens 13" or larger) to have built-in decoders as of July 1993. Also, videos that are part of exhibitions may be closed captioned using the symbol with instruction to

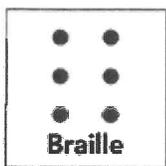
press a button for captioning.

OPENED CAPTIONING (OC)



OPENED CAPTIONING (OC) symbol indicates that captions, which translate dialogue and other sounds in print, are always displayed on the videotape, movie or television program. Open Captioning is preferred by many including deaf and hard-of-hearing individuals, and people whose second language is English. In addition, it is helpful in teaching children how to read and in keeping sound levels to a minimum in museums and restaurants.

BRAILLE SYMBOL



BRAILLE SYMBOL indicates that printed material is available in Braille, including exhibition labeling, publications and signage.

APPENDIX G: FEDERAL CIVIL RIGHTS AUTHORITIES*

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
DHS and DCF Programs and Activities (HHS Federal Financial Assistance)			
Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116)	45 C.F.R. Part 92	sex, race, color, national origin, disability, and age	BadgerCare Plus and Medicaid programs; other healthcare programs and activities.
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	45 C.F.R. Part 80	race, color, national origin	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	45 C.F.R. Part 84	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	45 C.F.R. Part 86	sex	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	45 C.F.R. Part 91	age	BadgerCare Plus and other Medicaid programs; grants by CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.
Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b		race, color, national origin	Foster Care

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
DHS Programs and Activities (USDA-FNS Federal Financial Assistance)			
Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020)	7 C.F.R. Parts 15, 15a, 15b, 15c, and Part 16	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP)
Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	7 C.F.R. Part 15	race, color, national origin	FoodShare (SNAP); WIC; CNP, TANF, FMNP, SFMNP
Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.)	7 C.F.R. Part 15c	age	FoodShare (SNAP); WIC; FSET; FMNP, SFMNP
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.)	7 C.F.R. Part 15b	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the Americans with Disabilities Act (ADA) of 1990 (42 USC § 12131 et seq.)	28 C.F.R. Part 35	disability	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.)	7 C.F.R. Part 15a	sex	FoodShare (SNAP); WIC; FSET; TANF; FMNP, SFMNP
Title II of the ADA Amendments Act of 2008 (42 U.S.C. § 12101 et seq.)	28 C.F.R. Part 35	disability	WIC; FSET; TANF; FMNP; SFMNP
Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.)	7 C.F.R. § 251.10	race, color, national origin, sex, age, disability	TEFAP
Other FNS nondiscrimination requirements	FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Food and Nutrition Services, USDA (Guidance)	race, sex, religious creed, national origin, or political affiliation	FoodShare (SNAP); WIC; FSET; TANF; FMNP; SFMNP; TEFAP
OTHER FEDERAL PROVISIONS			
Community Services Assurance Provisions of the Hill-Burton Act			Health Facilities receiving Hill-Burton Funds

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended (Federal Block Grants)		race, color, national origin, sex (Community Services Block Grants); race, color, national origin, age, disability, sex, religion (remaining block grants)	Community Services Block Grant; Social Services Block Grant; Maternal and Child Health Block Grant; Projects for Assistance in Transition from Homelessness Block Grant; Community Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant
Family Violence Prevention Services Act, 42 U.S.C. § 10406.		race, color, national origin, age, disability, sex, religion	
Section 408 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. § 608		age, disability, race, color, national origin	Temporary Assistance for Needy Families Block Grant

*This list is current as of November 2021. Please note, there may be other applicable civil rights provisions that have been omitted and the provisions may be subject to amendment, repeal or replacement. Additionally, each Federal agency may issue interpretative guidance on civil rights compliance, such as providing meaningful access to LEP individuals, which should be consulted. *See e.g.*, 68 Fed. Reg. 47311 (Aug. 8, 2003) (HHS LEP Guidance); 79 Fed. Reg. 70771 (Nov. 28, 2014) (FNS LEP Guidance); 68 Fed. Reg. 32290 (May 29, 2003) (DOL LEP Guidance).

