

**WAUPACA COUNTY  
CIVIL RIGHTS COMPLIANCE PLAN**



PERIOD OF JANUARY 1, 2022 – DECEMBER 31, 2025

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**APPENDIX A**  
**CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE**

Children and Families  
DCF-F-154-E

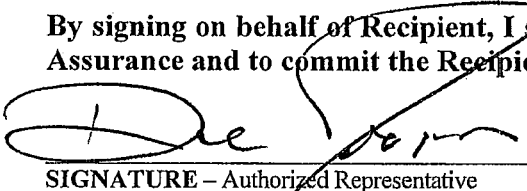
Health Services  
F-00165

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

Waupaca 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: 1-14-2022

Printed name: Mr. Dick Koeppen

Title: Waupaca County Board Chair

**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


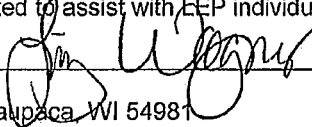
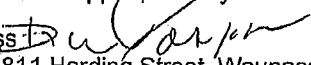
**RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE  
FEDERAL CIVIL RIGHTS LAWS:**

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 WAUPACA COUNTY		
Street Address 811 HARDING STREET		
City Waupaca	State WI	Zip Code 54981
Name of Individual Designated as contact for Civil Rights Compliance questions: Diane L. Meulemans 		
Address 811 Harding Street, Waupaca, WI 54981		Date Signed 1/6/2022
Telephone Number (715)258-6446	Email Address diane.meulemans@co.waupaca.wi.us	
Name of individual designated to assist with LEP individuals and individuals with disabilities: Liz Wagner 		
Address 811 Harding Street, Waupaca, WI 54981		Date Signed 1/6/2022
Telephone Number (715)258-6364	Email Address liz.wagner@co.waupaca.wi.us	
Name of Authorized Representative Dick Koeppen, County Board Chair		
Address  811 Harding Street, Waupaca, WI 54981		Date Signed 1-4-2022
Telephone Number (715)258-6200	Email Address dick.koeppen@co.waupaca.wi.us	

### 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.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS Yes	No	1. DHHS	\$787,294
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	No	1. DHHS	\$870,081
			2.	
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	DWD Yes	No	1.	
			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.	Yes	No	1. Regional ADRC	\$220,048.54
			2. East Central IM	\$347,786
			3.	
Name of County or Consortium? Regional ADRC Contract Calumet, Outagamie and Waupaca Consortium East Central IM Partnership				
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD.	Yes	No	1. White Pine	\$217,960
			2.	
			3.	
Name of the entity/entities: White Pine Consulting				

### 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.

**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):

☐ Workforce Investment and Opportunity Act

☐ Other: Specify

**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.

## 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):

<b>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</b> <input checked="" type="checkbox"/> BadgerCare Plus <input checked="" type="checkbox"/> Birth to 3 <input checked="" type="checkbox"/> Children's Long Term Support Waiver <input checked="" type="checkbox"/> Children's Community Options Program <input type="checkbox"/> Family Care <input checked="" type="checkbox"/> Family Planning Only <input type="checkbox"/> IRIS <input type="checkbox"/> Katie Beckett <input type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled <input checked="" type="checkbox"/> Medicaid Purchase Plan <input type="checkbox"/> PACE <input type="checkbox"/> SeniorCare <input checked="" type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Well Women Medicaid <input checked="" type="checkbox"/> Other: <ul style="list-style-type: none"><li>• Block Grants for Prevention and Treatment of Substance Abuse</li><li>• Block Grants for Community Mental Health Services</li><li>• Public Health Emergency Preparedness</li><li>• Medical Assistance Program</li><li>• Block Grant for Maternal and Child Health Services</li><li>• Aging and Disability Resource Center</li></ul> <b>Please list your specific Federal grant/funding source if not listed above.</b>	<b>USDA (FNS) programs:</b> <input checked="" type="checkbox"/> FoodShare/SNAP <input type="checkbox"/> Food Stamp Employment and Training (FSET) <input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP) <input checked="" type="checkbox"/> Women Infants and Children (WIC) <input type="checkbox"/> Commodity Supplemental Food Program <input checked="" type="checkbox"/> WIC Farmer's Market Nutrition Program <input type="checkbox"/> Senior Farmer's Market Nutrition Program <input type="checkbox"/> Other: Specify
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**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"><li><input checked="" type="checkbox"/> Adoption Assistance Program</li><li><input type="checkbox"/> Adoption Finalization and Post Adoption Services</li><li><input type="checkbox"/> Brighter Futures Initiative</li><li><input checked="" type="checkbox"/> Child Abuse and Neglect - Child Protective Services</li><li><input checked="" type="checkbox"/> Child Abuse and Neglect – Prevention Services</li><li><input checked="" type="checkbox"/> Child Care Certification or Licensing</li><li><input checked="" type="checkbox"/> Child Care Resource and Referral</li><li><input type="checkbox"/> Child Care Quality Improvement</li><li><input checked="" type="checkbox"/> Child Placing Agencies - Foster Care</li><li><input type="checkbox"/> Child Residential Care Centers &amp; Group Homes</li><li><input checked="" type="checkbox"/> Child Support</li><li><input checked="" type="checkbox"/> Child Welfare Case Management Services</li><li><input checked="" type="checkbox"/> Community Services Block Grant Services</li><li><input type="checkbox"/> Domestic Violence/Domestic Abuse</li><li><input checked="" type="checkbox"/> Foster Care Payments</li><li><input type="checkbox"/> Home Visiting Services</li><li><input type="checkbox"/> Independent Living</li><li><input type="checkbox"/> Indian Child Welfare</li><li><input checked="" type="checkbox"/> Kinship Care Payments</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Milwaukee Child Welfare Program Service Provider</li><li><input checked="" type="checkbox"/> Promoting Safe and Stable Families</li><li><input type="checkbox"/> Refugee Assistance and Services</li><li><input type="checkbox"/> Other Services</li><li><input type="checkbox"/> Runaway Youth Services</li><li><input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First</li><li><input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program</li><li><input type="checkbox"/> Wisconsin Works (W-2) Programs</li><li><input checked="" type="checkbox"/> Youth Aids and Youth Justice grants</li><li><input checked="" type="checkbox"/> Other: CHIPS Legal Services Grant CHIPS Judicial Grant TSSF – Targeted Safety Support Funds</li></ul>
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## APPENDIX B: CRC PLAN TEMPLATE

The following pages comprise the CRC Plan Template. You are not required to use this template, but any plan you do produce must include the information in the instructions, namely data collection, customer service population data analysis for each program or activity for which you receive funding, Limited English Proficiency customer data analysis, nondiscrimination notifications, include the name, contact and function of an equal opportunity coordinator and LEP Coordinator, analysis of the meaningful access to programs and services, a self-evaluation of accessibility, complaint or grievance procedures, and training.

## DATA COLLECTION

Service Delivery			
Our agency has a system that records the following:			
The race, ethnicity, sex/gender, disability status, and primary language of participants/applicants (Self-identification by the applicant/participant is the preferred method of obtaining characteristic data)	<input type="radio"/> Yes	<input type="radio"/> No	
Number of potentially eligible or likely to be affected or encountered	<input type="radio"/> Yes	<input type="radio"/> No	
Number of LEP individuals encountered by phone vs. walk-in	<input type="radio"/> Yes	<input type="radio"/> No	
Language spoken and/or dialect of LEP participants	<input type="radio"/> Yes	<input type="radio"/> No	
Number of eligible LEP participants by separate programs and the frequency of encounters	<input type="radio"/> Yes	<input type="radio"/> No	
Interpretation needs and preferred language of LEP participants	<input type="radio"/> Yes	<input type="radio"/> No	
The number of times interpretation services were offered and provided to LEP individuals and the language group for the service	<input type="radio"/> Yes	<input type="radio"/> No	
The written translation of vital documents for LEP groups that meet the 5 percent or 1,000 threshold requirement	<input type="radio"/> Yes	<input type="radio"/> No	
Number of sign language interpretation requests received from deaf and hard of hearing participants	<input type="radio"/> Yes	<input type="radio"/> No	
Other accommodation requests and needs from participants with disabilities	<input type="radio"/> Yes	<input type="radio"/> No	
<b>If you responded "No" to any of the above questions, describe your plan for addressing the requirement(s), including target dates for completion of milestones, below:</b>			

### Nondiscrimination Notification

1. Our entity uses the required HHS and/or USDA-FNS Nondiscrimination Statements and Notices, provided in <b>Appendix D</b> .	<input checked="" type="radio"/> Yes	No	N/A
2. Our entity uses the DHS and/or DCF model for LEP Policy Statement that is provided in <b>Appendix E</b> .	<input checked="" type="radio"/> Yes	No	
3. We disseminate the LEP policy in the following ways:			
a) The nondiscrimination policy is included in our operating procedures manual.	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 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"> <li>• Entities administering SNAP/FoodShare, TEFAP and FSET programs must post the "Justice For All" Poster 475B</li> <li>• Entities administering WIC programs must post the "Justice For All" poster 475C.</li> </ul> Posters are available from <u>the USDA</u> .	<input checked="" type="radio"/> Yes	No	N/A
d) The LEP requirements are incorporated in contracts when extending Federal financial assistance to subrecipients.	<input checked="" type="radio"/> 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)?	<input checked="" type="radio"/> 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: <u>FNS Nondiscrimination Statement</u> and in <b>Appendix D</b> .	<input checked="" type="radio"/> 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

1. Our Equal Opportunity Coordinator (EOC) and LEP Coordinator (LEPC) received or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> <li>Indicate date EOC received CRC Training: <u>2/2018</u></li> <li>Indicate date LEPC received CRC Training: <u>12/2019</u></li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
2. Our EOC and LEPC have the following responsibilities:			
a) Handling service delivery and language access complaints.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
e) Monitoring, performing comprehensive compliance reviews, and evaluating equal opportunity and language access activities on a program-by-program basis for the entity.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
f) Monitoring and evaluating civil rights, cultural awareness, disability sensitivity, and language needs of entity staff and arranging training.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
g) Monitoring the records and files relative to the entity's civil rights program and ensuring that subrecipients are maintaining civil rights records.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
h) Monitoring the civil rights compliance of funded subrecipients, if entity has any.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	N/A
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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Providing literature, posting information and audio-visual materials in language(s) understood by LEP customers.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Providing culturally trained bilingual and/or bicultural qualified staff.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
B) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="radio"/> Yes	<input type="radio"/> 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

<p>B) Our agency hires bilingual staff who are proficient in the following languages that are present in our service area: (Circle all that apply)</p> <ul style="list-style-type: none"> <li>• Spanish</li> <li>• Hmong</li> <li>• Arabic</li> <li>• French</li> <li>• Chinese</li> <li>• German</li> <li>• Pennsylvanian Dutch</li> <li>• Albanian</li> <li>• Other languages: (Specify)</li> <li>• Korean</li> <li>• Laotian</li> <li>• Polish</li> <li>• Russian</li> <li>• Vietnamese</li> <li>• Bosnian/Serbian/Croatian</li> <li>• Hindi</li> <li>• Tagalog</li> </ul>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>C) Use a language line for languages not often used in the service area.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>D) Partner with other community organizations for paid or voluntary oral interpretation services.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>E) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>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.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>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.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<p>H) Other: Specify</p>		
<p>10. List methods used to communicate important benefit information to customers. Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Video</p> <p><input checked="" type="checkbox"/> Web Sites</p> <p><input checked="" type="checkbox"/> Posters</p> <p><input checked="" type="checkbox"/> Voice Mail Messages</p> <p>Interactive Voice Response (IVR)</p> </div> <div style="width: 45%;"> <p>Television</p> <p>Radio</p> <p>Community Newspaper</p> <p>Other: Specify</p> </div> </div>		

**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	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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"> <li>• A list of interested persons consulted.</li> <li>• A brief description of the areas examined and any problems identified, and a description of any modifications made.</li> </ul>	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"> <li>• For deaf or hard of hearing: <ul style="list-style-type: none"> <li>○ Sign language, oral, and cued speech interpreters (provided by the entity)</li> <li>○ Video remote interpreting services</li> <li>○ Open and closed captioning of videos</li> <li>○ Real time captioning</li> </ul> </li> <li>• For blind or visually impaired and others with print disabilities: <ul style="list-style-type: none"> <li>○ Braille</li> <li>○ Large print/magnification software</li> <li>○ Audio recordings</li> <li>○ Accessible electronic formats that can be read by screen reading software</li> <li>○ Screen reading software available for applicants and members of the benefits program</li> <li>○ Optical readers</li> </ul> </li> </ul>	<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
<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>	<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
<p>12. Does your entity have a policy or procedure to handle requests for auxiliary aids and services?</p>	<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
<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>	<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
<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 <b>Appendix G</b>)</p>	<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
<p><b>If you responded "No" to a question above, describe your plan for addressing this requirement, including target dates for completion, below:</b></p>		



## Discrimination Complaint/Grievance Procedures

1. Our entity uses the model Discrimination Complaint Forms and Process, which is provided in <b>Appendix F</b> , 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: <ul style="list-style-type: none"> <li>• DCF Complaint <a href="http://dcf.wisconsin.gov/civil_rights/complaint-procedures">http://dcf.wisconsin.gov/civil_rights/complaint-procedures</a></li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• US HHS Region V Office of Civil Rights, Chicago Complaint <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></li> <li>• USDA, Office of Civil Rights, Washington D.C. <a href="https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf">https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf</a></li> </ul>	<input checked="" type="radio"/> Yes	No
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.	<input checked="" type="radio"/> Yes	No
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.	<input checked="" type="radio"/> Yes	No
4. All participants in complaint investigations are advised of and protected from retaliation.	<input checked="" type="radio"/> Yes	No
5. Complaints received are acknowledged within five calendar days. If extensions are needed, the complainant will be notified.	<input checked="" type="radio"/> Yes	No
6. Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint.	<input checked="" type="radio"/> Yes	No
7. Corrective action is taken when evidence of discrimination has been found.	<input checked="" type="radio"/> Yes	No
8. Translators, interpreters and/or readers who meet the communication needs of customers are provided by the agency during the complaint process.	<input checked="" type="radio"/> Yes	No
9. Customers are permitted to have representatives of their choice during their interviews in the complaint process.	<input checked="" type="radio"/> Yes	No
10. Our staff will assist complainants during the complaint process if necessary.	<input checked="" type="radio"/> Yes	No
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.	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes	No	
2. Do new staff receive training on federal CRC requirements?	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> Yes	No	N/A
b. Annually for entities receiving federal funds from the USDA FNS (e.g., FoodShare, WIC and TEFAP)	<input checked="" type="radio"/> Yes	No	N/A
4. Does the entity provide CRC training for subrecipient agency staff?	<input checked="" type="radio"/> 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:**

## **APPENDIX C: NONDISCRIMINATION NOTIFICATION**

### **1. USHHS Nondiscrimination Statement for Health Care Related Programs**

**WAUPACA 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.

#### **WAUPACA 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:

**MS. LIZ WAGNER**  
**WAUPACA COUNTY DHHS**  
**811 Harding Street**  
**Waupaca, WI 54981**  
**715-258-    ], TTY 711**  
**[liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us)**

#### **FILING A GRIEVANCE**

If you believe that **Waupaca 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 Ms. Liz Wagner:

**MS. LIZ WAGNER**  
**WAUPACA COUNTY DHHS**  
**811 Harding Street**  
**Waupaca, WI 54981**  
**715-258-    ], TTY 711**  
**[liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us)**

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

Co-authored by: Departments of Health Services and Children and Families

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, audiotope, 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 **Waupaca 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 Ms. Liz Wagner at:

**MS. LIZ WAGNER**  
**WAUPACA COUNTY DHHS**  
**811 Harding Street**  
**Waupaca, WI 54981**  
**715-258-     ], TTY 711**  
**[liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us)**

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](mailto: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 **Waupaca 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 Ms. Liz Wagner at:

**MS. LIZ WAGNER**  
**WAUPACA COUNTY DHHS**  
**811 Harding Street**  
**Waupaca, WI 54981**  
**715-258-     ], TTY 711**  
**[liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us)**

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](mailto:program.intake@usda.gov)

## Appendix D

### **WAUPACA COUNTY'S NONDISCRIMINATION NOTICE FOR SIGNIFICANT PUBLICATIONS AND SIGNIFICANT COMMUNICATIONS**

Waupaca County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Waupaca County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Waupaca County:

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

If you need these services, contact Liz Wagner, Department of Health and Human Services, 811 Harding Street, Waupaca, Wisconsin 54981; PH: 715-258-6364 or Wisconsin Relay 711; or by email: [liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us). For Spanish PH: 715-258-6329.

If you believe that Waupaca County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Diane L. Meulemans, Office of Corporation Counsel, 811 Harding Street, Waupaca, WI 54981, 715-258-6446, [TTY number-Wisconsin Relay 711] 715-258-6493(fax), [diane.meulemans@co.waupaca.wi.us](mailto:diane.meulemans@co.waupaca.wi.us). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Diane L. Meulemans, Corporation Counsel, is available to help you.

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 Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak Spanish, language assistance services free of charge are available to you. Call 1-715-258-6329 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-715-258-6329 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-715-258-6329 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-715-258-6329 (TTY: 711).

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

### **LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

WAUPACA 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: Ms. LIZ WAGNER EMAIL: [liz.wagner@co.waupaca.wi.us](mailto:liz.wagner@co.waupaca.wi.us) Phone: 715-2586364.

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.

## Acknowledgement and Refusal of Free Interpretation Services

WAUPACA COUNTY has offered you free interpretation services provided by a skilled and qualified interpreter who is trained to protect your privacy. That person understands your language and technical/legal words related to the program or service you are seeking or receiving.

You have the right to the free interpreter services described above. You also have the right to refuse that service and proceed with your own interpreter. **YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER.** If you choose to utilize your own interpreter, whether a family member or another person, that person may not have formal training and may commit, among others, the following errors:

- Give you or your service provider incorrect information;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell other people information about you that would otherwise be private;
- Misunderstand your case manager, case worker, doctor, caregiver, or service provider.

WAUPACA COUNTY by \_\_\_\_\_ (staff name) has explained to me, in my own language, the risks of refusing the offered trained interpreter. I understand these risks and choose to decline the interpretation services offered at no cost.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Date

If interpreted by phone, interpreter name and #: \_\_\_\_\_

Explanation of Document (for providers and staff):

\_\_\_\_\_  
\_\_\_\_\_



## APPENDIX E: SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

**If you need help completing this form please contact:**

Name - Equal Opportunity Coordinator LIZ WAGNER	Phone (Voice) 715-258-6364	Phone (TDD) 711
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)

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
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)	<b>WI Department of Children and Families</b> 201 W. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585
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.	<b>WI Department of Health Services</b> 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

**You also have the right to file a formal complaint with a Federal agency listed below.**

PROGRAM	FEDERAL AGENCY
HHS program or activity	<b>Office for Civil Rights</b> <b>U.S. Department of Health and Human Services</b> 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a> (On-line complaint portal)
UDSA-FNS program or activity	<b>U.S. Department of Agriculture, Director, Office of Adjudication</b> 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) <a href="mailto:Cr-info@ascr.usda.gov">Cr-info@ascr.usda.gov</a>

### Civil Rights Service Delivery Discrimination Complaint

**Use of form:** This form should be used when filing the following types of discrimination complaints: service delivery (Title VI), ADA and Section 504 complaints. When completing this form refer to the instructions following this form. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

---

**SECTION I – COMPLAINANT INFORMATION**

---

Name (First, MI, Last)

Address (Street, City, State, Zip Code)

Telephone Number – Home (Include area code)

Telephone Number – Work (Include area code)

Email Address

---

**SECTION II – COMPLAINANT REPRESENTATIVE INFORMATION**

---

☐ Yes ☐ No Are you a representative filing this complaint on behalf of someone else?  
If “Yes”, what is your relationship to the complainant?

Name – Representative (First, MI, Last)

Address (Street, City, State, Zip Code)

Telephone Number – Home (Include area code)

Telephone Number – Work (Include area code)

Email Address

---

**SECTION III – BASIS OF ALLEGED DISCRIMINATION**

---

I believe that I have been discriminated against on the basis of: (Only check the boxes that are the reasons(s) for the alleged discrimination complaint.)

☐ Race ☐ Color ☐ Age ☐ Gender ☐ Disability ☐ Religion ☐ National origin or ancestry  
☐ Other – Specify:

---

**SECTION IV – INFORMATION ABOUT THE ALLEGED DISCRIMINATION**

---

Provide information about the alleged discrimination including the name(s) of the person(s), the agency name(s), address(s) and telephone number(s) (including the area codes).

List the dates that you believe the discrimination took place.

Briefly describe the specific alleged discrimination. If additional space is needed, attach separate pages.

---

**SECTION V – COMPLAINANT SIGNATURE**

---

Sign and date this complaint.

---

Complainant Signature

---

Date Signed

Without the information requested above, the Wisconsin Department of Children and Families (DCF) Civil Rights Compliance (CRC) Unit may be unable to proceed with investigating your complaint. We will use the information you provided to determine if we have jurisdiction to investigate your complaint. If the DCF CRC Unit does have jurisdiction to investigate your complaint, we will use the information you have provided to begin our investigation.

You are not required to use this form (DCF-F-2466-E). You may also write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, contact the DCF Equal Opportunity Officer, at (608) 422-6889.

Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed only when it is necessary for the investigation of possible discrimination, for internal systems operations, or for other routine uses, which may include the disclosure of information outside of DCF for purposes associated with civil rights compliance and as permitted by law.

---

**SECTION VI – OPTIONAL INFORMATION**

---

Providing the remaining information on this form is optional. Failure to provide this information will not affect whether DCF processes your complaint.

---

**Language Assistance and Special Accommodations**

---

Do you need special accommodations for us to communicate with you about this complaint? Check all that apply.

- ☐ Braille    ☐ Large print    ☐ Electronic mail    ☐ Wisconsin Relay Service ( WRS)-711  
☐ Sign language interpreter  
☐ Foreign language interpreter  
☐ Primary language spoken:  
☐ Other – Specify:

---

**Other Agency(s) This Complaint Has Been Filed With**

---

- ☐ Yes    ☐ No    Have you filed your complaint anywhere else?  
If “Yes”, provide the following information. Attach additional pages as needed.

Person(s), agency(s), organization(s), court name(s) where you have filed your complaint.

---

Date(s) complaint was filed

---

Case Number(s), if known

---

**Demographic Data Collection**

To help us better serve the public, provide the following demographic information about yourself.

- Ethnicity – Select one.    ☐ Latino    ☐ Not Hispanic or Latino  
Race – Select one or more.    ☐ White    ☐ Black or African American    ☐ American Indian  
   ☐ Asian    ☐ Native Hawaiian or Other Pacific Islander  
   ☐ Other – Specify:

---

How did you learn about the DCF Civil Rights Compliance Unit? – Specify.

## HOW TO FILE A SERVICE DELIVERY DISCRIMINATION COMPLAINT

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, other civil rights laws, and the United States (U.S.) Department of Health and Human Services (DHHS), implementation regulation – 45 Code of Federal Regulations (CFR) Part 80, prohibit discrimination in service delivery by agencies that receive federal financial assistance.

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, you may file a service delivery discrimination complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

It is illegal for agencies that receive federal financial assistance from the United States (U.S.) Department of Health and Human Services (DHHS) to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under federal civil rights laws.

**IMPORTANT:** If your application for service was not taken or you were told you were not eligible for a particular program, but you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or state administrative hearing review. Your right to appeal a decision or to request a state administrative hearing does not need to be connected to a discrimination complaint.

### HOW DO I FILE A FORMAL SERVICE DELIVERY DISCRIMINATION COMPLAINT?

To file a formal service delivery discrimination complaint about any of the programs listed on this complaint form or other programs administered or funded by the Department of Children and Families, you may complete the DCF Civil Rights Service Delivery Discrimination Complaint form (DCF-F-2466-E) and mail to:

Department of Children and Families  
Division of Management Services  
Civil Rights Compliance Unit  
201 W. Washington Ave  
P.O. Box 8916  
Madison, WI 53703-8916

Voice: (608) 422-6889  
TTY: Wisconsin Relay Service (WRS) - 711

You may also file a formal complaint at the federal level with the United States (U.S.) Department of Health and Human Services (DHHS) or the U.S. Department of Justice (DOJ) for any of the programs administered by the Department of Children and Families. Their contact information is provided on the last page of this form for your convenience.

### WHAT ARE THE TIMELINES FOR FILING A FORMAL COMPLAINT?

All formal complaints must be filed within 180 days of the event or treatment you feel was discriminatory. However, you should file the complaint as soon as possible after the action took place. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say what they saw, heard or experienced.

## **INSTRUCTIONS ON HOW TO COMPLETE THE DISCRIMINATION COMPLAINT**

### **SECTION I – COMPLAINANT INFORMATION**

Provide your name, address, telephone number and other contact information as requested.

### **SECTION II – COMPLAINANT REPRESENTATIVE INFORMATION**

Complainants have the right to ask for assistance when filing a discrimination complaint. The complainant may also ask someone else to represent or accompany him / her throughout the complaint filing process. If you are filing this complaint for someone else, print your name, address, telephone number and other contact information as requested.

### **SECTION III – BASIS OF ALLEGED DISCRIMINATION**

Check the box(es) that you believe describe the basis of the alleged discrimination that you experienced.

### **SECTION IV – INFORMATION ABOUT THE ALLEGED DISCRIMINATION**

- Provide the name(s), address(s) and telephone number(s) (including the area codes) of the person(s) and / or agency(s) that you believe discriminated against you.
- List the date(s) the discrimination occurred.
- Briefly describe the specific alleged discrimination. If additional space is needed, attach separate pages.

### **SECTION V – COMPLAINANT SIGNATURE**

Provide your signature and the date the form was signed to certify your complaint.

### **SECTION VI – OPTIONAL INFORMATION**

Completion of the following sections of the form is voluntary.

#### **Language Assistance and Special Accommodations**

Indicate if you need language assistance or other accommodations. Check all items that apply. If you checked “Other”, specify what accommodation you might need due to a disability(s) that is not listed.

#### **Other Agency(s) This Complaint Has Been Filed With**

Provide the name(s) of the agency(s) or organization(s) that you have filed this complaint with. Include the name(s) of the person(s) involved and the date the complaint(s) was filed. Include the case number, if known.

#### **Demographic Data Collection**

To help us better serve the public, indicate your ethnicity and race. The information that you provide will be used for statistical purposes only to help us better understand the population(s) that we serve.



**DEPARTMENT OF HEALTH SERVICES**Office of Legal Counsel  
F-80983 (05/2019)**STATE OF WISCONSIN**42 USC §§ 18116, 2000d, 6101; 29 USC § 701;  
7 USC § 2020; 20 USC § 1681; DHS AD 52.3, 36.4**CIVIL RIGHTS COMPLAINT**

This civil rights complaint form is for members, applicants, enrollees, and beneficiaries of any Wisconsin Department of Health Services (DHS) program or activity for internal DHS investigations into allegations of discrimination on the basis of race, color, national origin, sex, age, disability and, in some cases, religious creed or political belief, and reprisals or retaliation, depending on the program. **Complaints of discrimination in employment or matters not involving DHS programs or activities will not be investigated by this office.**

Complaints about DHS services and benefits funded by the United States Department of Health and Human Services (HHS) (for example, Medicaid/BadgerCare) may also be filed with HHS. Complaints about the Supplemental Nutrition Assistance Program (SNAP)/FoodShare Wisconsin may be filed with the United States Department of Agriculture (USDA). Any complaint about Women, Infants, and Children (WIC), The Emergency Food Assistance Program (TEFAP), the Commodity Supplemental Food Program (CSFP), or other non-SNAP USDA program must be filed with the USDA. In most cases, complaints must be received within **180 days** of the alleged discriminatory act. For directions on completing this form, see the instructions at [www.dhs.wisconsin.gov/forms/f8/f80983a.pdf](http://www.dhs.wisconsin.gov/forms/f8/f80983a.pdf).

**SECTION I – Who Was Discriminated or Retaliated Against?**

Date Completed:

First Name		Middle Initial	Last Name	
Mailing Address – Street	City		Zip Code	County
Preferred Phone Number	Other Phone Number		Email Address	Fax

Complainant Authorized Legal Representative

**SECTION II – What Person or Organization Do You Believe Discriminated or Retaliated Against You (or someone else)?**

Name (Agency, Medical Assistance Provider, or Business)		Type of Agency, Medical Assistance Provider, or Business		
Name – Person Responsible, if known		Organizational Title		
Address	City	Zip Code	County	
Phone Number – Include Area Code and Extension , ext.		Email Address		

**SECTION III – What Do You Allege is the Reason for Discrimination or Retaliation?**

Of which DHS program (for example, BadgerCare Plus, Medicaid, SeniorCare, Supplemental Nutrition Assistance Program (SNAP)/FoodShare Wisconsin, Include, Respect, I Self-Direct (IRIS), Family Care, FoodShare Employment and Training (FSET), Refugee Health Program) are you a member, applicant, enrollee, or beneficiary ?

Which of the following do you allege was the reason for the discrimination/retaliation? Check the box that you allege is the reason complainant (identified in Section I) was discriminated/retaliated against.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Race                          | <input type="checkbox"/> Color                | <input type="checkbox"/> National Origin or Limited English Proficiency |
| <input type="checkbox"/> Sex/Gender/Sexual Orientation | <input type="checkbox"/> Age                  | Preferred Language:   |
| <input type="checkbox"/> Disability                    | <input type="checkbox"/> Religion/Creed       |   |
| <input type="checkbox"/> Political Affiliation         | <input type="checkbox"/> Retaliation/Reprisal |   |

Date the last incident of discrimination occurred:

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**SECTION IV – What Discriminatory or Retaliatory Action Happened to You?**

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Use additional pages, as is necessary, to fully complete this section.

1. Describe the events that make you believe you were discriminated against in receiving benefits, services or access to a DHS program.
2. Give the date each action occurred and name of the person who took the action.
3. Explain why you believe the action was because of the box(es) you checked in Section III.

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**SECTION V – Submit Your Complaint**

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**Mail or email:**

Department of Health Services

608-267-4955 (Voice), 608-267-1434 (Fax)

Civil Rights Compliance

711 or 1-800-947-3529 (TTY)

1 West Wilson Street, Room 651

Email: [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov)

PO Box 7850

Madison, WI 53707-7850

**If you need language assistance or an accommodation to prepare this complaint, please contact us.**

**If you have questions regarding the terms and words used in this form, or need other assistance filling out this form, please contact us.**

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**Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs**

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- 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 the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to [dhscrc@dhs.wisconsin.gov](mailto:dhscrc@dhs.wisconsin.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

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 Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannst du ebber grieg as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທໂທຫາເບີ 844-201-6870 (TTY: 711).
<b>繁體中文 (Traditional Chinese)</b> 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 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمانجان اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).

WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
POLICY AND PROCEDURE MANUAL

CLIENT RIGHTS AND GRIEVANCE PROCEDURES

POLICY #23

Waupaca County Department of Health and Human Services (WCDHHS) provides a complaint process for all its customers (clients/patients). When a customer applies for services under Wisconsin Statutes 51.61 and Administrative Code ch. DHS 94 at the Department, the program staff will provide them with a copy of the Department's Complaint Process and Program Rights. Staff is expected to assure that each customer understands their Program Rights and the Complaint Process. WCDHHS will comply with all Health Insurance Portability and Accountability Act (HIPAA) rules as they pertain to Department programs.

Attached are the Department's Complaint Procedure, Consumer Rights, and Complaint Report.

Attachments

Rev. 01/2019

Adopted by Waupaca County DH&HS Board 5/7/97  
Revised: 06/2005; 01/2019

WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DHS 94 COUNTY GRIEVANCE PROCEDURE

POLICY #23A

Waupaca County Department of Health and Human Services has Policy #23 – Client Rights and Grievance Procedures – as a policy for managers and staff to follow in a grievance situation. Each Division may also have its own policy for clients.

The Department has identified the following person as Client Rights Specialist:

Liz Wagner  
Waupaca County Department of Health and Human Services  
811 Harding Street  
Waupaca, WI 54981  
(715) 258-6364  
wcdhhs@co.waupaca.wi.us

The CRS completed an on-line training through Wisconsin Department of Health Services website in 2020. [www.dhs.wisconsin.gov/clientrights/training.htm](http://www.dhs.wisconsin.gov/clientrights/training.htm)

Waupaca County Department of Health and Human Services will comply with all Health Insurance Portability and Accountability Act (HIPAA) rules as they pertain to Department programs.

## **CUSTOMER COMPLAINT PROCESS**

- I. A. When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability, you have rights under Wisconsin Statute sec. 51.61(1) and ch. DHS 94 Wis. Administrative Code. The Bill of Rights is posted in the glass case in the waiting area of the Waupaca County Health and Human Services Department, second floor of the Waupaca County Courthouse. Rights must be explained to you, the consumer, and you will be given and may keep the pamphlet entitled, "Your Rights and the Grievance Procedure" for Clients Receiving Services in Wisconsin for Mental Illness, Alcohol or Other Drug Abuse, or Developmental Disabilities, printed by State of Wisconsin, Department of Health Services, Division of Care and Treatment Services – P-23112 (09/2016) [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov).
- B. Services for Child Protective Services and Youth Justice Services of Children and Family Services will follow Steps 1 through 5 of this grievance procedure. The process for child welfare complaints models ch. DHS 94 for mental health, alcohol and/or other drug abuse, or developmental disabilities, however, Step 5 is the final step in the complaint process for child welfare. Ch. DHS 94 Step 6 is not available in CPS appeals.
- C. If you are concerned about benefits (FoodShare, Child Care, financial, etc.) through Economic Support Services, you will be given the "Request for Fair Hearing" form [DHA-28 (08/09)] to be completed, along with specific instructions for filing your complaint. You may also complete Form F-16104 – Local Agency Customer Feedback form that can be found in the waiting area of WCDHHS.
- D. If you are receiving services through the Public Health Services or the Aging and Disability Resource Unit [F-002036A (06/2016) Request for a State Fair Hearing, ADRC], you also have rights and may issue a complaint through this process.
- E. HIPAA compliance rules will also follow this complaint process. If you wish to file a HIPAA complaint, you will be given the complaint form to complete. Your complaint will be investigated by a member of the Waupaca County HIPAA Committee.

## **II. Personal Rights:**

- You must be treated with dignity and respect, free of any verbal or physical abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You can make your own decisions about things like getting married, voting, and writing a will.
- You cannot be treated differently because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- ◆ You cannot be made to work, except for personal housekeeping chores. If you agree to do other work, you must be paid.
- ◆ Your surroundings must be kept safe and clean.
- ◆ You must be given the chance to exercise and go outside for fresh air regularly and frequently.
  - ◆ Rights designated with this symbol generally apply to inpatient and residential settings.

### III. Treatment and Related Rights:

- You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives and possible side effects of medications.
- No treatment of medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures, such as psychosurgery or experimental research without your written informed consent.
- You must be informed of any costs of your care and treatment that you or your relatives may have to pay.
- ◆ You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
- ◆ You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others.

### IV. Communication and Privacy Rights:

- You may call or write to public officials or your lawyer or advocate.
- You may not be filmed or taped unless you agree to it.
- You may use your own money as you choose, within some limits.
- ◆ You may send and receive private mail. (Staff cannot read your mail unless you or your guardian asks them to do so. Staff may check your mail for contraband. They can only do so if you are watching.)
- ◆ You may use a telephone daily. \*
- ◆ You may see (or refuse to see) visitors daily. \*
- ◆ You must have privacy when you are in the bathroom. \*
- ◆ You may wear your own clothing. \*
- ◆ You must be given the opportunity to have your clothes washed. \*
- ◆ You may keep and use your own belongings. \*
- ◆ You must be given a reasonable amount of secure storage space. \*

Some of your rights may be limited or denied for treatment or safety reasons. (See the rights with a \* after them.) Your wishes and the wishes of your guardian should be considered. If any of your rights is limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

- V. Record Privacy and Access Laws; HIPAA Compliance Laws:  
Under Wisconsin Statute 19.30, and DHS 92 Wisconsin Administrative Code, and HIPAA:
- Your treatment information must be kept private (confidential)
  - Your records cannot be released without your consent, unless the law specifically allows for it.
  - You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you can see of the rest of your records while you are receiving services. You must be informed of the reasons for any such limits. You can challenge those reasons in the grievance process. After discharge, you can see your entire record if you ask to do so. WCDHHS has set a minimum of 24 hours notice to review a file.
  - If you believe something in your record is wrong, you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in your records.
- V. Right of Access to Courts:
- You may sue someone for damages or other court relief if they violate any of your rights.
  - ◆ Involuntary patients can ask a court to review the order to place them in a facility.
- VI. Grievance Resolution Process:
- If you feel your rights have been violated, you may file a grievance.
  - You or another person (friend, family member, lay advocate, or staff member) may file a complaint on your behalf.
  - You may file as many complaints as you need to. Each complaint will be checked out (investigated) in the order you file them. Emergency complaints will be investigated first.
  - Complaints by more than one person will be investigated as one complaint.
  - You may file a complaint through the courts. If you choose to go through the courts, any complaint you file through the Waupaca County Department of Health and Human Services Grievance Procedure will be closed and will not be investigated further.
  - Any changes that are recommended because of your complaint need to occur in a reasonable time. Reasonable time depends on the recommendations and how hard it is to make changes. You have a right to know how long it will take to make the changes recommended.
  - You cannot be threatened or penalized in any way for filing a grievance.
  - You may, at the end of the grievance process, or any time during it, choose to take the matter to court. If you choose to go through the court, the complaint process will end on the date you begin court action.
  - ◆ The service provider or facility must inform you of your rights and how to use the grievance process.



Waupaca County Department of Health and Human Services tries to resolve the grievance informally by encouraging the grievant to first meet with the staff member prior to being referred to CRS. However, you do not have to do this before filing a formal grievance with your service provider.

If at any time during the formal resolution process a grievant wishes to switch to the informal resolution process, and the other parties agree to the switch, the Client Rights Specialist may suspend the formal resolution process and attempt to facilitate a resolution of the matter between the parties without prejudice to positions of the grievant or the program. If the client chooses to use the informal resolution process and the matter is resolved, the Client Rights Specialist shall prepare a brief report indicating the nature of the resolution and file it with the Program Manager, with copies to the client, any person acting on behalf of the client, and the parent or guardian of a client if that person's consent is required for treatment.

