
FACILITATING COMMUNICATION
Policy No. C:1-011.1**PURPOSE**

To assure that patients, visitors, and personnel with speech, vision, or hearing impairments, as well as those who have a limited command of the English language, have access to appropriate interpretive assistance and other aids at no cost to patient(s) being served. This is in compliance with Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (ACA) of 2010.

Deer Meadows Home Health and Support Services is required as a covered entity to take appropriate and continuing steps to notify patients and members of the public that we do not discriminate based on race, color, national origin, sex, age, or disability in our health activities. One of the steps a healthcare entity must take to fulfill its obligations under the 1557 Regulations is to post Notices in our facilities, which demonstrate Deer Meadows Home Health and Support Services' compliance with the nondiscrimination mandate. The Notices must include "taglines" (written in a conspicuously visible font size) translated into the 15 most common languages spoken by individuals with limited English proficiency in Pennsylvania, which describe how we will provide language assistance services to those in need.

Deer Meadows Home Health and Support Services is also required to provide the same notice and taglines in all "Significant Publications" and "Significant Communications" targeted to patients and members of the public.

Significant Publications or Significant Communications that are small sized such as postcards or tri-fold brochures only need to contain a Statement of Nondiscrimination and Taglines in the two most common languages spoken by individuals with limited English proficiency in Pennsylvania.

POLICY

DMHHSS does not discriminate against any person because of language or sensory impediments. Personnel will treat all patients with respect and dignity and will use forms of communication appropriate to meet the patient's needs.

Written materials will be made available in the recognized major languages in the area and state where the organization does business. Written materials will contain the telephone number of the local TDD telephone relay number. Organization personnel will consistently and clearly communicate with patients in a language or form they can reasonably understand. The organization will facilitate communication by using special devices, interpreters or other communication aides.

Definitions

1. ***Hearing Impaired:*** A hearing impaired individual has difficulty hearing or discriminating verbal conversation either in a face to face situation or over the telephone. An individual with this impairment may require a hearing aid, telephone amplifier, TDD or sign language interpreter.

2. Communicatively Impaired: A communicatively impaired individual has expressive or receptive language deficits that may be present after an illness or injury. This may include individuals with voice disorders, laryngectomy, glossectomy or cognitive disorders.
3. Limited English Proficiency (LEP): A person with Limited English Proficiency is one whose command of the English language is not sufficient to promote meaningful interaction for service.
4. Telecommunication Device for the Deaf (TDD): A TDD is a small, typewriter-style instrument that allows a person to make or receive a telephone call directly without using another person to interpret.

PROCEDURE

- A. The initial assessment will determine the patient's communication ability. If there is any question regarding the patient's ability to communicate properly, the assessment should stop and an interpreter or other means of communication assistance should be secured.
 1. If the patient refuses offered communication assistance, the clinician will document the refusal in the patient's clinical record.
- B. All patient related forms, such as Consent for Services, Complaint/Grievance Process, etc., will be available in English, and other languages as appropriate. If there is a need to translate these forms to another language, an interpreter will be secured. (The patient will also sign an English language version in the event that the authorization needs to be forwarded to another organization.) For all other patients speaking languages other than English, DMHHSS will secure an interpreter to interpret all organization policies and procedures of DMHHSS relevant to the care of the patient. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A for listing.)
- C. For visually impaired patients:
 - A. The admitting clinician will read aloud all documents normally provided to the patient and ascertain that the person has heard and understands what was read. The admitting clinician documents this in the clinical/service record.
 - B. A clinician will make available large print patient information that may be applicable to the disease process, i.e., colostomy, diabetic care, heart disease.
- D. For hearing impaired patients:
 - A. The admitting clinician ascertains the patient's preferred methods of communication, i.e., paper and pencil, lip reading, or sign language.
 - B. If the preferred method is sign language, the admitting clinician will contact the resource providing a sign language interpreter and establishes a plan for ongoing communications. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A for listing.)

- C. Obtaining the use of a TDD:
1. Hearing or communicatively impaired individuals who have access to a TDD instrument can call the Relay Service to enable them to communicate with personnel of the organization.
 2. In the event it becomes necessary for organization personnel to initiate telephone communication with an individual who is hearing or communicatively impaired, Relay Service can be utilized.
 3. Direct Access to a TDD instrument will be available.
- E. Local TDD number: State Relay dial 711
- F. For patients who have limited English proficiency (LEP) and require an interpreter:
- A. The organization will maintain a list of organization personnel who speak languages other than English. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A to assign an interpreter to non-English speaking patients.)
 - B. If an interpreter in the required language is not available, a telephone interpreting service may be used. Directions for the use of this service can be accessed by calling that service.
 - C. Face-to-face interactions with the patient who is hearing or communicatively impaired, will be facilitated by utilizing sign language, as listed under "American Sign."
 - D. If a certified sign language interpreter is required, the resource list should be consulted. As much advance notice as possible is preferred.
 - E. Family members or friends of the patient will not be used as interpreters unless specifically requested by the individual and **after** the patient has understood that an offer of an interpreter at no charge has been made. Such an offer and response will be documented in the patient's record. If the patient chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the patient. Children will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.
 - F. Document all language assisted care in the patient's clinical record.
 - G. If applicable, a copy of the telephone utilization report from the interpreting service will be maintained to substantiate the use of the interpreting service.

