



**Rappahannock Rapidan**  
*Community Services*

**Programs that matter. People who care.**

**Title VI Plan and Procedures  
Title VI of the Civil Rights Act of 1964  
Rappahannock Rapidan Community Services (RRCS)**

**Adopted date  
April 14, 2015**

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## **I. INTRODUCTION**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, sub-recipients, and contractors whether those programs and activities are federally funded or not.

Recently, the Federal Transit Administration (FTA) has placed renewed emphasis on Title VI issues, including providing meaningful access to persons with Limited English Proficiency.

Recipients of public transportation funding from FTA and the Virginia Department of Rail and Public Transportation (DRPT) are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how RRCS incorporates nondiscrimination policies and practices in providing services to the public. RRCS's Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically (at least every three years) to incorporate changes and additional responsibilities that arise.

## **II. OVERVIEW OF SERVICES**

The mission of Rappahannock Rapidan Community Services is to improve the quality of life of the citizens of Virginia's Planning District 9 by providing comprehensive behavioral health, intellectual disability, substance use disorder, and aging services. In the most recent fiscal year, services were provided to 6,276 individuals at twenty-six separate program sites throughout the area including day support and rehabilitation programs, group homes, outpatient services, senior centers/nutrition programs, and adult day care. RRCS is also an active partner with Board representation in the Aging Together Partnership, representing over 100 organizations focused on planning for the long-term care needs of senior citizens in the region. RRCS is unique in its combined role as the Area Agency on Aging plus the Community Services Board.

RRCS Transportation Services maintains a fleet of passenger vans to facilitate a variety of clinical, community support, and aging/nutrition services for individuals throughout the counties of Culpeper, Fauquier, Madison, Orange, and Rappahannock (PD9). Transportation is also provided for medical appointments, supported employment, and social/recreational opportunities. In FY 2014, 82,291 passenger trips were provided for 492 individuals. The service area is mostly rural and covers 1,965 square miles.

### III. POLICY STATEMENT AND AUTHORITIES

#### Title VI Policy Statement

RRCS is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not.

The RRCS Title VI Manager is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations (CFR) Part 200, and Title 49 CFR Part 21.

  
\_\_\_\_\_  
Brian Duncan, Executive Director

4-7-15  
Date

#### Authorities

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (refer to 49 CFR Part 21). The Civil Rights Restoration Act of 1987 broadened the scope of Title VI coverage by expanding the definition of the terms "programs or activities" to include all programs or activities of Federal Aid recipients, sub recipients, and contractors, whether such programs and activities are federally assisted or not.

Additional authorities and citations include: Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d); Federal Transit Laws, as amended (49 U.S.C. Chapter 53 et seq.); Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601, et seq.); Department of Justice regulation, 28 CFR part 42, Subpart F, "Coordination of Enforcement of Nondiscrimination in Federally-Assisted Programs" (December 1, 1976, unless otherwise noted); U.S. DOT regulation, 49 CFR part 21, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964" (June 18, 1970, unless otherwise noted); Joint FTA/Federal Highway Administration (FHWA) regulation, 23 CFR part 771, "Environmental Impact and Related Procedures" (August 28, 1987); Joint FTA/FHWA regulation, 23 CFR part 450 and 49 CFR part 613, "Planning Assistance and Standards," (October 28, 1993, unless otherwise noted); U.S. DOT Order 5610.2, "U.S. DOT Order on Environmental Justice to Address Environmental Justice in Minority Populations and Low-Income Populations," (April 15, 1997); U.S. DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient Persons, (December 14, 2005), and Section 12 of FTA's Master Agreement, FTA MA 13 (October 1, 2006).

#### **IV. NONDISCRIMINATION ASSURANCE TO DRPT**

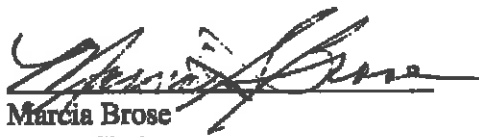
In accordance with 49 CFR Section 21.7(a), every application for financial assistance from the Federal Transit Administration (FTA) must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement is fulfilled when the Virginia Department of Rail and Public Transportation (DRPT) submits its annual certifications and assurances to FTA. DRPT shall collect Title VI assurances from sub-recipients prior to passing through FTA funds.

As part of the Certifications and Assurances submitted to the DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPT, RRCS submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination in hiring (EEO) and contracting (DBE), and nondiscrimination on the basis of disability (ADA).

In signing and submitting this assurance, RRCS confirms to DRPT the agency's commitment to nondiscrimination and compliance with federal and state requirements.