Any person who is aware of a possible violation of a client's rights under ch. 51 Wisconsin Statutes, ch. DHS 92 or DHS 94 may present a grievance on behalf of a client. When a grievance is presented on behalf of a client by someone other than the client's parent or guardian, and the parent or guardian's consent is required for treatment, the CRS shall meet with the client and the client's parent or guardian to determine if the client or the guardian wishes the grievance investigated and resolved through the formal resolution process. If the client or guardian is opposed to using the formal resolution process, the CRS may proceed with the investigation only if there are reasonable grounds to believe that failure to proceed may place the client or other clients at risk of physical or emotional harm. If there is no parent or guardian, or if that person is not available, and the client is unable to express an opinion, the CRS shall proceed. When a grievance is filed on behalf of a client by a person who does not have a right to information about the client because of confidentiality issues, the person may only receive confidential information as part of the investigation or resolution of the grievance with the informed consent of the client or guardian, the parent of a client who is under the age of 18, if the parent's consent is required for release of information, or pursuant to an order of a court with jurisdiction over matters relating to the client. In the absence of this consent, a person presenting a grievance on behalf of a client shall be informed of the determination of the CRS regarding the merit of the grievance, but if the text of the determination contains confidential information to which the person is not privileged or for which a release has not been obtained, the text may not be disclosed to the person. A person presenting a grievance on behalf of a client may request additional review of an adverse decision, up to and including final state review. If the client is opposed to requesting additional review, the reviewing officer may only proceed if the person presenting the grievance provides sufficient information to demonstrate that there are reasonable grounds for believing that failure to proceed may place the client or other clients at risk of physical or emotional harm.

If time limits are suspended, they shall begin running again upon request of any party that the formal resolution process be resumed.

At any point in time, the client has the right under s. 51.61(7), Stats., to take the matter to Court. Once client has started a court process, the complaint filed will no longer be investigated through the grievance procedure.

A grievance may be presented to the program manager or any staff person in writing, orally, or by any alternative method through which the client or other person ordinarily communicates. If a translator is needed and client does not have one available, WCDHHS will attempt to obtain a translator as soon as reasonably possible to handle complaint.

All time limits are expressed in calendar days, unless otherwise noted.

The steps in filing a complaint are as follows:

Step 1 – Informal:

If you have a disagreement or concern about your rights, it is preferred you first express your concern to the staff member involved. Staff should try to work with you to resolve your complaint. However, you do not have to do this before filing a formal grievance with your service provider. You should file a complaint by completing the Complaint Report (attached). If you want to file a grievance, you should do so within 45 days of the time you become aware of the program. The program manager may grant an extension of the 45-day time limit for filing a grievance for good cause.

If you are concerned about benefits (financial, etc.) through the Economic and Employment Support Services Division, you will be given the “Request for Fair Hearing” form, which should be filled out in place of the Complaint Report.

Step 2 – Formal:

If you are unable to informally resolve your disagreement with the staff member, the Department’s Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it. Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report. If you and the program manager agree with the CRS’s report and recommendations, the recommendations shall be put into effect within an agreed upon time frame. You may file as many grievances as you want. However, the CRS will usually only work on one at a time or may investigate them together. The CRS may ask you to rank them in order of importance. The CRS will review all necessary information, interview staff involved with the investigation, get a release of information, if necessary, review any state and/or county rules or regulations, complete the investigation, and submit a written report.

Step 3 – Program Manager:

If the grievance is not resolved by the CRS’s report, the program manager or designee shall prepare a written decision within 10 days of receipt of the CRS’s report. You will be given a copy of the decision.

#### Step 4 – County Level Review:

If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the program manager's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the program manager's decision. You may ask the program manager to forward your grievance or you may send it yourself. The County Agency Director will review your grievance and issue a written decision within 30 days after you request this appeal.

#### Step 5 – State Grievance Examiner:

If your grievance went through the county level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner. If you are paying for your services from a private agency, you may appeal the program manager's decision directly to the State Grievance Examiner. You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the program manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, Division of Care and Treatment Services (DCTS), PO Box 7851, Madison, WI 53707-7851.

#### Step 6 – Final State Review

Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Care and Treatment Services or designee. Send your request to the DCTS Administrator, PO Box 7851, Madison, WI 53707-7851. This step in the process is not available under child welfare complaints.

#### MULTIPLE GRIEVANCES BY ONE CLIENT

When a client or person acting on behalf of a client has presented multiple grievances involving a variety of circumstances, the Client Rights Specialist may establish an expanded timetable with specific priorities for investigating the allegations in a manner which appears most likely to deal with the issues in an efficient manner, while addressing the most serious allegations first. This timetable may exceed the timeframes in this policy, but shall include reasonable time limits for completing the investigation of each grievance. The CRS shall notify the client, or person acting on behalf of the client, and the Program Manager of the timetable and priorities for resolution within 10 days after beginning the inquiry. If there is an objection to the proposed timetable or priorities, the CRS shall attempt to reach an informal resolution of the objection. If the client or person acting on behalf of the client continues to object, that person may request a review by the Director. In the absence of a request, the timetable and priorities established by the CRS shall be controlling.

## RELATED GRIEVANCES BY SEVERAL CLIENTS

When two or more clients have presented individual grievances involving the same circumstances or a related group of circumstances relating to a single program, the CRS may conduct the investigation as if it were one grievance. This timetable may exceed the timeframes in this policy, but shall include reasonable time limits for completing the investigation of each grievance. The CRS shall notify the client or person acting on behalf of the client of the timetable and priorities for resolution within 10 days after beginning the inquiry. If there is an objection to the proposed timetable or priorities, the CRS shall attempt to reach an informal resolution of the objection. If the client, or person acting on behalf of the client, or the Program Manager continues to object, that person may request a review by the Director. In the absence of a request, the timetable and priorities established by the CRS shall be controlling.

## COMPLAINTS RELATED TO THE EXISTENCE OR OPERATION OF GRIEVANCE RESOLUTION SYSTEMS

Clients or persons acting on behalf of clients may register complaints relating to failure of a program to have a grievance resolution system or relating to the operation of an existing grievance resolution system directly to the unit or office of the department designated to conduct administrative reviews. If the complaint regarding the existence or operation of a grievance resolution system is filed with the department, a state grievance examiner shall conduct an investigation to determine whether a grievance resolution system meeting the requirements is in place in the program. If the program lacks a grievance resolution system or if the existing system is not in substantial compliance with the requirements, the state grievance examiner shall issue a report identifying the steps necessary for the program to implement a grievance resolution system with a timeline for implementation. If the program fails to implement the required steps in the expected time period, the matter will be referred to the appropriate unit of office for oversight of the program for action related to certification, licensure, or reimbursement or for censure of the program.

Contact your Client Rights Specialist, whose name is shown on the brochure and Bill of Rights poster, to file a grievance or to learn more about the specific grievance process used by the agency from which you are receiving services.



**WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
COMPLAINT REPORT**

Name – Complainant	Name – Patient (if not complainant)
Address	Address
Telephone Number(s)	Telephone Number(s)
<p>This complaint states that my rights have been violated as described below.</p> <p>Program _____ Right violated _____ Give number, if known _____</p> <p>DESCRIBE YOUR COMPLAINT (use back of paper or additional paper if needed) State all facts, including time, place of incident, name(s) of others involved, witnesses (if any) . . .</p>	
<p>RELIEF SOUGHT</p>	

Circle: I (HAVE) (HAVE NOT)  
I (HAVE) (HAVE NOT)

had discussion with the person(s) involved or program supervisor  
submitted this complaint to the following agency:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Received (Agency Use): \_\_\_\_\_

EL DEPARTAMENTO DE LA SALUD DE CONDADO DE WAUPACA Y LOS SERVICIOS  
HUMANOS

POLÍTICA Y MANUAL DE PROCEDIMIENTO

DERECHOS DE CLIENTE Y PROCEDIMIENTOS DE AGRAVIO

POLICY #23

El Departamento de la salud pública de Condado Waupaca y los Servicios Humanos proporcionan un proceso de queja para todos sus clientes (cliente/pacientes). Cuando un cliente solicita servicios en el Departamento, el personal de programa los proveerá de una copia de los Derechos de Programa y Proceso de Queja del Departamento (Estatutos de Wisconsin 51.61 y Código Administrativo HFS 94). Esperan que el personal asegure que cada cliente entiende Derechos de Programa y un Proceso de Queja's. El Departamento de la salud pública de Condado de Waupaca unos Servicios Humanos cumplirán con todas las reglas de Acto de Responsabilidad y Transportabilidad de Seguro Médico (HIPAA) cuando ellos pertenecen a programas de Departamento.

Atado son el procedimiento de queja del Departamento, Consumer Derechos, e Informe de queja.

Accesorios

Adoptado por Waupaca County DH&HS Board 5/7/97

Rev. 03/09

EL DEPARTAMENTO DE LA SALUD DE CONDADO DE WAUPACA Y LOS SERVICIOS  
HUMANOS  
HFS 94 PROCEDIMIENTOS DE AGRAVIO

POLICY #23A

Departamento de la salud pública de Condado de Waupaca y Servicios Humanos tienen la Política \*23 - Derechos de Cliente y Procedimientos de Agravio- como una política para gerentes y personal para seguir en una situación de agravio. Cada División puede tener también su propia política para clientes.

El Departamento ha identificado a la persona siguiente como el Especialista de Derechos de Cliente:

Liz Wagner

Waupaca County Department of Health and Human Services

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El CRS completó una capacitación en línea a través del sitio web del Departamento de Servicios de Salud de Wisconsin en 2020. [www.dhs.wisconsin.gov/clientrights/training.htm](http://www.dhs.wisconsin.gov/clientrights/training.htm)

Departamento de la salud pública de Condado de Waupaca y Servicios Humanos cumplirán con todo el Acto de Responsabilidad y Transportabilidad de Seguro Médico (HIPAA) reglas cuando ellos pertenecen a programas de Departamento.

## **PROCESO DE QUEJA DE CLIENTE**

- A. Cuando usted recibe algún tipo de servicios en su residencia o en un hospital por enfermedad mental, alcoholismo, abuso de drogas o dificultad del desarrollo, tiene los siguientes derechos según los Estatutos de Wisconsin sec. 51.61(1) y HFS 94, Código Administrativo de Wisconsin. La Declaración de derechos es fijada sobre la pared en el área de espera de la Salud de Condado Waupaca y Departamento de Servicios Humanos, el 2º piso del Corte de Condado Waupaca. Los derechos deben serle explicados, el consumidor, y le darán y puede guardar el folleto autorizado, "Sus Derechos y el Agravio Procedimiento" para Servicios de Recepción de Clientes para Enfermedad Mental, Alcohol u Otro Consumo de Drogas, o Invalidez del Desarrollo, imprimida por División de Vida Soportante, Departamento de la salud pública y Servicios de Familia, Wisconsin, PSL-195.
- B. Los servicios a menores para Servicios Infantiles Protectores y Menor Solicitan sobre Servicios de los Niños y la División de Familias seguirá también este mismo procedimiento de agravio.
- C. Si usted está preocupado por ventajas (financiero, etc.) por el Económico y División de Servicios de Apoyo de Empleo, le darán "La Petición de Oír" forma para ser completada, junto con instrucciones específicas para archivar su queja.
- D. Si usted recibe servicios por la Seguridad Social o Servicios Mayores (de la División de Cuidado de Comunidad), usted también tiene derechos y puede publicar una queja por este proceso.
- E. Las reglas de cumplimiento de HIPAA seguirán también este proceso de queja.

## **DERECHOS PERSONALES:**

- Usted debe ser tratado(a) con dignidad y respeto, sin abuso verbal, físico, emocional o sexual.
- Usted tiene derecho a que el personal tome decisiones justas y razonables sobre su tratamiento y cuidado.
- Usted debe tomar sus propias decisiones en asuntos tales como matrimonio, votación y escribir un testamento.
- No se le puede tratar en forma injusta debido a su raza, nacionalidad de origen, sexo, edad, religión, incapacidad o preferencia sexual.
- No se le puede obligar a trabajar, excepto en sus tareas domésticas personales. Si usted acepta hacer otro tipo de trabajo, debe recibir pago.
- El área donde usted habita debe estar limpia y segura.
- Debe tener oportunidad de hacer ejercicio y salir al aire libre en forma regular y frecuente, excepto por razones de salud o seguridad.
- Usted tiene derecho a recibir tratamiento en un ambiente psicológico y físicamente humanos.



## **DERECHO A RECIBIR TRATAMIENTO**

- Usted debe recibir tratamiento oportuno y adecuado, servicios de rehabilitación y educación adecuados a su condición.
- Se debe permitir que usted participe en la planificación de su tratamiento y cuidado.
- Debe recibir información de su tratamiento y cuidado, incluyendo efectos laterales o tratamiento alternativo, incluyendo medicamentos.
- Usted no debe recibir tratamiento o medicamentos sin su consentimiento escrito, excepto si se necesita en una emergencia para prevenir daño físico grave a su persona o a otros, o si lo ordena la Corte. (Sin embargo, si usted tiene un custodio, su custodio debe consentir en nombre suyo al tratamiento y medicamentos).
- Usted no debe recibir medicamentos excesivos en forma innecesaria.
- Usted no debe someterse a terapia electroconvulsiva ni a tratamientos drásticos tales como sicocirugía o investigación experimental sin tener su consentimiento escrito.
- Usted debe recibir información por escrito todos los costos de su cuidado y tratamiento que usted o sus familiares deban pagar.
- Usted no debe ser tratado(a) en forma restringida ni en un ambiente donde no pueda lograr los propósitos para los cuales ha ingresado al programa, dentro de los límites de los fondos disponibles.
- No se está encerrado ni colocado en una sala con llave (aislado) excepto en caso de emergencia, cuando sea necesario evitar daño físico a su persona o a otros.