- G. For communicatively impaired patients:
 - A. Patients with speech, expressive or receptive language deficits should have a consult with a speech therapist to determine appropriate, effective use of assistive devices such as flash cards, communication board, etc.
 - B. Physician approval for the consultation will be obtained.

ADDENDUM C:1-011.A

ORGANIZATION LIST OF INTERPRETERS

(Include interpreters for sign language, verbal and/or sensory impaired, and non-English speaking patients.)

(Note: Include AT&T Language Line number, if utilized.)

Language Line Personal Interpreter Service: 1.888.808.9008

Enter 8 digit pin (see Administrator or Clinical Director)

Staff must notify Clinical Director and/or Administrator of need to use this service ASAP

Translated Sample Tagline for Language Assistance Services
Top 15 Non-English Languages Spoken in Pennsylvania
 (Source: U.S. Census Data 2009-2013)

English: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-215-624-6038 (TTY: 1-800-654-5984).

1. **Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 215-624-6038 (TTY: 1-800-654-5984).
2. **Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-215-624-6038 (TTY: 1-800-654-5984)。
3. **Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1- 215-624-6038 (TTY: 1-800-654-5984).
4. **German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 215-624-6038 (TTY: 1-800-654-5984).
5. **Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1- 215-624-6038 (TTY: 1-800-654-5984).
6. **French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 215-624-6038 (TTY: 1-800-654-5984).
7. **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 215-624-6038 (TTY: 1-800-654-5984).
8. **Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-215-624-6038 (телетайп: 1-800-654-5984).
9. **Arabic:** 6038-624-215 -1 استندعاء لك تتوفر لك مجاناً، المساعدة اللغوية، خدمات المساعدة اللغوية، [إدراج اللغة]، إذا كنت تتحدث [إدراج اللغة]، خدمات المساعدة اللغوية، مجاناً، تتوفر لك استندعاء 1- (TTY: 1-800-654-5984).
10. **Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 215-624-6038 (TTY: 1-800-654-5984). 번으로 전화해 주십시오.
11. **Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1- 215-624-6038 (TTY: 1-800-654-5984).
12. **Hindi:** यदि आप [सम्मिलित भाषा] बोलते हैं, तो भाषा सहायता सेवाएं, नि: शुल्क, आपके लिए उपलब्ध हैं कॉल 1-215-624-6038 (टीटीआई: 1-800-654-5984)

13. **Gujarati:** [Click here](#) or use the picture below (Microsoft Word may not support all Gujarati characters). 1- 215-624-6038 (TTY: 1-800-654-5984).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન કરો 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

14. **Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 215-624-6038 (TTY: 1-800-654-5984).
15. **French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 215-624-6038 (TTY: 1-800-654-5984).

Visit the [Office of Civil Rights website](#) for more resources.

Non Discrimination Policy Translations	
1	<p>English</p> <p>DMHHSS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMHHSS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMHHSS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written materials in other formats (e.g. large print, audio, accessible electronic formats). DMHHSS provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. If you need these services, contact the Section 504/ADA Coordinator/Section 1557 Civil Rights Coordinator at 215-624-6038. If you believe that DMHHSS 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:</p> <p style="padding-left: 40px;">Stanley Rynkiewicz, Administrator, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD/State Relay 711 (fax) 215-624-5258 (email) srynkiewicz@DMHHSS.org</p>
2	<p>Spanish</p> <p>DMHHSS cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, origen nacional, edad, discapacidad o sexo. DMHHSS no excluye a las personas o las trata de manera diferente debido a raza, color, origen nacional, edad, discapacidad o sexo. DMHHSS proporciona servicios y ayudas gratuitas a las personas con discapacidad para comunicarse eficazmente con nosotros, como intérpretes calificados de lenguaje de señas y materiales escritos en otros formatos (por ejemplo, impresos de gran tamaño, audio y formatos electrónicos accesibles). DMHHSS ofrece servicios gratuitos de idiomas a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas. Si necesita estos servicios, comuníquese con el Coordinador de Sección 504 / ADA / Coordinador de Derechos Civiles de la Sección 1557 al 215-624-6038. Si cree que el DMHHSS no ha proporcionado estos servicios o ha sido discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja con:</p> <p style="padding-left: 40px;">Stanley Rynkiewicz, Administrador, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / Relé de Estado 711 (Fax) 215-624-5258 (Correo electrónico) srynkiewicz@DMHHSS.org</p>

3 Chinese (incl. Cantonese, Mandarin, other Chinese languages)

DMHHSS符合适用的联邦民权法律，并且不基于种族，肤色，国籍，年龄，残疾或性别进行歧视。DMHHSS不排除人们或因种族，肤色，国籍，年龄，残疾或性别而对待他们。DMHHSS为残疾人提供免费的帮助和服务，以便与我们进行有效沟通，如合格的手语翻译和其他格式的书面材料（例如大字体，音频，可访问的电子格式）。DMHHSS为主要语言不是英语的人士提供免费语言服务，如合格口译员和以其他语言写成的信息。如果您需要这些服务，请联系第504 / ADA协调员/第1557款民权协调员，电话：215-624-6038。如果您认为DMHHSS未能提供这些服务或以种族，肤色，国籍，年龄，残疾或性别为基础以其他方式歧视，您可以向以下人士提出申诉：

