

## CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

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

Health Services  
F-00165

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

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

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

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

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

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.

8. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities.

9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

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

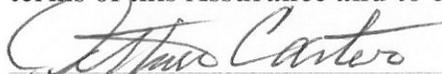
Name: Clinton Langreck		Title: Human Resources Director
Telephone Number: 608-325-8992	Email Address: clangreck@greencountywi.org	

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

Name: Clinton Langreck		Title: Human Resources Director
Telephone Number: 608-325-8992	Email Address: clangreck@greencountywi.org	

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, sub recipients, 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

1/4/18  
Date

Printed Name: Arthur Carter

Title: County Board Chair

**ATTACHMENT A:**

**RECIPIENT CONTACT INFORMATION**

Name of Recipient GREEN COUNTY		
Street Address 1016 16 <sup>th</sup> Avenue		
City Monroe	State WI	Zip Code 53566

Name of Individual Designated as Contact for Civil Rights Compliance Questions Clinton Langreck <i>CL Langreck</i>	
Address N3150 State Road 81 Monroe, WI 53566	Date Signed 4 Jan 18
Telephone Number 608-325-8992	Email Address clangreck@greencountywi.org

Name of Individual Designated to Assist with LEP Individuals and Individuals with Disabilities Clinton Langreck <i>CL Langreck</i>	
Address N3150 State Road 81 Monroe, WI 53566	Date Signed 4 Jan 18
Telephone Number 608-325-8992	Email Address clangreck@greencountywi.org

Name of Authorized Representative Arthur Carter <i>Arthur Carter</i>	
Address 1016 16 <sup>th</sup> Avenue Monroe, WI 53566	Date Signed 1/4/18
Telephone Number 608-328-9430	Email Address clerk@greencountywi.org

**Instructions for completing Recipient Contact Information**

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

**ATTACHMENT B:**

**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.	<b>DHS</b> <u>Yes</u> <input checked="" type="checkbox"/> No		1.State/County Contracts*	\$1,804,784
			2.ADRC	\$960,003
			3.Aging	\$227,995
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<b>DCF</b> <u>Yes</u> <input checked="" type="checkbox"/> No		1.State/County Contract**	\$459,857
			2.IV-D Child Support	\$179,990
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	<b>DWD</b> Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>			
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD.  Name of County or Consortium: <p style="text-align: center;">Southern Consortium SWATP</p>	<u>Yes</u> <input checked="" type="checkbox"/> No		1.Income Maintenance	\$249,407
			2.Tobacco Prevention	\$3617
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD.  Name of the entity/entities: <p style="text-align: center;">Reach Dane/Reach Green</p>	<u>Yes</u> <input checked="" type="checkbox"/> No		1.Home Visiting ESHSV	\$118,540

**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.

\*Includes: Human Service & Public Health  
 \*\*Includes: Human Services

**ATTACHMENT C:**

**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):

<p><b>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</b></p> <p><input checked="" type="checkbox"/> BadgerCare Plus</p> <p><input checked="" type="checkbox"/> Birth to 3</p> <p><input checked="" type="checkbox"/> Children's Long Term Support Waiver</p> <p><input checked="" type="checkbox"/> Children's Community Options Program</p> <p><input type="checkbox"/> Family Care</p> <p><input type="checkbox"/> Family Planning Only</p> <p><input type="checkbox"/> IRIS</p> <p><input type="checkbox"/> Katie Beckett</p> <p><input checked="" type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled</p> <p><input checked="" type="checkbox"/> Medicaid Purchase Plan</p> <p><input type="checkbox"/> PACE</p> <p><input checked="" type="checkbox"/> SeniorCare</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> Well Women Medicaid</p> <p><input checked="" type="checkbox"/> Other: Specify <i>Aging/ADRC</i></p> <p><b>Please list your specific Federal grant/funding source if not listed above.</b></p>	<p><b>USDA (FNS) programs:</b></p> <p><input checked="" type="checkbox"/> FoodShare/SNAP</p> <p><input type="checkbox"/> Food Stamp Employment and Training (FSET)</p> <p><input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP)</p> <p><input checked="" type="checkbox"/> Women Infants and Children (WIC)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p> <p><input type="checkbox"/> WIC Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Senior Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Other: Specify</p>
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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)

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

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

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Workforce Investment and Opportunity Act

Other: Specify

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