## **DERECHOS A COMUNICARSE Y PRIVACIDAD:**

- Usted puede llamar o escribir a funcionarios públicos o a su abogado.
- Excepto en algunas situaciones, usted no puede ser filmado, grabado ni fotografiado, si usted no ha aceptado que lo hagan.
- Usted puede usar su propio dinero dentro de ciertos límites.
- Usted puede enviar y recibir correo privado (el personal no puede leer su correo, excepto si usted o su custodio lo permite). El personal puede revisar su correo por si hay contrabando. Pero lo deben hacer solamente si usted está observando.
- Usted puede usar el teléfono todos los días.\*
- ◆ Usted puede recibir visitas todos los días.\*
- ◆ Usted debe tener privacidad en el baño y mientras le hacen aseo personal.\*
- ◆ Usted puede usar su propia ropa.\*
- ◆ Se le debe permitir a usted lavar su ropa.\*
- ◆ Usted puede usar sus artículos personales.\*
- ◆ Usted debe tener acceso a un espacio adecuado y seguro para guardar sus cosas.\*

Algunos derechos pueden ser limitados o negados debido a su tratamiento, por seguridad o por otras razones (vea los derechos marcados con\*). Se deben respetar los deseos suyos y de la persona a cargo de su custodia. Si se limita o se niega algún derecho, usted tiene derecho a saber la razón de hacerlo y puede pedir hablar con el personal. También puede presentar una queja de agravio si le limitan algún derecho.

## **ACCESO Y PRIVACIDAD DE SU REGISTRO;** HIPAA Compliance Laws:

Segun los Esatutos de Wisconsin sec. 51.30 y HFS 92, Código Administrativo de Wisconsin:

- La información de su tratamiento debe guardarse en forma confidencial (privada), excepto si la ley permite su divulgacion.
- Su registro no puede divulgarse sin su consentimiento, excepto si la ley lo permite especificamente.
- Usted puede revisar sus registros. Tiene derecho a revisar los registros de su salud fisica y medicamentos. El personal puede mostrarle solo parte de su registro mientras usted recibe los servicios, pero le deben dar una razon por esa limitacion. Si usted desea puede alegar esas razones en un proceso de queja. El WCDHHS ha puesto un mínimo de aviso de 24 horas examinar un archivo. Si usted cree que algun dato del registro esta equivocado usted puede alegar que no es cierto. Si el personal no cambia la parte del registro que usted alego, usted puede poner su propia version en el registro.

## **DERECHO A ACCESO A LA CORTE:**

- En vez de presentar una queja de agravio, o al final del proceso de la queja, o en cualquier momento durante el proceso, usted puede llevar el asunto a la corte para demandar por daños o por otra compensacion legal si cree que se han violado sus derechos.
- Si lo(la) han internado contra su deseo, puede pedirle a la corte que revise la orden de reclusion o confinamiento.

## **ETAPAS DE RESOLUCION DE UNA QUEJA:**

- Si usted cree que su derechos se han violado, usted puede presentar una queja de agravio.
- Usted o otra persona (amigo, el miembro de familia) puede presentar una queja de su parte.
- Usted puede archivar tantas quejas como usted necesita. Cada queja será comprobada (investigada) en la orden usted los archiva. Las quejas de la emergencia serán investigadas primero.
- Quejas de mas de una persona esta investiga como una queja.
- Si usted decide pasar por la corte, cualquier queja usted archiva por el Departamento de la salud pública de Condado Waupaca y el Procedimiento de Agravio de Servicios Humano estará cerrado y no será investigado adelante.
- Cualquier cambio a los cuales recomiendan debido a su queja tiene que ocurrir en un tiempo razonable. El tiempo razonable depende de las recomendaciones y como con fuerza debe hacer cambios. Usted tiene un derecho de saber desde cuando esto tomará para hacer los cambios recomendados.
- Usted no puede ser amenazado o castigado de cualquier modo para archivar un agravio.
- Usted puede, al final de proceso de agravio, o cualquier tiempo durante ello, decidir tomar la materia para solicitar. Si usted decide pasar por el tribunal, el proceso de queja se terminará el día usted comienza la acción de tribunal.
- El abastecedor de servicio o la instalación deben informarle de sus derechos y como usar el proceso de agravio.

Esto es la política de Departamento de la salud pública de Condado Waupaca y Servicios Humanos para tratar de resolver el agravio informalmente solicitando el grievant encontrarse primero con el empleado antes de la referencia al CRS.

Si en cualquier momento durante la resolución formal tratan unos deseos de grievant de cambiar al proceso de resolución informal, y los otros partidos están de acuerdo con el interruptor, el especialista de derechos de cliente puede suspender el proceso de resolución formal e intentar facilitar una resolución de la materia entre los partidos sin el perjuicio a posiciones del grievant o el programa. Si el cliente decide usar el proceso de resolución informal y la materia es resuelta, el especialista de derechos de cliente preparará un breve informe que indica la naturaleza de la resolución y lo archivará con el administrador de programas, con copias al cliente, cualquier persona que actúa en nombre del cliente, y el padre o el guarda de un cliente si que requieren el consentimiento de la persona para el tratamiento.

Cualquier persona que es consciente de una violación posible de los derechos de un cliente bajo ch. 51 Stats., ch HSS 92 o HFS 94 puede presentar un agravio en nombre de un cliente. Cuando un agravio es presentado en nombre de un cliente por alguien otro que padre del cliente o guarda, y requieren al padre o el consentimiento del guarda para el tratamiento, el CRS se encontrará con el cliente y el padre del cliente o guarda para determinar si el cliente del guarda desea el agravio investigado y resuelto por el proceso de resolución formal. Si el cliente o el guarda están opuestos a la utilización del proceso de resolución formal, el CRS puede seguir con la investigación sólo si hay razones para creer que el fracaso de proceder puede colocar al cliente u otros clientes en peligro del daño físico o emocional. Si no hay ningún padre o guarda, o si aquella persona no está disponible, y el cliente es incapaz de expresar una opinión, el CRS procederá. Cuando un agravio es archivado en nombre de un cliente por una persona que no tiene un derecho a la información sobre el cliente debido a cuestiones de confidencialidad, la persona puede recibir sólo la información confidencial como la parte de la investigación o la resolución del agravio con el consentimiento informado del cliente o guarda, el padre de un cliente que es menor de edad de 18, si requieren el consentimiento del padre para la liberación de la información, o de acuerdo con una orden de un tribunal con la jurisdicción sobre asuntos acerca del cliente. En ausencia de este consentimiento, una persona que presenta un agravio en nombre de un cliente será informada de la determinación del CRS en cuanto al mérito del agravio, pero si el texto de la determinación contiene la información confidencial a la cual la persona no es privilegiada o para que una liberación no ha sido obtenida, el texto no puede ser revelado. La persona que presentor el agravio parte del client puede petición puede solicitar la revisión adicional de una decisión adversa, hasta e incluso revisión final estatal. Si el cliente opuesto la adicional petición, el oficial de repaso puede proceder sólo si la persona que presenta el agravio proporciona la información suficiente para demostrar que hay razones para creer que el fracaso de proceder puede colocar al cliente u otros clientes en peligro del daño físico o emocional.

En cualquier punto a tiempo, el cliente tiene el derecho bajo s. 51.61 (7), Stats., para tomar la materia para Solicitar. Una vez que el cliente ha comenzado un proceso de tribunal, la queja archivada será más investigada por el procedimiento de agravio.

Un agravio puede ser presentado al administrador de programas o cualquier persona de personal por escrito, oralmente, o por cualquier método alternativo por el cual el cliente u otra persona generalmente se comunican. Si un traductor es necesario y el cliente no tiene un disponible, el WCDHHS intentará obtener a un traductor tan pronto como razonablemente posible de manejarla queja.

Todos los plazos limitados son expresados en días naturales, a menos que por otra parte no notado. Los pasos en la clasificación de una queja formal son como sigue:

Paso 1:

Si usted tiene un desacuerdo o preocupación de sus derechos, usted debería expresar primero su preocupación al empleado implicó. El empleado deberían trabajar con usted para resolución la queja que presentor. El cliente o la persona en el parte del client puede presentará el agravio al especialista de derechos de cliente, proveerá de personal a persona, o gerente 45 días después del acontecimiento del acontecimiento o circunstancia en el agravio, o del tiempo cuando el acontecimiento o la circunstancia fueron realmente descubiertos o deberían haber sido razonablemente descubiertos, o de ganancia del cliente o recuperación de la capacidad de relatar la materia, cualquiera viene último. El gerente puede conceder una extensión del plazo limitado de 45 días para archivar un agravio para causa buena. En una situación de la emergencia, el empleado tomará la queja al gerente inmediatamente.

Si usted está preocupado por ventajas (financiero, etc.) por el Económico y División de Servicios de Apoyo de Empleo, le darán "La Petición de la Feria que Oye" la forma, que debería ser llenada en el lugar del Informe de Queja.

Paso 2:

Si usted es incapaz de resolver el desacuerdo con el empleado, usted tiene dos opciones. 1) Solicite que el empleado le mande a su/su supervisor/gerente inmediato. El supervisor/gerente se pondrá en contacto con usted dentro de tres días para encontrarse e intentar resolver la queja como mejor él/ella puede; o, 2) Usted puede ponerse en contacto con el CRS dentro de cinco (5) días para solicitar la siguiente revisión de nivel. El CRS se pondrá en contacto con el supervisor/gerente, que se pondrá en contacto con usted dentro de tres días encontrarse e intentar resolver la queja. Si la queja es resuelta o no, el consumidor será informado por escrito dentro de días (10) días después de la reunión, con una copia del informe al CRS, grievant, y empleado. Si el agravio es resuelto, el administrador de programas publica un informe escrito con copias al CRS y cliente. En caso de una emergencia, el gerente tomará la queja al CRS para adjudicar una investigación dentro de 24 horas.

Paso 3:

Si usted no es capaz de resolver la queja con el supervisor/gerente, usted se remitirá al contacto con el Especialista de Derechos de Cliente (CRS) dentro de siete (7) días. El CRS se pondrá en contacto con usted dentro de tres (3) días para encontrarse e intentar resolver su queja. El CRS se encontrará con el grievant, y cliente de ser otro que grievant, y cualquier empleado llamado en el agravio. El CRS examinará toda la información necesaria, conseguirá la liberación de la información para el consentimiento de tener acceso a archivos, si es necesario, completar la investigación, y presentar un informe escrito dentro de 30 días de la fecha el grievant se puso en contacto con el CRS.

En una situación de la emergencia, un Investigador de Queja será adjudicado 24 horas después de recibir su queja y un informe será publicado dentro de cinco (5) días.

El informe incluirá un resumen de los hechos, leyes aplicables a los hechos, y un descubrimiento o fundado o infundado. El informe dará una base para el descubrimiento. De ser fundado, el CRS notará modos de resolver la cuestión. El empleado, junto con su/su supervisor, completará un informe dentro de 30 días con acciones tomadas para corregir la situación. El grievant y la persona autorizaron a actuar en nombre de client/grievant recibirá un informe del CRS declaración de cambios que han ocurrido.

Si el agravio es infundado, pero las cuestiones son identificadas que necesitan para ser resueltas, el CRS identifica estos y da sugerencias para la mejora. Darán copias del informe al CRS, grievant y la persona autorizó a actuar en nombre de client/grievant, empleado, y gerente.

Si es determinado los clientes son en peligro del daño y el programa no ha actuado para eliminar el riesgo, el CRS debe informar inmediatamente al administrador de programas, el director de condado, y el examinador de agravio estatal. Si la situación sigue, el examinador de agravio estatal debe tomar la acción inmediata para proteger a clientes.

#### Paso 4:

Si usted discrepa con la investigación del CRS, usted debe presentar una petición al CRS para la revisión administrativa dentro de catorce (14) días. El CRS juntará la información y transmitirá al director. El Director investigará su queja y le enviará una decisión escrita por el correo certificado dentro de treinta (30) días después de recibir la queja. Darán una copia del informe al CRS, CRS, grievant, empleado, y gerente. En una emergencia, un informe será escrito dentro de 10 días.

#### Paso 5:

Un grievant tendrá 14 días de la fecha él o ella recibe a un director de condado decisión de solicitar una revisión de nivel estatal bajo s. HFS 94.43 del director de condado decisión. La petición debe pasar por el CRS. El CRS transmitirá una copia del agravio original, el informe del Investigador de Queja, la decisión escrita, y la petición de la revisión al director. La decisión de revisión estatal será publicada 30 días después del recibo de la información. En una emergencia, un informe será escrito dentro de 10 días.