Stanley Rynkiewicz, 行政长官,
8301 Roosevelt Blvd, Philadelphia PA 19152.
TDD /状态中继711
(传真) 215-624-5258
(电子邮件) srynkiewicz@DMHHSS.org

DMHHSS fúhé shìyòng de liánbāng mínquán fǎlǜ, bìngqiě bù jīyú zhǒngzú, fūsè, guójí, niánlíng, cǎnjí huò xìngbié jìnxíng qíshì. DMHHSS bù páichú rénmen huò yīn zhǒngzú, fūsè, guójí, niánlíng, cǎnjí huò xìngbié ér duìdài tāmen. DMHHSS wèi cǎnjí rén tígōng miǎnfèi de bāngzhù hé fúwù, yǐbiàn yǔ wǒmen jìnxíng yǒuxiào gōutōng, rú hégé de shǒuyǔ fānyì hé qítā géshì de shūmiàn cáiliào (lǐrú dà zìtǐ, yīnpín, kě fāngwèn de diànzǐ géshì). DMHHSS wéi zhǔyào yǔyán bùshì yīngyǔ de rénsì tígōng miǎnfèi yǔyán fúwù, rú hégé kǒuyì yuán hé yǐ qítā yǔyán xiéchéng de xīnxī. Rúguǒ nín xūyào zhèxiē fúwù, qǐng liánxì dì 504/ ADA xiétíáo yuán/dì 1557 kuǎn mínquán xiétíáo yuán, diànhuà:215-624-6038. Rúguǒ nín rènwéi DMHHSS wèi néng tígōng zhèxiē fúwù huò yǐ zhǒngzú, fūsè, guójí, niánlíng, cǎnjí huò xìngbié wéi jīchǔ yǐ qítā fāngshì qíshì, nín kěyǐxiàng yǐ xià rénsì tíchū shēnsù:

Stanley Rynkiewicz, xíngzhèng zhǎngguān,
8301 Roosevelt Blvd, Philadelphia PA 19152.
TDD/zhuàngtài zhōng jì 711
(chuánzhēn)215-624-5258
(diànzǐ yóujiàn)srynkiewicz@DMHHSS.Org

4	<p>French and French Creole</p> <p>Le DMHHSS respecte les lois fédérales sur les droits civils applicables et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. Le DMHHSS n'exclut pas les gens ou les traite différemment en raison de la race, de la couleur, de l'origine nationale, de l'âge, du handicap ou du sexe. Le DMHHSS offre des services et des aides gratuits aux personnes handicapées pour communiquer efficacement avec nous, comme des interprètes qualifiés en langue des signes et des documents écrits dans d'autres formats (par exemple, en gros caractères, en formats audio et électroniques accessibles). DMHHSS offre des services de langue gratuits à des personnes dont la langue principale n'est pas l'anglais, comme des interprètes qualifiés et des informations écrites dans d'autres langues. Si vous avez besoin de ces services, communiquez avec le coordonnateur de la Section 504 / ADA / Section 1557, coordonnateur des droits civils au 215-624-6038. Si vous croyez que le DMHHSS n'a pas fourni ces services ou fait l'objet d'une discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe, vous pouvez déposer un grief auprès de:</p> <p>Stanley Rynkiewicz, administrateur, 8301 Roosevelt Blvd, Philadelphie PA 19152. TDD / Relais d'État 711 (Télécopieur) 215-624-5258 (Courriel) srynkiewicz@DMHHSS.org</p>
5	<p>Tagalog/ Filipino</p> <p>DMHHSS ay sumusunod sa mga natatanging Pambansa batas karapatan bilang mamamayan at hindi maaaring makita ang kaibhan sa batayan ng lahi, kulay, bansang pinagmulan, edad, kapansanan, o sex. DMHHSS ay hindi ibukod ang mga tao o tinatrato ang mga ito sa ibang paraan dahil sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o sex. DMHHSS nagbibigay ng libreng tulong at serbisyo sa mga taong may mga kapansanan upang makipag-usap epektibo sa amin, tulad ng mga kuwalipikadong tagasalin sign language at nakasulat na mga materyales sa iba pang mga format (halimbawa malaking print, audio, naa-access electronic format). DMHHSS nagbibigay ng libreng serbisyo sa wika sa mga tao na ang pangunahing wika ay hindi Ingles tulad ng qualified interprete at impormasyon na nakasulat sa ibang wika. Kung kailangan mo ng mga serbisyon ito, makipag-ugnayan sa Section 504 / ADA Coordinator / Section 1557 Civil Rights Coordinator sa 215-624-6038. Kung naniniwala ka na DMHHSS ay nabigo upang magbigay ng mga serbisyo o discriminated sa ibang paraan sa batayan ng lahi, kulay, bansang pinagmulan, edad, kapansanan, o Grupong maaari kang magsampa ng karaingan sa: Stanley Rynkiewicz, Administrator, 8301 Roosevelt Blvd, Philadelphia PA 19,152. TDD / State Relay 711 (Fax) 215-624-5258 (Email) srynkiewicz@DMHHSS.org</p>