## V. PLAN APPROVAL DOCUMENT

I hereby acknowledge the receipt of the RRCS Title VI Implementation Plan 2015-2018. I have reviewed and approve the Plan. I am committed to ensuring that no person is excluded from participation in, or denied the benefits of any of its services on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act of 1964. Specially, I am committed to ensuring that no person is excluded from participation in, or denied the benefits of transit services, as protected under said act, according to Federal Transit Administration (FTA) Circular 4702.1B Title VI requirements and guidelines for FTA sub-recipients.



Marcia Brose

Board Chair

Rappahannock Rapidan Community Services

DATE

4/14/15

**SEE APPENDIX A - Board of Directors Resolution Adopting Revised RRCS Title VI Plan**

## **VI. ORGANIZATION AND TITLE VI PROGRAM RESPONSIBILITIES**

The RRCS Human Resources Manager is responsible for ensuring implementation of the agency's Title VI program. Title VI program elements are interrelated and responsibilities may overlap. The specific areas of responsibility have been delineated below for purposes of clarity.

### **Overall Organization for Title VI**

The Title VI Manager and staff are responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education.

### **Detailed Responsibilities of the Title VI Manager**

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.



## **General Title VI responsibilities of the agency**

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach and involvement and service planning and delivery.

### **1. Data collection**

To ensure that Title VI reporting requirements are met, RRCS will maintain:

- A database or log of Title VI complaints received. The investigation of and response to each complaint is tracked within the database or log.
- A log of the public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

### **2. Annual Report and Updates**

As a sub-recipient of FTA funds, RRCS is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. RRCS will also maintain and provide to DRPT on an annual basis, the log of public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

Further, we will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance review report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

### **3. Annual review of Title VI program**

Each year, in preparing for the Annual Report and Updates, the Title VI Manager will review the agency's Title VI program to assure implementation of the Title VI plan. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

#### **4. Dissemination of information related to the Title VI program**

Information on our Title VI program will be disseminated to agency employees, contractors, and beneficiaries, as well as to the public, as described in the “public outreach and involvement” section of this document, and in other languages when needed according to the LEP plan as well as federal and State laws/regulations.

#### **5. Resolution of complaints**

Any individual may exercise his or her right to file a complaint if that person believes that he, she or any other program beneficiaries have been subjected to unequal treatment or discrimination in the receipt of benefits/services or prohibited by non-discrimination requirements. RRCS will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency’s Title VI Complaint Procedures. All Title VI complaints and their resolution will be logged as described under Section 1. Data collection and reported annually (in addition to immediately) to DRPT.

#### **6. Written policies and procedures**

Our Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically to incorporate changes and additional responsibilities that arise. During the course of the Annual Title VI Program Review (item 3 above), the Title VI Manager will determine whether or not an update is needed.

#### **7. Internal education**

Our employees will receive training on Title VI policies and procedures upon hiring and upon promotion. This training will include requirements of Title VI, our obligations under Title VI (LEP requirements included), and required data that must be gathered and maintained. In addition, training will be provided when any Title VI-related policies or procedures change (agency-wide training), or when appropriate in resolving a complaint.

Title VI training is the responsibility of the Human Resources Generalist.

#### **8. Title VI clauses in contracts**

In all federal procurements requiring a written contract or Purchase Order (PO), RRCS’s contract/PO will include appropriate non-discrimination clauses. The Title VI Manager will work with the Procurement Manager who is responsible for procurement contracts and PO’s to ensure appropriate non-discrimination clauses are included.

## **VII. PROCEDURES FOR NOTIFYING THE PUBLIC OF TITLE VI RIGHTS AND HOW TO FILE A COMPLAINT**

### **Requirement to Provide a Title VI Public Notice**

Title 49 CFR Section 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI. At a minimum, RRCS shall disseminate this information to the public by posting a Title VI notice on the agency's website and in public areas of the agency's office(s), including the reception desk, meeting rooms, in federally-funded vehicles, etc.

**SEE APPENDIX B - Title VI Notice to the Public**  
**SEE APPENDIX C - Title VI Notice to the Public List of Locations**

## **Title VI Complaint Procedures**

Any individual may exercise his or her right to file a complaint with RRCS if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the transportation-related complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI transportation-related complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.