#### Paso 6:

Un grievant tendrá 14 días de la fecha él o ella recibe la decisión de revisión estatal de solicitar una revisión final estatal bajo HFS 94.44. Un grievant la busca de la revisión final presentará su petición al CRS, quién transmitirá la petición a un administrador designado, junto con copias del agravio original y todas las decisiones previas e informes. Una petición por un administrador de programas o director de condado para la revisión final estatal será presentada al administrador (es) designado sobre formas proporcionadas por el departamento e incluyó con las copias de petición del agravio original y todas las decisiones subsecuentes e informes. Una copia de la petición de la revisión será enviada por el primer correo de clase a todos otros partidos, incluso el cliente y el grievant, de ser otro que el cliente. Una petición describirá la parte o partes de la decisión previa con la cual el partido discrepa, la base para el desacuerdo, y cualquier argumento o información adicional que el partido desea que el departamento considere. Si el grievant es incapaz de preparar una petición escrita de la revisión final estatal, el administrador de programas o la persona designada asistirán en completar las formas necesarias.

El administrador que conduce la revisión final estatal preparará una determinación final administrativa para la resolución del agravio dentro de 30 días. Las copias de la decisión serán enviadas por el primer correo de clase al examinador de agravio, el director de condado, el administrador de programas, el cliente, el grievant, de ser otro que el cliente, el especialista de derechos de cliente, el padre o el guarda de un cliente si que requieren el consentimiento de la persona para el tratamiento, y todo el personal quién recibió una copia de la decisión del examinador de agravio estatal. La decisión contendrá un aviso a los partidos que no hay ninguna petición adicional administrativa más allá de este estado. El grievant será informado del derecho del cliente de perseguir la consideración adicional de la materia por traer la acción en un tribunal bajo s. 51.61 (7) Stats.

## **MÚLTIPLES AGRAVIOS POR UN CLIENTE**

Cuando un cliente o la persona que actúa en nombre de un cliente han presentado múltiples agravios que implican una variedad de circunstancias, el especialista de derechos de cliente puede establecer un horario dilatado con prioridades específicas para investigar las acusaciones en una manera que parece la más probable para tratar con las cuestiones en una manera eficiente, dirigiéndose a las acusaciones más serias primero. Este horario puede exceder los períodos en esta política, pero incluirá plazos limitados razonables para completar la investigación de cada agravio. El CRS notificará al cliente, o la persona que actúa en nombre del cliente, y el administrador de programas del horario y prioridades para la resolución dentro de 10 días después de comenzar la pregunta. Si hay una objeción al horario propuesto o prioridades, el CRS intentará alcanzar una resolución informal de la objeción. Si el cliente o la persona que actúa en nombre del cliente siguen oponiendo, aquella persona puede solicitar una revisión por el director. En ausencia de una petición, el horario y las prioridades establecidas por el CRS controlarán.

## **AGRAVIOS RELACIONADOS POR VARIOS CLIENTES**

Cuando dos o más clientes han presentado agravios individuales que implican las mismas circunstancias o un grupo relacionado de circunstancias acerca de un programa solo, el CRS puede conducir la investigación como si esto era un agravio. Este horario puede exceder los períodos en esta política, pero incluirá plazos limitados razonables para completar la investigación de cada agravio. El CRS notificará al cliente o la persona que actúa en nombre del cliente del horario y prioridades para la resolución dentro de 10 días después de comenzar la pregunta. Si hay una objeción al horario propuesto o prioridades, el CRS intentará alcanzar una resolución informal de la objeción. Si el cliente, o la persona que actúa en nombre del cliente, o el administrador de programas siguen oponiendo, aquella persona puede solicitar una revisión por el director. En ausencia de una petición, el horario y las prioridades establecidas por el CRS controlarán.

## **QUEJAS RELACIONADAS CON LA EXISTENCIA U OPERACIÓN DE SISTEMAS DE RESOLUCIÓN DE AGRAVIO**

Los clientes o las personas que actúan en nombre de clientes pueden registrar quejas acerca del fracaso de un programa de tener un sistema de resolución de agravio o acerca de la operación de un sistema de resolución de agravio existente directamente a la unidad o la oficina del departamento designado para conducir revisiones administrativas. Si la queja en cuanto a la existencia o la operación de un sistema de resolución de agravio es archivada con el departamento, un examinador de agravio estatal conducirá una investigación para determinar si un sistema de resolución de agravio que encuentra las exigencias está en el lugar en el programa. Si el programa carece de un sistema de resolución de agravio o si el sistema existente no está en el cumplimiento sustancial con las exigencias, el examinador de agravio estatal publicará un informe que identifica los pasos necesarios para el programa de poner en práctica un sistema de resolución de agravio con un objetivo para la realización. Si el programa deja de poner en práctica los pasos requeridos en el período de tiempo esperado, la materia se remitirá a la unidad apropiada de la oficina para el descuido del programa para la acción relacionada con certificación, licenciación, o reembolso o para la censura del programa.

Póngase en contacto con su Especialista de Derechos de Cliente, cuyo nombre es mostrado sobre el folleto y cartel de Declaración de derechos, archivar un agravio o aprender más sobre el proceso de agravio específico usado por la agencia de la cual usted recibe servicios.

**WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES HUMANOS**  
**INFORME DE QUEJA**

Nombre – Reclamante	Nombre- Paciente (si no reclamante)
Direccion	Direccion
Numero(s) de telefono	Numero(s) de telefono
Esta queja declara que mis derechos han sido violados como descrito debajo.	
Programa _____ Derecho violado _____	
DESCRIBA SU QUEJA (espalda de uso del papel de papel o adicional de ser necesario) Declare todos los hechos, incluso el tiempo, el lugar del incidente, el nombre (s) de otros implicados, testigos (si alguno)...	
ALIVIO BUSCÓ	

Círculo: (TENGO) (NO TENGO) tenía la discusión con la persona (s) implicada o supervisor de programa  
(TENGO) (NO TENGO) presentó esta queja a la agencia siguiente

Firma: \_\_\_\_\_

Fecha Presentada:: \_\_\_\_\_ Fecha Recibida (Uso de Agencia):



## **WAUPACA COUNTY CHILD SUPPORT AGENCY**

### **Nondiscrimination and Accessibility Policy**

Waupaca County Child Support Agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Waupaca County Child Support Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Waupaca County Child Support Agency:

- 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 Corporation Counsel Diane Meulemans.

If you believe that Waupaca County Child Support Agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Diane Meulemans, Corporation Counsel, 811 Harding Street, Waupaca, Wisconsin 54981; 715-258-6446, TTY number—711, Fax: 715-258-6493, Email: [diane.meulemans@co.waupaca.wi.us](mailto:diane.meulemans@co.waupaca.wi.us). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Diane Meulemans is available to help you.

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 Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## 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



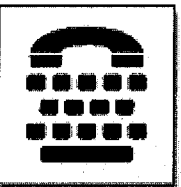
**SYMBOL FOR ACCESSIBILITY**, known as the wheelchair symbol, should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember 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)



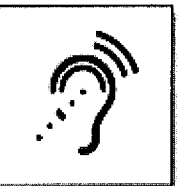
**TELEPHONE TYPEWRITER (TTY)** device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). TTY indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.

### 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

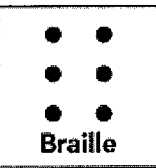
press a button for captioning.

## 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
<b>DHS and DCF Programs and Activities (HHS Federal Financial Assistance)</b>			
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

<b>Civil Rights Provision</b>	<b>Implementing Regulation</b>	<b>Bases of Prohibited Discrimination</b>	<b>Programs and Activities</b>
<b>DHS Programs and Activities (USDA-FNS Federal Financial Assistance)</b>			
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

Civil Rights Provision	Implementing Regulation	Bases of Prohibited Discrimination	Programs and Activities
<b>OTHER FEDERAL PROVISIONS</b>			
Community Services Assurance Provisions of the Hill-Burton Act			Health Facilities receiving Hill-Burton Funds
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 2017. 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).

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Child Support Agency	
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)	
<b>Program or Activity:</b>	Child Support Agency	
<b>Geographic Service Area:</b>	Waupaca County	
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>	

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021 )		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	39,372	100.00%	6444	100.00%	0.00%
<b>Breakdown by Race</b>					
White	38,322	97.3%	4505	69.9 %	-27.4%
Black or African American	132	0.3%	80	1.24%	.94%
American Indian or Alaska Native	188	0.5%	55	.85 %	.35%
Asian	160	0.4%	8	.12%	.08 %
Native Hawaiian or Pacific Islander	8	0.0%	1	.02%	.02 %
Other	331	0.8%	No data	-- %	-- %
More Than One Race	231	0.6%	56	.87 %	.27%
Subtotal, Non-White	1,050	2.7%	200	3.1 %	-2 %
Hispanic/Latino (Regardless of Race)	955	2.4%	225	3.5%	0.4 %
<b>Breakdown by Sex</b>					
Female	19,601	49.8%	3009	46.7%	-5.8 %
Male	19,771	50.2%	3435	53.3%	5.8 %

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](https://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Disabilities	6,866	17.4 %	316	4.9%	-12.5%

DataSource (s) forPotentially Eligible Population :	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) forPopulation Served :	State of Wisconsin, DWD, Bureau of Child Support: Civil Rights Compliance County Caseload Participant Counts Annual for Calendar year 2021
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### Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):

These categories may be **over**-represented in the program's customer population.<sup>4</sup>

Males

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):

These populations may be **under**-represented in the program's customer population.

Whites, Females, Persons with Disabilities

What factors may be contributing to any under-/over-representation?<sup>5</sup>

The case compositions may reflect males having children with more than one mother; which is the converse for the females being underrepresented. The data for overall population includes both men and women from the eligible population but does not differentiate with either group that either does not have children or whose children are no longer eligible for child support program services (that is, less than 39 years old with active collection on child support arrears or costs and fees due) and whose cases have closed due to program guidelines. The under-representation of people with disabilities may be the result of these individuals not having any children or becoming disabled after child-bearing age for women.

Do you believe these results indicate potentially eligible participants are or are not being served?

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

No.
What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? ( <b>Note:</b> Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)
We continue to close cases according to BCS policy and federal regulations. There is a constant influx of new referrals for eligible participants based on income maintenance referrals or applications. There will always be a segment of the eligible population that will never serve due to his or her individual circumstances.
It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:
Denials of service would not contribute to lower than expected program participation. We serve parents, legal guardians, and caretaker relatives that meet program criteria for eligible services.

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## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Aging and Disability Resource Unit	
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)	
<b>Program or Activity:</b>	Aging and Disability Resource Unit	
<b>Geographic Service Area:</b>	Waupaca County	
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>	

	Potentially Eligible Population (from data.census.gov)		Population Served in Most Recent Calendar or Program Year (Specify Year: 2021)		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	39,372	100.00%	2202	100%	
<b>Breakdown by Race</b>					
White	38,322	97.3%	1974	90 %	-7.3%
Black or African American	132	0.3%	7	.003%	-0.30%
American Indian or Alaska Native	188	0.5%	76	3%	2.5%
Asian	160	0.4%	29	1%	.6%
Native Hawaiian or Pacific Islander	8	0.0%	2	.09%	.9%
Other	331	0.8%	91	4%	3.2%
More Than One Race	231	0.6%	2	.09 %	-.51%
Subtotal, Non-White	1,050	2.7%	207	9%	6.3%
Hispanic/Latino (Regardless of Race)	955	2.4%	4	.18%	-2.22%
<b>Breakdown by Sex</b>					
Female	19,601	49.8%	1230	56%	6.2%
Male	19,771	50.2%	971	44%	-6.2%

<sup>1</sup> Categories were determined by the U.S. Census (data.census.gov).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Disabilities	6,866	17.4 %	1,425	65%	47.6%

DataSource (s) forPotentially Eligible Population :	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board.
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DataSource (s) forPopulation Served :	- Department Records
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### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p>These categories may be <b>over</b>-represented in the program's customer population.<sup>4</sup></p>
American Indian or Alaska Native, Other, Female & Disabilities
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p>These populations may be <b>under</b>-represented in the program's customer population.</p>
White, Hispanic/Latino and Male
<p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p>
<p>The contributing factor of the absolute value of males -6.5% may be reflective of a shorter life expectancy as compared to females. Hispanic/Latino population may be reflective of the family structure. The support of the family in the home to provide assistance and caregiving to family members who are aging and those with disabilities. The low representation of Hispanic/Latino and white populations may reflect those who are unaware of programs and supports offered through the ADRC.</p>
<p>Do you believe these results indicate potentially eligible participants are or are not being served?</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

Yes Hispanic/Latinos may not be being served.

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note:** Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

Action includes a marketing plan on all aging and disability programs including a focus on the Hispanic/Latino populations.

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

No this would not have an effect.