<p>6</p>	<p>Vietnamese</p> <p>DMHHSS tuân thủ luật về quyền dân sự liên bang áp dụng và không phân biệt đối xử trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục. DMHHSS không loại trừ người hoặc đối xử với họ khác nhau về chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục. DMHHSS cung cấp hỗ trợ miễn phí và dịch vụ cho người khuyết tật để giao tiếp hiệu quả với chúng tôi, chẳng hạn như thông dịch viên có trình độ ngôn ngữ ký hiệu và các tài liệu bằng văn bản trong các định dạng khác (ví dụ in khổ lớn, âm thanh, định dạng điện tử truy cập). DMHHSS cung cấp các dịch vụ ngôn ngữ miễn phí cho người có ngôn ngữ chính không phải là tiếng Anh như thông dịch viên có trình độ và thông tin viết bằng các ngôn ngữ khác. Nếu bạn cần các dịch vụ này, liên hệ với điều phối viên 504 / ADA Điều phối viên / Mục 1557 Dân Quyền tại 215-624-6038. Nếu bạn tin rằng DMHHSS đã thất bại trong việc cung cấp các dịch vụ hoặc phân biệt đối xử theo cách khác trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục, bạn có thể nộp đơn khiếu nại với:</p> <p>Stanley Rynkiewicz, Administrator, 8301 Roosevelt Blvd, Philadelphia PA 19.152. TDD / Nhà nước tiếp sức 711 (Fax) 215-624-5258 (Email) srynkiewicz@DMHHSS.org</p>
<p>7</p>	<p>Korean</p> <p>DMHHSS는 해당 연방 인권 법을 준수하며 인종, 피부색, 국적, 연령, 장애 또는 성별에 근거하여 차별하지 않습니다. DMHHSS는 인종, 피부색, 국적, 연령, 장애 또는 성 때문에 다른 사람들을 배제하거나 치료하지 않습니다. DMHHSS는 자격있는 수화 통역사 및 다른 형식의 서면 자료 (예 : 대형 인쇄물, 오디오, 접근 가능한 전자 형식)와 같이 장애인에게 무료로 도움을주고 서비스를 제공합니다. DMHHSS는 자격있는 통역사 및 다른 언어로 작성된 정보와 같이 영어가 아닌 사람들에게 무료 언어 서비스를 제공합니다. 이러한 서비스가 필요하면 504 / ADA 코디네이터 / 섹션 1557 시민권 코디네이터 (215-624-6038)에게 문의하십시오. DMHHSS가 인종, 피부색, 출신 국가, 나이, 장애 또는성에 따라 이러한 서비스를 제공하지 못했거나 차별적인 것으로 판단되면 다음과 같은 불만을 제기 할 수 있습니다.</p> <p>Stanley Rynkiewicz, 관리자, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / 상태 릴레이 711 (팩스) 215-624-5258 (email) srynkiewicz@DMHHSS.org</p>

	<p>DMHHSSneun haedang yeonbang mingwon beob-eul junsuhamyeo injong, pibusaeg, gugjeog, yeonlyeong, jang-ae ttoneun seongbyeol-e geungeohayeo chabyeolhaji anhseubnida. DMHHSSneun injong, pibusaeg, gugjeog, yeonlyeong, jang-ae ttoneun seong ttaemun-e daleun salamdeul-eul baejehageona chilyohaji anhseubnida. DMHHSSneun jagyeog-issneun suhwa tong-yeogsa mich daleun hyeongsig-ui seomyeon jalyo (ye : daehyeong inswaemul, odio, jeobgeun ganeunghan jeonja hyeongsig)wa gat-i jang-aein-ege mulyolo doum-euljugo seobiseuleul jegonghabnida. DMHHSSneun jagyeog-issneun tong-yeogsa mich daleun eon-eolo jagseongdoen jeongbowa gat-i yeong-eoga anin salamdeul-ege mulyo eon-eo seobiseuleul jegonghabnida. ileohan seobiseuga pil-yohameon 504 / ADA kodineiteo / segsyen 1557 simingwon kodineiteo (215-624-6038)ege mun-uihasibsio. DMHHSSga injong, pibusaeg, chulsin gugga, nai, jang-ae ttoneunseong-e ttala ileohan seobiseuleul jegonghaji moshhaessgeona chabyeoljeog in geos-eulo pandandoemyeon da-eumgwa gat-eun bulman-eul jegi hal su isseubnida.</p> <p>Stanley Rynkiewicz, gwanlija, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / sangtae lillei 711 (paegseu) 215-624-5258 (email) srynkiewicz@DMHHSS.org</p>
8	<p>German</p> <p>DMHHSS entspricht den geltenden bürgerlichen Zivilrechtsgesetzen und diskriminiert nicht aufgrund der Rasse, der Hautfarbe, der nationalen Herkunft, des Alters, einer Behinderung oder des Geschlechts. DMHHSS schließt Menschen nicht aus oder behandelt sie nicht aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht. DMHHSS stellt für Menschen mit Behinderungen kostenlose Hilfsmittel zur Verfügung, um effektiv mit uns zu kommunizieren, wie zB qualifizierte Gebärdensprachdolmetscher und schriftliche Materialien in anderen Formaten (z. B. große Druck-, Audio- und zugängliche elektronische Formate). DMHHSS bietet kostenlose Sprachdienste für Personen, deren Muttersprache nicht Englisch ist, wie z. B. qualifizierte Dolmetscher und in anderen Sprachen verfasste Informationen. Wenn Sie diese Dienste benötigen, wenden Sie sich bitte an den Section 504 / ADA Coordinator / Section 1557 Civil Rights Coordinator unter 215-624-6038. Wenn Sie glauben, dass DMHHSS diese Dienste nicht erbracht hat oder auf andere Weise aufgrund von Rasse, Farbe, nationaler Herkunft, Alter, Behinderung oder Sex diskriminiert wurde, können Sie eine Beschwerde einreichen mit:</p> <p>Stanley Rynkiewicz, Verwalter, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / Zustandsrelais 711 (Fax) 215-624-5258 (E-Mail) srynkiewicz@DMHHSS.org</p>

