

NOTICE OF NONDISCRIMINATION

Office of Civil Rights (OCR)

All Broward Home Health Services, Inc. (ABHHS) is a recipient of Federal Funding for health care services. The agency is required to provide this notice to all participants, beneficiaries, enrollees, and applicants of its health programs and activities, and members of the public. This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, Broward County Human Rights Act (chapter 16 ½) and the Hill-Burton Act U.S. Dept of HHS - 45 CFR Part 80.6(d), 84.8, 86.9, 90, 91.32 and 92.

ABHHS does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; LGBTQI+ individuals; gender identity; and sex stereotypes), age, disability or religion. This nondiscrimination policy of the agency applies to any admission to, participation in, or receipt of the services and benefits of any of its programs, activities or in employment, whether carried out by this agency directly or through a contractor or any other entity with whom the agency arranges to carry out its programs & activities. **ABHHS:**

- Provides free language services to people whose primary language is not English, such as:
 - A qualified language interpreter that can speak your language and English
 - Information written in other languages that you can read
- Provides free aids & services to people with disabilities to communicate effectively with us, such as:
 - A qualified sign language interpreter
 - Written information in other formats; auxiliary aids and services

ABHHS provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities.

To obtain any reasonable modifications, appropriate auxiliary aids, or language assistance services, please reach out to the agency's Administrator. If you feel the agency has not provided these services or has discriminated based on race, color, national origin, age, disability, sex, or sexual orientation, you may file a grievance with the Section 1557 Coordinator of the agency by calling (954) 933-3162 and ask to speak to the administrator.

ALL BROWARD HOME HEALTH SERVICES, INC.

7900 S.W. 24 Street, Suite 202, Davie, FL 33324

Phone number: (954) 933-3162 **Fax number:** (954) 933-3163 **Agency Website:** www.abhhs.com

TTY (Florida Relay Center): 1 (800) 955-1339

Florida Telecom Relay, Inc.: 1 (800) 222-3448

Section 1557 Coordinator / Administrator: DONNA SOMMA - ext 243

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Administrator 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 Assistant, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201

Phone (Toll-free): 800-368-1019

TDD (Toll-free): 800-537-7697

Complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>.

Translation Services Available - (Monday - Friday) 8:30 am - 5:00 pm

INFORMATION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

ATTENTION: If you speak [English], language assistance services, free of charge, are available to you. Call Agency

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

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

CHÚT: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

اتصل برقم ٠٢٠٠ ٣٦٨ ١٠١٩ هاتف الصم والبكم AE ملحوظة إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

ध्यान दें: यदद आप हिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます