

**CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE**

Children and Families  
DCF-F-154-E (R. 11/2017)

Health Services  
F-00165

Workforce Development  
DETS-16705-E (R. 12/1/2013)

THE HUMAN SERVICE CENTER (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the "State Agencies") and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

**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 identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:

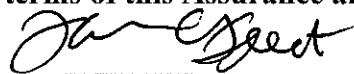
Name Judy Citro	Title Human Resources, Facilities and Operations Manager
Telephone Number 715-369-2215 x 3935	Email Address jc@thehumanservicecenter.org

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

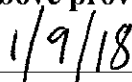
Name Judy Citro	Title Human Resources, Facilities and Operations Manger
Telephone Number 715-369-2215 x 3935	Email Address jc@thehumanservicecenter.org

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

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



SIGNATURE – Authorized Representative

  
Date

Printed name: Tamara C. Feest

Title: Executive Director

## RECIPIENT CONTACT INFORMATION

Name of Recipient  
The Human Service Center

Street Address  
705 E. Timber Dr., PO Box 897

City  
Rhineland

State  
WI

Zip Code  
54501

Name of Individual Designated as Contact for Civil Rights Compliance Questions  
Judy Citro

Address  
705 E. Timber Dr, PO Box 897, Rhineland, WI 54501

Telephone Number  
715-369-2215

Email Address  
jc@thehumanservicecenter.org

Name of Individual Designated to Assist with LEP Individuals and Individuals with Disabilities  
Judy Citro

Address  
705 E. Timber Dr., PO Box 897, Rhineland, WI 54501

Telephone Number  
715-369-2215

Email Address  
jc@thehumanservicecenter.org

Name of Authorized Representative  
Tamara Feest

Address  
705 E. Timber Dr., PO Box 897, Rhineland, WI 54501

Telephone Number  
715-369-2215

Email Address  
tfeest@thehumanservicecenter.org

### 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/DWD and/or another recipient**

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

	Yes	No	Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with <b>DHS</b> to receive federal funding.	<b>DHS</b>		1. See Attached	
	X		2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement, or purchase order (PO) with <b>DCF</b> to receive federal funding	<b>DCF</b>		1.	
		2. X	2.	
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with <b>DWD</b> to receive federal funding	<b>DWD</b>		1.	
		X	2.	
			3.	
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/DWD.  Name of County or Consortium:		X	1.	
			2.	
			3.	
Our agency/entity has a sub-contract with another entity that receives federal funding from order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD.  Name of entity or entities:		X	1.	
			2.	
			3.	

**Instructions for completing Funding Relationship to DHS, DCF or DWD**

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.



## 2018 State/County Allocations

From 01/01/18 to 12/31/18 11/01/17

County **HUMAN SERVICE CENTER** Agcy # **21** Agcy Type **801**

Select the title to view the full appendix language.

Profile		Amount
561	BCA JAN (Less Match)	418,171
561	BCA JULY (Less Match)	1,323,950
681	BCA JULY (State Match)	191,583
388	Appendix H MA ADM PASS THRU/FED	0
377	Appendix C CHILD COP	109,818
871	Appendix AM CLTS TPA OTHER GPR	231,213
872	Appendix AM CLTS TPA OTHER FED	331,349
874	Appendix AM CLTS AUTISM GPR	22,431
875	Appendix AM CLTS AUTISM FED	32,145
877	Appendix AM CLTS OTHER CWA ADMIN GPR	21,172
878	Appendix AM CLTS OTHER CWA ADMIN FED	21,172
880	Appendix AM CLTS AUT CWA ADMIN GPR	2,054
881	Appendix AM CLTS AUT CWA ADMIN FED	2,054
550	Appendix P BIRTH TO THREE TOTAL	142,986
567	Appendix BD INTOXICATED DRIVER PROGRAM SUPPLEMENT FUND	0
569	Appendix V MENTAL HEALTH BLOCK GRANT TOTAL	24,615
570	Appendix W SUBSTANCE ABUSE BLOCK GRANT TOTAL	135,306
531	Appendix BC NON-RESIDENT - 997 (SUM SUFFICIENT)	0
516	Appendix AK COMMUNITY MENTAL HEALTH PROGRAMS (formaly 559, 5	318,339
<b>Allocation Total</b>		<b>3,328,358</b>

## Funded Programs Checklist

- Completing this section will allow DHS, DCF or DWD to identify the federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the federal program, grant, or agreement in the section titled "Other: specify."

**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
- X Birth to 3
- X Children's Long Term Support Waiver
- X 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:

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

See attached

#### **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)

<input type="checkbox"/> Adoption Assistance Program	<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider
<input type="checkbox"/> Adoption Finalization and Post Adoption Services	<input type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Refugee Assistance and Services
<input type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Other Services
<input type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> Runaway Youth Services
<input type="checkbox"/> Child Care Certification or Licensing	<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input type="checkbox"/> Child Care Quality Improvement	<input type="checkbox"/> Wisconsin Works (W-2) Programs
<input type="checkbox"/> Child Placing Agencies - Foster Care	<input type="checkbox"/> Youth Aids and Youth Justice grants
<input type="checkbox"/> Child Residential Care Centers & Group Homes	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Child Welfare Case Management Services	
<input type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input type="checkbox"/> Foster Care Payments	
<input type="checkbox"/> Home Visiting Services	
<input type="checkbox"/> Independent Living	
<input type="checkbox"/> Indian Child Welfare	
<input type="checkbox"/> Kinship Care Payments	

**USE this checklist for Department Workforce Development (DWD)**

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

<input type="checkbox"/> Workforce Investment and Opportunity Act	<input type="checkbox"/> Other: Specify
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**Note:** The checklist is not an exhaustive list of programs funded through the DHS, DCF or DWD with HHS, USDA-FNS and DOL. 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.