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Arabic

DMHHSS يتوافق مع القوانين الاتحادية السارية الحقوق المدنية ولا تميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس. DMHHSS لا يستبعد الناس أو التعامل معهم بشكل مختلف بسبب العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس. يوفر DMHHSS المساعدات المجانية والخدمات للأشخاص ذوي الإعاقة على التواصل بفعالية معنا، مثل المترجمين المؤهلين لغة الإشارة ومواد مكتوبة في صيغ أخرى (مثل الطباعة الكبيرة، والصوت، وأشكال إلكترونية يمكن الوصول إليها). يوفر DMHHSS الخدمات اللغوية مجانية للأشخاص الذين ليست اللغة الإنجليزية مثل المترجمين المؤهلين ومعلومات مكتوبة بلغات أخرى لغتهم الأساسية. إذا كنت بحاجة إلى هذه الخدمات، يرجى الاتصال بقسم ADA / 504 / منسق القسم 1557 منسق الحقوق المدنية في 215-624-6038. إذا كنت تعتقد أن DMHHSS فشلت في توفير هذه الخدمات أو التمييز بطريقة أخرى على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس يمكنك تقديم شكوى مع:

ستانلي رنكيوسز، مدير،
8301 روزفلت الجادة، فيلادلفيا 19152.

TDD / الدولة ترحيل 711

(فاكس) 215-624-5258

(البريد الإلكتروني) sryniewicz@DMHHSS.org

DMHHSS yatawafaq mae alqawanin alaittihadat alssariat alhuquq almadaniat wala tamayuz ealaa 'asas aleurq 'aw allawn 'aw al'asl alqawmi 'aw alssnn 'aw al'ieaqata, 'aw aljins. DMHHSS la yastabeid alnnas 'aw alttaeamul maeahum bishakl mukhtalif bsbb aleurq 'aw allawn 'aw al'asl alqawmi 'aw alssnn 'aw al'ieaqata, 'aw aljuns. yufir DMHHSS almusaeadat almujanat walkhadamat lil'ashkhas dhwy al'ieaqat ealaa alttawasul bifaeealiat maeana, mithl almutarjimin almuahhalin lughat al'iisharat wamawadd maktubat fi siagh 'ukhrra (mthl alttabaeat alkabirat, walssut, wa'ashkal 'iiliktruniat ymkn alwusul 'ilyha). yufr DMHHSS alkhadamat allughawiat mujaniatan lil'ashkhas alladhin laysat allughat al'iinliziati mithl almutarjimin almuahhalin wamaelumat maktubat balughat 'ukhrra lughatum al'asasiatu. 'iidha kunt bihajat 'iilaa hadhih alkhadamat, yrja alaittisal biqism 504 / ADA / munassiq alqism 1557 munassiq alhuquq almadaniat fi 215-624-6038. 'iidha kunt taetaqid 'ann DMHHSS fashilat fi tawfir hadhih alkhadamat 'aw alttamiz bitariqat 'ukhrra ealaa 'asas alearq 'aw allawn 'aw al'asl alqawmi 'aw alssnn 'aw al'ieaqat, 'aw aljins yumkinuk taqdim shakwaa me:

sitanli rinkyusz, mudirun,

8301 rawzfilt aljadat, filadilfia 19152.