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Behavioral Health Unit (Block Grants for Prevention and Treatment of Substance Abuse, Block Grants for Community Mental Health Services)		
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)		
<b>Program or Activity:</b>	Behavioral Health Unit (Block Grants for Prevention and Treatment of Substance Abuse, Block Grants for Community Mental Health Services)		
<b>Geographic Service Area:</b>	Waupaca County		
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>		

			Population Served in Most Recent Calendar or Program Year (Specify Year: )		Percentage-Point Difference (= % Served - % Potentially Eligible)
Potentially Eligible Population (from data.census.gov)			Number Served	Percentage of Total Served Population <sup>3</sup>	
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>			
Total Population	48,774	100.00%	1426	100 %	
<b>Breakdown by Race</b>					
White	47,245	96.87 %	1153	80.8 %	-16.07%
Black or African American	158	0.32 %	19	1.3 %	.98 %
American Indian or Alaska Native	296	0.61 %	20	1.4 %	.79 %
Asian	254	0.52 %	3	.21 %	-.31 %
Native Hawaiian or Pacific Islander	10	0.02 %	1	.70 %	.68 %
Other	459	0.94 %	0	0 %	-.94 %
More Than One Race	352	0.72 %	7	.07 %	-.65 %
Subtotal, Non-White	1,529	3.13 %	50	3.5 %	.37 %
Hispanic/Latino (Regardless of Race)	1,286	2.64 %	29	2 %	-.64 %
<b>Breakdown by Sex</b>					

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](http://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Female	24,533	50.30 %	643	45 %	-5.3 %
Male	24,241	49.70 %	783	54.9 %	5.2%
Disabilities	8,506	17.44 %	993	69.6 %	52.16 %

DataSource (s) forPotentially Eligible Population :	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) forPopulation Served :	Data collected in within the records of the Behavioral Health Unit
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### Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%): These categories may be <b>over</b> -represented in the program's customer population. <sup>4</sup>
Disabilities and male
List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%): These populations may be <b>under</b> -represented in the program's customer population.
White and female
What factors may be contributing to any under-/over-representation? <sup>5</sup>
Most of our consumer base would be disabled given the services provided. I do not believe that the white population is under served as they seem to be the majority of our consumers. I do not understand how the female versus male information came out. It seems to me we serve each of these populations equally given the numbers.

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

Do you believe these results indicate potentially eligible participants are or are not being served?

No

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note:** Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

No we have not had denials of this nature.

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Public Health Unit [Family Planning Dual Protection, Block Grant for Maternal and Child Health Services (MCH), Women Infants and Children (WIC), WIC Farmer's Market Nutrition Program, Fit Families, Health Beginnings, Lead, Prenatal Care Coordination(PNCC)]		
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)		
<b>Program or Activity:</b>	Family Planning Dual Protection, Block Grant for Maternal and Child Health Services (MCH), Women Infants and Children (WIC), WIC Farmer's Market Nutrition Program, Fit Families, Health Beginnings, Lead, Prenatal Care Coordination(PNCC)		
<b>Geographic Service Area:</b>	Waupaca County		
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>		

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year:    )		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	48,774	100.00%	2364	100.00%	0.00
<b>Breakdown by Race</b>					
White	47,245	96.87 %	2175	92.01 %	-4.86
Black or African American	158	0.32 %	16	0.68 %	0.36
American Indian or Alaska Native	296	0.61 %	15	0.63 %	0.02
Asian	254	0.52 %	27	1.14%	0.62
Native Hawaiian or Pacific Islander	10	0.02 %	2	0.08%	0.06
Other	459	0.94 %	80	3.38 %	2.44
More Than One Race	352	0.72 %	49	2.07%	1.35
Subtotal, Non-White	1,529	3.13 %	189	7.99%	4.86

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](https://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Hispanic/Latino (Regardless of Race)	1,286	2.64 %	223	9.43 %	6.79
<b>Breakdown by Sex</b>					
Female	24,533	50.30 %	1770	74.87%	28.57
Male	24,241	49.70 %	581	24.58%	-25.12
Disabilities	8,506	17.44 %	0	0.00%	-17.44

DataSource (s) forPotentially Eligible Population :	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) forPopulation Served :	WIC ROSIE database Wisconsin Immunization Registry (WIR) Healthy Connections billing statement for each client who presented in 2021 Waupaca County The Clinical Manager (TCM) system
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### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p>These categories may be <b>over</b>-represented in the program’s customer population.<sup>4</sup></p>
<p>Other Hispanic/Latino Female</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p>These populations may be <b>under</b>-represented in the program’s customer population.</p>
<p>White Male Disabilities</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.



What factors may be contributing to any under-/over-representation? <sup>5</sup>
Multiple programs are specifically directed towards females and children such as the Women Infants & Children (WIC) program and Maternal Child Health (MCH) program. Most data systems use do not track whether a client is disabled or not. In many instances a client may choose not to select a demographic when completing application forms.
Do you believe these results indicate potentially eligible participants are or are not being served?
No.
What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? ( <b>Note:</b> Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)
Public Health actively promotes programs through social media, websites, radio, and press releases. Public Health also participates in community-wide events such as the county fair and health fairs. Additionally Public Health has established a mobile clinic, which it intends to expand services and outreach provided by that unit.
It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:
n/a

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<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Children and Families (Adoption Assistance Program, Child Abuse and Neglect- Prevention Services, Child Abuse and Child Protective Services, Child Placing Agencies- Foster Care, Child Welfare Case Management Services, Programs Foster Care Payments, Kinship Care Payments, Promoting Safe and Stable Families, Youth Aids and Youth Justice grants, CHIPS Legal Reporting)
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	(Adoption Assistance Program, Child Abuse and Neglect- Prevention Services, Child Abuse and Child Protective Services, Child Placing Agencies- Foster Care, Child Welfare Case Management Services, Programs Foster Care Payments, Kinship Care Payments, Promoting Safe and Stable Families, Youth Aids and Youth Justice grants, CHIPS Legal Reporting)
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>

Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )			Population Served in Most Recent Calendar or Program Year (Specify Year: 2021 )		Percentage-Point Difference (= % Served - % Potentially Eligible)
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	
Total Population	9,402	100.00%	4840	100.00%	0.00
<b>Breakdown by Race</b>					
White	8,923	94.9 %	3520	72.73 %	-22.17
Black or African American	26	0.3 %	130	2.69 %	2.39
American Indian or Alaska Native	108	1.1 %	135	2.79 %	1.69
Asian	94	1.0 %	15	.31 %	.69
Native Hawaiian or Pacific Islander	2	0.0 %	2	.04 %	.04
Other	128	1.4 %	989	20.43%	14.59
More Than One Race	121	1.3 %	49	1.01 %	-.29

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](https://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Subtotal, Non-White	479	5.1 %
Hispanic/Latino (Regardless of Race)	331	3.5 %
Breakdown by Sex		
Female	4,932	52.5 %
Male	4,470	47.5 %
Disabilities	1,640	17.4 %

1320	27.27 %
110	2.27 %
2132	44.05 %
2348	48.51 %
219	.05 %

22.17
-1.23
-8.45
1.01
-17.35

DataSource (s) for Potentially Eligible Population :	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) for Population Served :	eWReports ADHOC049 - Case Participant Demographic Information
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### Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%): These categories may be <b>over</b> -represented in the program's customer population. <sup>4</sup>
Other, Subtotal Non-White
List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%): These populations may be <b>under</b> -represented in the program's customer population.
Disabilities, Female, White
What factors may be contributing to any under-/over-representation? <sup>5</sup>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

Lack of accurate data, specifically those who do not have identified data (i.e. report is blank for race or gender)

Do you believe these results indicate potentially eligible participants are or are not being served?

No.

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note:** Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lowerthan-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

Denials of service do not contribute to lower than expected participation.

## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Economic Support (BadgerCare Plus, Medicaid Purchase Plan, FoodShare/SNAP, Temporary Assistance for Needy Families, Medical Assistance Program, Child Care Certification or Licensing, Community Services Block Grant)
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	(BadgerCare Plus, Medicaid Purchase Plan, FoodShare/SNAP, Temporary Assistance for Needy Families, Medical Assistance Program, Child Care Certification or Licensing, Community Services Block Grant)
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>

	Potentially Eligible Population (from <a href="https://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: )		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	48,774	100.00%	12132	100.00%	
<b>Breakdown by Race</b>					
White	47,245	96.87 %	10353	85.34 %	-11.56%
Black or African American	158	0.32 %	113	0.93 %	0.61%
American Indian or Alaska Native	296	0.61 %	121	1.00 %	0.39%
Asian	254	0.52 %	66	0.54 %	0.02%
Native Hawaiian or Pacific Islander	10	0.02 %	10	0.08 %	0.06%
Other	459	0.94 %	1236	10.19 %	9.25%
More Than One Race	352	0.72 %	233	1.92 %	1.20%
Subtotal, Non-White	1,529	3.13 %	1779	14.66 %	-11.53%
Hispanic/Latino (Regardless of Race)	1,286	2.64 %	683	5.63 %	2.99%

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](https://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%

Breakdown by Sex		
Female	24,533	50.30 %
Male	24,241	49.70 %
Disabilities	8,506	17.44 %

6535	53.87	%
5597	46.13	%
1969	16.23	%

		3.57%
		-3.57%
		-1.21%

DataSource (s) forPotentially Eligible Population:	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) forPopulation Served:	Income Maintenance Member Demographic Report 2021.
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### Customer Service Population Data Analysis

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **greater than 2.00** (for example, 3.00% or 4.00%):

These categories may be **over**-represented in the program's customer population.<sup>4</sup>

Other, Hispanic and Female.

List the population(s) in the CSPA data chart with Percentage-Point Difference(s) **less than -2.00** (for example, -3.00% or -4.00%):  
These populations may be **under**-represented in the program's customer population.

White and Male.

What factors may be contributing to any under-/over-representation?<sup>5</sup>

The case compositions may reflect the higher potential eligibility for females due the higher income limit for pregnant individuals, also more single women have sole responsibility for children; For the Hispanic population, it may reflect the need to enroll their children in Badger Care as their employment usually does not offer medical insurance as a benefit or the under

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

reported number of Hispanic individuals in our community. The opposite reaction is that males will not qualify as often since income limits remain at 100% FPL based in HH size in most circumstances as opposed to females.

Do you believe these results indicate potentially eligible participants are or are not being served?

No.

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note:** Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

We continue following regulation as determined by State and Federal financial and non-financial eligibility criteria. Due to the PHE Medical Assistance, cases are not permitted to close, in the past two years caseloads have grown by 20% so overall participation has increased.

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

Most denials and case closures are not permanent in Economic Support as customers reapply and provide required verifications so this should not affect lower than expected program participation. Denials have not been disproportionate for any specific group.

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## Customer Service Population Analysis (CSPA) Data Chart

<b>Local Agency/Recipient Name:</b>	Family and Community (Birth to 3, Children's Long Term Support Waiver, Children's Community Options Program)		
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)		
<b>Program or Activity:</b>	(Birth to 3, Children's Long Term Support Waiver, Children's Community Options Program)		
<b>Geographic Service Area:</b>	Waupaca County		
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts.  <input checked="" type="checkbox"/> All income levels <span style="float: right;"><input type="checkbox"/> Income below poverty level</span>		

	Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		Population Served in Most Recent Calendar or Program Year (Specify Year: )		
Category <sup>1</sup>	Number Potentially Eligible	Percentage of Total Potentially Eligible Population <sup>2</sup>	Number Served	Percentage of Total Served Population <sup>3</sup>	Percentage-Point Difference (= % Served - % Potentially Eligible)
Total Population	9,402	100.00%	309	100.00%	3.29%
<b>Breakdown by Race</b>					
White	8,923	94.9 %	258	83.5 %	2.89%
Black or African American	26	0.3 %	4	1.3 %	15.38%
American Indian or Alaska Native	108	1.1 %	5	1.6 %	4.63%
Asian	94	1.0 %	0	0 %	0
Native Hawaiian or Pacific Islander	2	0.0 %	0	0 %	0
Other	128	1.4 %	37	12.0 %	30.58%
More Than One Race	121	1.3 %	1	.32 %	.83%
Subtotal, Non-White	479	5.1 %	0	0 %	0
Hispanic/Latino (Regardless of Race)	331	3.5 %	4	1.3 %	1.21%
<b>Breakdown by Sex</b>					
Female	4,932	52.5 %	99	32.0 %	2.00%

<sup>1</sup> Categories were determined by the U.S. Census ([data.census.gov](http://data.census.gov)).

