

HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA) WAIVER AGENCY COMPLIANCE WITH THE DEPARTMENT OF HEALTH CARE SERVICES' (DHCS) NON-DISCRIMINATION POLICY AND LANGUAGE ACCESS

As a DHCS-delegated administrator of the HCBA Waiver, Ventura County Area Agency on Aging (VCAAA) complies with applicable Federal and State civil rights laws. VCAAA does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. VCAAA does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

Ventura County Area Agency on Aging:

- Provides free aids and services to people with disabilities to communicate effectively with VCAAA, such as:
 - Qualified sign language interpreters
 - Written information in other formats such as large print, audio, accessible electronic formats and 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, call VCAAA at (800) 510-2020 or email lois.vcaaa@ventura.org.

If you believe VCAAA has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Department of Health Care Services' Office of Civil Rights.

PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370, 711 (California State Relay)
Email: CivilRights@dhcs.ca.gov

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

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Or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, TTY 1-800-537-7697

You can get a complaint form at: <https://www.hhs.gov/ocr/complaints/index.html>

ATTENTION: If you need help in your language call (805) 510-2020 (TTY: 711).
Auxiliary aids and services for people with disabilities are also available free of charge.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (805) 510-2020 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (805) 510-2020 (TTY: 711).

Tagalog (Tagalog–Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (805) 510-2020 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (805) 510-2020 (TTY: 711)번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (805) 510-2020 (TTY: 711)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (805) 510-2020 (TTY (հեռատիպ)՝ 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (805) 510-2020 (телетайп: 711).

(Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا (711 تماس بگیرید: (805) 510-2020 (TTY)

日本語 (Japanese)

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注意事項：日本語を話される場合、無料の言語支援をご利用いただけます(805) 510-2020 (TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (805) 510-2020 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

(805) 510-2020 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (805) 510-2020 (TTY: 711) رقم هاتف الصم والبكم

हिंदी (Hindi)

ज्ञान दए: यदि आप हिंदी बोलते हए तो आपके िलए मुए मए भाषा सहायता सेवाएं उपलए हए। (805) 510-2020 (TTY: 711) पर कॉल करए।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (805) 510-2020 (TTY: 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បេរូសិនអ្នកនិយាយ ខ្មែរ, បសជំនួយខ្មែរក្រហម របេមមិនគិតថ្លៃ គឺជាការសំរាប់បេរូអ្នក។ ចូរ ទូរស័ព្ទ (805) 510-2020 (TTY: 711)។

ພາສາລາວ (Laotian)

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (805) 510-2020 (TTY: 711).

Mein

Waac-mbungh: Se gorngv meih gongv mien waac nor, maaivzuqc cutv nyaanh gunv korh waam mingh tuax (805) 510-2020, (TTY: 711) yiem wuov maaih mienh tengfaan waac bunmeih hiuv duv.

Українська (Ukrainian)

Увага: Якщо вам потрібна допомога в мовному дзвінку (805) 510-2020 або TTY: 711. Допоміжні засоби та послуги для людей з обмеженими можливостями також доступні безкоштовно.