TDD / alddawlat tarhil 711

(faks) 215-624-5258

(albrid al'iiliktruny) sryniewicz@DMHHSS.org

10	<p data-bbox="281 215 384 245">Russian</p> <p data-bbox="281 285 1692 618">DMHHSS соответствует действующим федеральным законам о гражданских правах и не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола. DMHHSS не исключает людей или относиться к ним по-разному из-за расы, цвета кожи, национального происхождения, возраста, инвалидности или пола. DMHHSS предоставляет бесплатные пособия и услуги для людей с ограниченными возможностями, чтобы эффективно общаться с нами, например, квалифицированных переводчиков языка жестов и письменных материалов в других форматах (например, напечатанные крупным шрифтом, аудио, доступных электронных форматов). DMHHSS предоставляет бесплатные языковые услуги для людей, чей родной язык не является английским, таких как квалифицированных переводчиков и информации, написанные на других языках. Если вам нужны эти услуги, обратитесь к разделу 504 / ADA координатор / секции 1557 координатор гражданских прав на 215-624-6038. Если вы считаете, что DMHHSS не смог обеспечить эти услуги или дискриминации по-другому на основе расы, цвета кожи, национального происхождения, возраста, инвалидности или пола вы можете подать жалобу с:</p> <p data-bbox="323 623 873 773">Стэнли Рынкевич, Администратор, 8301 Рузвельт Blvd, Philadelphia PA 19152. TDD / релей 711 (Факс) 215-624-5258 (Электронная почта) srynkiewicz@DMHHSS.org</p> <p data-bbox="281 808 1692 1141">DMHHSS sootvetstvuyet deystvuyushchim federal'nym zakonom o grazhdanskikh pravakh i ne dopuskat' diskriminatsii po priznaku rasy, tsveta kozhi, natsional'nogo proiskhozhdeniya, vozrasta, invalidnosti ili pola. DMHHSS ne isklyuchayet lyudey ili otnosit'sya k nim po-raznomu iz-za rasy, tsveta kozhi, natsional'nogo proiskhozhdeniya, vozrasta, invalidnosti ili pola. DMHHSS predostavlyayet besplatnyye posobiya i uslugi dlya lyudey s ogranichennymi vozmozhnostyami, chtoby effektivno obshchat'sya s nami, naprimer, kvalifitsirovannykh perevodchikov yazyka zhestov i pis'mennykh materialov v drugikh formatakh (naprimer, napechatannyye krupnym shriftom, audio, dostupnykh elektronnykh formatov). DMHHSS predostavlyayet besplatnyye yazykovyye uslugi dlya lyudey, chey rodnoy yazyk ne yavlyayetsya angliyskim, takikh kak kvalifitsirovannykh perevodchikov i informatsii, napisannyye na drugikh yazykakh. Yesli vam nuzhny eti uslugi, obratites' k razdelu 504 / ADA koordinator / sektsii 1557 koordinator grazhdanskikh prav na 215-624-6038. Yesli vy schitayete, chto DMHHSS ne smog obespechit' eti uslugi ili diskriminatsii po-dругomu na osnove rasy, tsveta kozhi, natsional'nogo proiskhozhdeniya, vozrasta, invalidnosti ili pola vy mozhete podat' zhalobu s:</p> <p data-bbox="323 1146 873 1295">Stenli Rynkevich, Administrator, 8301 Ruzvel't Blvd, Philadelphia PA 19152. TDD / releiy 711 (Faks) 215-624-5258 (Elektronnaya pochta) srynkiewicz@DMHHSS.org</p>
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11	<p>Italian</p> <p>DMHHSS conforme alle leggi federali vigenti diritti civili e non discrimina sulla base di razza, colore, nazionalità, età, disabilità, o di sesso. DMHHSS non esclude la gente o li trattano in modo diverso a causa della razza, colore, nazionalità, età, disabilità, o di sesso. DMHHSS fornisce aiuti gratuiti e servizi alle persone con disabilità di comunicare efficacemente con noi, come interpreti qualificati del linguaggio dei segni e materiali scritti in altri formati (ad esempio stampa a grandi caratteri, audio, formati elettronici accessibili). DMHHSS offre servizi linguistici gratuiti per persone la cui lingua principale non è l'inglese, come interpreti qualificati e informazioni scritte in altre lingue. Se avete bisogno di questi servizi, contattare la Sezione 504 / ADA Coordinatore / Sezione 1557 diritti civili coordinatore al 215-624-6038. Se credi che DMHHSS non è riuscita a fornire questi servizi o discriminato in un altro modo, sulla base di razza, colore, nazionalità, età, disabilità, o il sesso si può presentare un reclamo con:</p> <p>Stanley Rynkiewicz, amministratore, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / relè a stato 711 (Fax) 215-624-5258 (E-mail) srynkiewicz@DMHHSS.org</p>
12	<p>Portuguese</p> <p>DMHHSS cumpre com as leis federais de direitos civis aplicáveis e não discrimina com base na raça, cor, origem nacional, idade, deficiência ou sexo. DMHHSS não exclui as pessoas ou as trata de forma diferente por causa de raça, cor, origem nacional, idade, deficiência ou sexo. O DMHHSS fornece assistência e serviços gratuitos a pessoas com deficiência para se comunicar eficazmente conosco, como intérpretes de língua de sinais qualificados e materiais escritos em outros formatos (por exemplo, grandes formatos de impressão, áudio e formatos eletrônicos acessíveis). O DMHHSS oferece serviços gratuitos de idiomas para pessoas cuja língua materna não é o inglês, como intérpretes qualificados e informações escritas em outras línguas. Se você precisar desses serviços, entre em contato com o Coordenador de Seção 504 / ADA / Seção 1557 Coordenador de Direitos Civis no 215-624-6038. Se você acredita que o DMHHSS não forneceu esses serviços ou discriminado de outra maneira com base na raça, cor, origem nacional, idade, deficiência ou sexo, você pode registrar uma queixa com:</p> <p>Stanley Rynkiewicz, Administrador, 8301 Roosevelt Blvd, Philadelphia PA 19152. TDD / Relé Estadual 711 (Fax) 215-624-5258 (E-mail) srynkiewicz@DMHHSS.org</p>