<sup>2</sup> Percentage of Total Potentially Eligible Population = (Number Potentially Eligible in the Category / Number Potentially Eligible in the Total Population) X 100%

<sup>3</sup> Percentage of Total Served Population = (Number Served in the Category / Number Served in the Total Population) X 100%



Male	4,470	47.5 %
Disabilities	1,640	17.4 %

209	68.0 %
194	63.0 %

4.68%
11.83%

DataSource (s) for Potentially Eligible Population:	Wisconsin Department of Children and Families – Civil Rights Compliance (CRC) Census Data Board
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DataSource (s) for Population Served:	The Clinical Manager (TCM)
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### Customer Service Population Data Analysis

<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>greater than 2.00</b> (for example, 3.00% or 4.00%):</p> <p>These categories may be <b>over</b>-represented in the program's customer population.<sup>4</sup></p> <p>White 2.89%, Black or African American 15.38%, American Indian or Alaskan Native 4.63%, Other 30.58%, Male 4.68%, Disabilities 11.83%</p>
<p>List the population(s) in the CSPA data chart with Percentage-Point Difference(s) <b>less than -2.00</b> (for example, -3.00% or -4.00%):</p> <p>These populations may be <b>under</b>-represented in the program's customer population.</p> <p>Asian 0%, Native Hawaiian or Pacific Islander 0%, More Than One Race .83%, Hispanic/Latino 1.21%</p> <p>What factors may be contributing to any under-/over-representation?<sup>5</sup></p> <p>The disability percentage is attributed to the type of services provided including Birth to 3 and Children's Long Term Support where the child's disability may be the focus of the service provided. The high male percentage may be influenced by the number of clients with a disability as the overall incidence of a disability is higher in males than females.</p>

<sup>4</sup> Over-representation may reflect the recipient is meeting the needs of that category, outreach efforts to that category are successful, or other factors that make that category more likely to be served. Over-representation of one category is not necessarily a sign that the program is not serving all of the categories of population equally, but it does mean one or more of the other categories may be under-represented.

<sup>5</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

Do you believe these results indicate potentially eligible participants are or are not being served?

No.

What actions are being taken or can be taken to improve program participation and encourage enrollment of populations that are under-served? (**Note:** Depending on the applicable federal programs, recipients may be required to take reasonable steps to conduct outreach to under-represented communities. Recipients may contact the appropriate state agency for additional information on outreach.)

All categories of population are served appropriately; materials are available in a variety of language for increased accessibility.

It may be that denials of service (including negative decisions, licensing activities, etc.) contribute toward lower than-expected participation of a particular category. Explain whether such denials have been disproportionate for any specific protected groups within the one calendar or program year you looked at to complete the CSPA table:

N/A

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## Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Child Support Agency
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Child Support Agency
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	940	2.4%	27	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	25	0.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	5	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	4	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	322	0.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	34	0.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	39	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	21	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other -- Specify:	149	0.4%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*. Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>2</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands not mentioned elsewhere in this table.

<sup>3</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>4</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	US Census Data 2020: Languages Spoken at Home
Data Source(s) for Number LEP Served:	State of Wisconsin, DWD, Bureau of Child Support Control D Report KRMS/LEPR: Participants that have an LEP Indicator Based on KIDS Data as of 1/1/2022

**Services to LEP Language Groups**

Please check all that apply to recipient's service to the eligible language groups in your service area:

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.
Spanish speaking
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
Are being served through oral translation service immediately available to program participants, and essential documents available in Spanish. Voluntary Paternity Acknowledgment Form "fillable" areas of form in Spanish only to match with English only document.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
Referrals for program services are attributed to income maintenance programs; therefore, our service is largely derived from the delivery of income maintenance programs to families.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Better data gathering will provide for more reliable analysis of serving LEP populations.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
N/A

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

# Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Public Health
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Family Planning Dual Protection, Block Grant for Maternal and Child Health Services (MCH), Women Infants and Children (WIC), WIC Farmer's Market Nutrition Program, Fit Families, Health Beginnings, Lead, Prenatal Care Coordination(PNCC)
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	1,165	2.39%	26	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laoian <sup>3</sup>	31	0.06%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	6	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	5	0.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	18	0.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	399	0.82%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	42	0.09%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	48	0.10%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	26	0.05%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	185	0.38%	3	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laoian" includes Hmong, Laoian, and other languages from mainland Asia and the Pacific Islands not mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) Potentially Eligible Population:	US Census Data 2020: Languages Spoken at Home
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Data Source(s) for Number LEP Served:	Wisconsin WIC ROSIE database Waupaca County The Clinical Manager (TCM) system
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### Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area:

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☒ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

<p>Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.</p>
<p>Spanish speaking</p>
<p>Do you believe the data indicate potentially eligible LEP participants are or are not being served?</p>
<p>Are being served.</p>
<p>What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup></p>
<p>Hesitancy of LEP population to accept government services.</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?</p>
<p>Better data gathering will provide for more reliable analysis of serving LEP populations. Identifying LEP population's trusted partners to help communicate services available.</p>
<p>Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:</p>
<p>n/a</p>

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.



## Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Aging and Disability Resource Unit		
<b>Funding Agency:</b>	<input type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)		
<b>Program or Activity:</b>	Aging and Disability Resource Unit		
<b>Geographic Service Area:</b>	Waupaca County		
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level		

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	940	2.4%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Hmong/Laotian <sup>3</sup>	25	0.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	5	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	4	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	15	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	322	0.8%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	34	0.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	39	0.1%	3	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	21	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	149	0.4%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) for LEP Potentially Eligible Population:	-Wisconsin Department of Health Services – Civil Rights Compliance (CRC) Census Data Board
Data Source(s) for Number LEP Served:	-Agency Data

### Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area: Oral

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

<p>Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.</p>
<p>Spanish</p>
<p>Do you believe the data indicate potentially eligible LEP participants are or are not being served?</p>
<p>Population is served currently. Documents provided in Spanish as well as interpreter services are arranged at time of service request.</p>
<p>What factors may be contributing to potentially eligible LEP participants not being served?<sup>6</sup></p>
<p>Unaware of programs and services available.</p>
<p>What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?</p>
<p>Marketing plan to focus on Hispanic/Latino populations.</p>
<p>Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:</p>
<p>N/A</p>

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Children and Families
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Adoption Assistance Program, Child Abuse and Neglect- Prevention Services, Child Abuse and Child Protective Services, Child Placing Agencies- Foster Care, Child Welfare Case Management Services, Programs Foster Care Payments, Kinship Care Payments, Promoting Safe and Stable Families, Youth Aids and Youth Justice grants, CHIPS Legal Reporting
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	225	2.4%	6	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Hmong/Laotian <sup>3</sup>	6	0.1%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Chinese	1	0.0%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Korean	0	0.0%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Vietnamese	1	0.0%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Tagalog	3	0.0%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
German/Germanic <sup>4</sup>	77	0.8%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Russian/Polish/Other Slavic <sup>5</sup>	8	0.1%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
French/Patois/Haitian/Creole/Cajun	9	0.1%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Arabic	5	0.1%	0	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other – Specify: Farsi (2), Greek (1)	36	0.4%	3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<p><b>Data Source(s)</b>  <b>Potentially Eligible Population</b></p>	<p>US Census Data 2020: Languages Spoken at Home</p>
<p><b>Data Source(s)</b>  <b>LEP Served</b></p>	<p>eWReports ADHOC049 - Case Participant Demographic Information</p>

### Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area:

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☒ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area.  Farsi, Greek, Spanish
Do you believe the data indicate potentially eligible LEP participants are or are not being served?  I do believe the data could indicate potentially eligible LEP participants are not being served, however I also think that there is a significant barrier in regards to accurate reporting information that skews the data.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>  Proper documentation
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?  Encourage/enforce proper documentation to identify those LEP populations.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:  

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Economic Support
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input checked="" type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	BadgerCare Plus, Medicaid Purchase Plan, FoodShare/SNAP, Temporary Assistance for Needy Families, Medical Assistance Program, Child Care Certification or Licensing, Community Services Block Grant
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. <b>Note:</b> If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="#">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="#">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: )	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	1,165	2.39%	165	Column (b) is 1,000 or more OR Column (c) is 5% or more? <input type="checkbox"/> yes	Column (b) is less than 50 AND Column (c) is 5% or more? <input type="checkbox"/> yes
Hmong/Laoatian <sup>3</sup>	31	0.06%	4	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	6	0.1%	2	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	5	0.01%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	18	0.04%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	399	0.82%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	42	0.09%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	48	0.10%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	26	0.05%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	185	0.38%	3	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*. Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>2</sup> "Hmong/Laoatian" includes Hmong, Laoatian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>3</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>4</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

Data Source(s) Potentially Eligible Population	US Census Data 2020: Languages Spoken at Home
Data Source(s) LEP Served	Income Maintenance Member Demographic Report 2021

### Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area:

- ☒ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☒ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☒ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☒ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.



## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area. Spanish speaking.
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
We believe they are being served; we have interpreter services available by phone or at the office and documents available in Spanish, Hmong and Russian.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
Program policy might limit participation due to financial or non-financial criteria.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
Better data and referrals from other departments will improve service towards LEP populations.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year:
N/A

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.

## Limited English Proficiency (LEP) Customer Data Analysis Chart

<b>Local Agency/Recipient Name:</b>	Family and Community
<b>Funding Agency:</b>	<input checked="" type="checkbox"/> Wisconsin Department of Children and Families (DCF) <input type="checkbox"/> Wisconsin Department of Health Services (DHS)
<b>Program or Activity:</b>	Birth to 3, Children's Long Term Support Waiver, Children's Community Options Program
<b>Geographic Service Area:</b>	Waupaca County
<b>Income Level(s) Analyzed:</b>	Select the income level you will use for the Potentially Eligible Population. Note: If you would like to conduct the analysis for BOTH "All income levels" AND "Income below poverty level," complete TWO data charts. <input checked="" type="checkbox"/> All income levels <input type="checkbox"/> Income below poverty level

(a) Total Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )	LEP Potentially Eligible Population (from <a href="http://data.census.gov">data.census.gov</a> )		(d) Number LEP Served in Most Recent Calendar or Program Year (Specify Year: 2021)	Safe Harbor	
	(b) Number LEP Potentially Eligible in This Language Group	(c) Percentage LEP Potentially Eligible in This Language Group <sup>2</sup>		Written Translation of Vital Documents	Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Spanish	225	2.4%	1	<input type="checkbox"/> yes	Column (b) is less than 50 AND Column (c) is 5% or more?
Hmong/Laotian <sup>3</sup>	6	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Chinese	1	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Korean	0	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Vietnamese	1	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Tagalog	3	0.0%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
German/Germanic <sup>4</sup>	77	0.8%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Russian/Polish/Other Slavic <sup>5</sup>	8	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
French/Patois/Haitian/Creole/Cajun	9	0.1%	1	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Arabic	5	0.1%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Other – Specify:	36	0.4%	0	<input type="checkbox"/> yes	<input type="checkbox"/> yes

<sup>1</sup> Language groups were determined by the U.S. Census and *Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency*.

Percentage LEP Potentially Eligible = [(b)/(a)] X 100%

<sup>3</sup> "Hmong/Laotian" includes Hmong, Laotian, and other languages from mainland Asia and the Pacific Islands *not* mentioned elsewhere in this table.

<sup>4</sup> "German/Germanic" includes Pennsylvania Dutch.

<sup>5</sup> "Russian/Polish/Other Slavic" includes Bosnian, Croatian, and Serbian.

<p><b>Data Source(s)</b> <b>for LEP</b> <b>Potentially</b> <b>Eligible</b> <b>Population:</b></p>	<p>US Census Data 2020: Languages Spoken at Home</p>
<p><b>Data Source(s)</b> <b>for Number</b> <b>LEP Served</b></p>	<p>The Clinical Manager (TCM)</p>

### Services to LEP Language Groups

Please check all that apply to recipient's service to the eligible language groups in your service area:

- ☐ Oral interpretation is provided upon request at no charge to an LEP customer.
- ☐ We hire bilingual staff with demonstrated proficiency in English and a second language, who are knowledgeable of specialized terms and concepts in English and the language they interpret, and who have received training on skills and ethics of interpretation. (Training can be provided in-house or by an external agency. Documentation of language ability, training on specialized terms and concepts, and training on skills and ethics of interpretation should be maintained.)
- ☐ We routinely collect information regarding the LEP participant's preferred primary language. The language information for each client is part of our database.
- ☐ We have identified and inventoried all vital documents for our programs or services, and the inventory list is available for inspection.
- ☐ We routinely maintain a record of the number of language interpretation services that we offer and that we provide to LEP customers, on what date, how interpretation was provided (e.g., in person or by telephone), and in what language.
- ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000 persons; therefore, we provide written translation of vital documents.
- ☐ Where there are fewer than 50 people in the language group that reaches the 5% trigger, we provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.
- ☐ For all documents, vital or otherwise, we provide meaningful access to LEP individuals in all language groups. Meaningful access may be providing translation of the information orally.

## LEP Customer Data Analysis

Using the LEP data chart and any other sources of data, list the LEP population(s) represented in the program's geographic service area. Spanish and French translation services were provided to 2 families in the CLTS and Birth to 3 programs in the year 2021.
Do you believe the data indicate potentially eligible LEP participants are or are not being served?
No.
What factors may be contributing to potentially eligible LEP participants not being served? <sup>6</sup>
All categories of population are served appropriately; materials are available in a variety of language for increased accessibility.
What actions are being taken or can be taken to improve program participation and encourage enrollment of LEP populations that are under-served?
All categories of population are served appropriately; materials are available in a variety of language for increased accessibility.
Please discuss the <b>nature</b> of LEP-related discrimination complaints filed with the agency, both formal and informal, and resolution of LEP complaints over the last calendar year.
N/A

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<sup>6</sup> Although error in the data may explain some (or all) of the difference, especially for smaller populations, be sure to evaluate all possible factors before attributing differences to error in the data.