13	<p data-bbox="281 212 359 245">Hindi</p> <p data-bbox="281 282 1682 565">DMHHSS लागू संघीय नागरिक अधिकारों के कानून के अनुरूप है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता। DMHHSS लोगों को बाहर निकालने या क्योंकि जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या सेक्स की अलग ढंग से उन्हें इलाज नहीं है। DMHHSS इस तरह के अन्य स्वरूपों में योग्य सांकेतिक भाषा दुभाषियों और लिखित सामग्री (जैसे बड़े प्रिंट, ऑडियो, सुलभ इलेक्ट्रॉनिक स्वरूप) के रूप में लोगों को मुफ्त एड्स और सेवाओं विकलांग हमारे साथ प्रभावी ढंग से संवाद करने के साथ प्रदान करता है। DMHHSS लोगों जिसका प्राथमिक भाषा में इस तरह के योग्य दुभाषियों और जानकारी अन्य भाषाओं में लिखित रूप में अंग्रेजी नहीं है करने के लिए स्वतंत्र भाषा सेवाएं प्रदान करता है। आप इन सेवाओं की जरूरत है, 215-624-6038 पर धारा 504 / एडीए समन्वयक / धारा 1557 नागरिक अधिकार समन्वयक से संपर्क करें। यदि आपको लगता है कि DMHHSS इन सेवाओं को प्रदान करने में विफल रहा या जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता के आधार पर एक और तरह से भेदभाव किया गया है, या सेक्स आप के साथ एक शिकायत दायर कर सकते हैं:</p> <p data-bbox="323 565 848 743">स्टेनली रिनकिविज़, प्रशासक, 8301 रूजवेल्ट बुलेवार्ड, फिलाडेल्फिया PA 19152। TDD / राज्य रिले 711 (फैक्स) 215-624-5258 (ईमेल) srynkiewicz@DMHHSS.org</p> <p data-bbox="281 776 1682 1076">dmhhss laagoo sangheey naagarik adhikaaron ke kaanoon ke anuroop hai aur jaati, rang, raashtreey mool, aayu, vikalaangata, ya ling ke aadhaar par bhedabhaav nahin karata. dmhhss logon ko baahar nikaalane ya kyonki jaati, rang, raashtreey mool, aayu, vikalaangata, ya seks kee alag dhang se unhen ilaaj nahin hai. dmhhss is tarah ke any svaroopon mein yogy saanketik bhaasha dubhaashiyon aur likhit saamagree (jaise bade print, odiyoo, sulabh ilektronik svaroop) ke roop mein logon ko mupht eds aur sevaon vikalaang hamaare saath prabhaavee dhang se sanvaad karane ke saath pradaan karata hai. dmhhss logon jisaka praathamik bhaasha mein is tarah ke yogy dubhaashiyon aur jaanakaaree any bhaashaon mein likhit roop mein angrejee nahin hai karane ke lie svatantr bhaasha sevaen pradaan karata hai. aap in sevaon kee jaroorat hai, 215-624-6038 par dhaara 504 / edee samannvayak / dhaara 1557 naagarik adhikaar samannvayak se sampark karen. yadi aapako lagata hai ki dmhhss in sevaon ko pradaan karane mein viphal raha ya jaati, rang, raashtreey mool, aayu, vikalaangata ke aadhaar par ek aur tarah se bhedabhaav kiya gaya hai, ya seks aap ke saath ek shikaayat daayar kar sakate hain:</p> <p data-bbox="323 1076 875 1239">stenalee rinakiviz, prashaasak, 8301 roojavelt bulevaard, philadelphiya pa 19152। tdd / raajy rile 711 (phaiks) 215-624-5258 (eemel) srynkiewicz@dmhhss.org</p>
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14	<p>Polish</p> <p>DMHHSS jest zgodny z obowiązującymi przepisami federalnymi praw obywatelskich i nie dyskryminacji ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność, czy płeć. DMHHSS nie wyklucza ludzi lub traktują je w różny sposób ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność, czy płeć. DMHHSS zapewnia bezpłatne słuchowych i usług dla osób niepełnosprawnych, aby skutecznie komunikować się z nami, jak wykwalifikowanych tłumaczy języka migowego i materiałów pisanych w innych formatach (np duży druk, audio, dostępnych formatach elektronicznych). DMHHSS zapewnia bezpłatne usługi językowe dla osób, których głównym językiem nie jest angielski, takich jak wykwalifikowanych tłumaczy ustnych i pisemnych informacji w innych językach. Jeśli potrzebujesz tych usług, kontakt z Sekcją 504 / ADA koordynatora / koordynatora Sekcji 1557 Civil Rights na 215-624-6038. Jeśli uważasz, że DMHHSS nie powiodło się do świadczenia tych usług lub w inny sposób dyskryminowane na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność, płeć czy można złożyć zażalenie w:</p> <p>Stanley Rynkiewicz, administrator, 8301 Roosevelt Blvd, Filadelfia 19152. TDD / przekaźnikowych 711 (Fax) 215-624-5258 (E-mail) srynkiewicz@DMHHSS.org</p>
15	<p>Japanese</p> <p>DMHHSSは、適用される連邦の市民権法を遵守し、人種、色、国籍、年齢、障害または性別に基づいて差別を受けません。DMHHSSは、人種、色、国籍、年齢、身体障害、または性別のために、人々を排除したり、治療したりすることはありません。DMHHSSは、手話通訳者や他の形式の書面（例：大きな印刷物、オーディオ、アクセス可能な電子形式）など、障害を持つ人々に無料の援助とサービスを提供しています。DMHHSSは、資格のある通訳者や他の言語で書かれた情報など、第一言語が英語でない人たちに無料の言語サービスを提供します。これらのサービスが必要な場合は、504 / ADAコーディネーター/セクション1557市民権コーディネーター（215-624-6038）にお問い合わせください。DMHHSSが人種、色、国籍、年齢、身体障害、または性別に基づいてこれらのサービスを提供できなかったり、別の方法で差別を犯したと思われる場合は、次のような苦情を申し立てることができます：</p> <p>Stanley Rynkiewicz、管理者、 8301 Roosevelt Blvd, Philadelphia PA 19152。 TDD /状態リレー711 (ファックス) 215-624-5258 (電子メール) srynkiewicz@DMHHSS.org</p>

	<p>DMHHSS wa, tekiyō sa reru renpō no shiminkenhō o junshu shi, jinshu,-iro, kokuseki, nenrei, shōgai matawa seibetsu nimotozuite sabetsu o ukemasen. DMHHSS wa, jinshu,-iro, kokuseki, nenrei, karada shōgai, matawa seibetsu no tame ni, hitobito o haijo shi tari, chiriyō shi tari suru koto wa arimasen. DMHHSS wa, shuwa tsūyaku-sha ya hoka no keishiki no shomen (rei: Ōkina insatsubutsu, ōdio, akusesu kanōna denshi keishiki) nado, shōgai o motsu hitobito ni muryō no enjo to sabisu o teikyō shite imasu. DMHHSS wa, shikaku no aru tsūyaku-sha ya hoka no gengo de kaka reta jōhō nado, daiichigengo ga eigodenai hito-tachi ni muryō no gengo sabisu o teikyō shimasu. Korera no sabisu ga hitsuyōna baai wa, 504/ eida kōdinētā/ sekushon 1557 shimin-ken kōdinētā (215 - 624 - 6038) ni o toiwase kudasai. DMHHSS ga jinshu,-iro, kokuseki, nenrei, karada shōgai, matawa seibetsu ni motodzuite korera no sabisu o teikyō dekinakattari,-betsu no hōhō de sabetsu o okashita to omowa reru baai wa,-ji no yōna kujō o mōshiteru koto ga dekimasu: Sutanrē Rynkiewicz, kanrisha, 8301 Roosevelt Blvd, firaderufia PA 19152. TDD/ jōtai rirē 711 (fakkusu) 215 - 624 - 5258 (denshi mēru) srynkiewicz@ DMHHSS. Orugu</p>
16	<p>Urdu</p> <p>DMHHSS قابل اطلاق وفاقی شہری حقوق کے قوانین کے مطابق ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر تفریق نہیں کرتا۔ DMHHSS لوگوں کو خارج یا نسل، رنگ، قومیت، نژاد، عمر، معذوری، یا جنس کے مختلف طریقے سے ان کا علاج نہیں کرتا۔ DMHHSS جیسے دیگر فارمیٹس میں اہل نشانی زبان ترجمانوں اور تحریری مواد (جیسے بڑے پرنٹ، آڈیو، قابل رسائی الیکٹرانک فارمیٹس) لوگوں کو مفت امداد اور خدمات ہمارے ساتھ مؤثر طریقے سے بات چیت کرنے میں مشکلات والے، فراہم کرتا ہے۔ DMHHSS جن کی بنیادی زبان جیسے تعلیم یافتہ ترجمانوں اور معلومات دیگر زبانوں میں لکھی انگریزی نہیں ہے لوگوں کو مفت زبان کی خدمات فراہم کرتا ہے۔ آپ کو ان کی خدمات کی ضرورت ہو تو، 6038-624-215 پر دفعہ ADA / 504 کو آرڈینیٹر / سیکشن 1557 سول رائٹس ربط دہندہ سے رابطہ۔ اگر آپ کو یقین ہے کہ DMHHSS، ان کی خدمات فراہم کرنے میں ناکام رہے یا نسل، رنگ، قومیت، عمر، معذوری کی بنیاد پر کسی اور طرح سے امتیازی سلوک یا جنسی آپ کے ساتھ ایک شکایت درج کرا سکتے ہیں ہے:</p> <p>اسٹینلے Rynkiewicz، ایڈمنسٹریٹر، 8301 روزویلٹ Blvd کی، فلاڈیلفیا PA 19152. TDD/ اسٹیٹ ریلے 711 (فیکس) 215-624-5258 (ای میل) srynkiewicz@DMHHSS.org</p>

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