RRCS includes the following language on Agency materials such as brochures, website, press releases, published documents, posters, and all written contracts:

**RRCS does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or any other characteristic protected by law, in employment matters and in its programs and services.**

For materials where cost is based on number of words, such as notices and ads in newspapers and magazines, the statement will read as follows:

**RRCS is an equal access and opportunity organization.**

Information regarding contact with the Agency will be provided on website and posters and will read as follows:

**For additional information on RRCS's nondiscrimination policies and procedures, or to file a complaint, please visit the website at [www.rrcsb.org](http://www.rrcsb.org) or contact the Human Resources Manager, 15361 Bradford Road, P. O. Box 1568, Culpeper, VA 22701. Telephone: (540) 825-3100.**

Instructions for filing Title VI complaints are posted on the agency's website and in posters on the interior of each vehicle operated in passenger service and agency's facilities, and are also included within the Agency's services guide brochures.

**SEE APPENDIX D - Title VI Complaint Form**

**English Version**

**Spanish Version**

## **Procedures for Handling and Reporting Investigations/Complaints and Lawsuits**

Should any Title VI investigations be initiated by FTA or DRPT, or any Title VI lawsuits are filed against RRCS the agency will follow these procedures:

### **Procedures**

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color, or national origin may file a written complaint with the Title VI Manager. The complaint is to be filed in the following manner:
  - a. A formal complaint must be filed within 180 calendar days of the alleged occurrence.
  - b. The complaint shall be in writing and signed by the complainant(s). A Discrimination Complaint Form in English or Spanish has been designed for the complainant's convenience.
  - c. The complaint should include:
    - The complainant's name, address, and contact information (i.e., telephone number, email address, etc.);
    - The date(s) of the alleged act of discrimination (if multiple days, include the date when the complainant(s) became aware of the alleged discrimination and the date on which the alleged discrimination was discontinued or the latest instance);
    - A description of the alleged act of discrimination;
    - The location(s) of the alleged act of discrimination (include vehicle number if appropriate);
    - An explanation of why the complainant believes the act to have been discriminatory on the basis of race, color, and national origin;
    - If known, the names and/or job titles of those individuals perceived as parties in the incident;
    - Contact information for any witnesses; and,
    - Indication of any related complaint activity (i.e., was the complaint also submitted to DRPT or FTA?)
  - d. The complaint shall be submitted to RRCS Title VI Manager at Human Resources Manager, 15361 Bradford Road, P O Box 1568, Culpeper, VA 22701 or [hr@rrcsb.org](mailto:hr@rrcsb.org).
  - e. Complaints received by any other employee of RRCS will be immediately forwarded to the Title VI Manager.
  - f. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Manager or Human Resources staff. Under these circumstances, the complainant will be interviewed, and the Human Resources staff will assist the complainant in converting the verbal allegations to writing.
2. Upon receipt of a transportation-related complaint, the Title VI Manager will immediately:
  - a. Notify DRPT (no later than 3 business days from receipt);
  - b. Notify the RRCS Executive Director; and,
  - c. Ensure that the complaint is entered in the complaint database.

3. Within 3 business days of receipt of the complaint, the Title VI Manager will contact the complainant by telephone to set up an interview.
4. The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
5. If DRPT has assigned staff to assist with the investigation, the Title VI Manager will offer an opportunity to participate in the interview.
6. The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
7. The Title VI Manager will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
8. The investigation may also include:
  - a. Investigating contractor operating records, policies or procedures;
  - b. Reviewing routes, schedules, and fare policies;
  - c. Reviewing operating policies and procedures;
  - d. Reviewing scheduling and dispatch records; and,
  - e. Observing behavior of the individual whose actions were cited in the complaint.
9. All steps taken and findings in the investigation will be documented in writing and included in the complaint file.
10. The Title VI Manager will contact the complainant at the conclusion of the investigation, but prior to writing the final report, and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
11. At the conclusion of the investigation and **within 60 days** of the interview with the complainant, the Title VI Manager will prepare a report that includes a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition. This report will be provided to the Executive Director, DRPT, if transportation-related, and, if appropriate, RRCS's legal counsel.
12. The Title VI Manager will send a letter to the complainant notifying them of the outcome of the investigation. If the complaint was substantiated, the letter will indicate the course of action that will be followed to correct the situation. If the complaint is determined to be unfounded, the letter will explain the reasoning, and refer the complainant to DRPT in the event the complainant wishes to appeal the determination. This letter will be copied to DRPT.
13. A complaint may be dismissed for the following reasons:
  - a. The complainant requests the withdrawal of the complaint.
  - b. An interview cannot be scheduled with the complainant after reasonable attempts.

- c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.

14. DRPT will serve as the appealing forum to a transportation-related complainant that is not satisfied with the outcome of an investigation conducted by RRCS. DRPT will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

## **Transportation-Related Title VI Investigations, Complaints, and Lawsuits**

### **Background**

All recipients shall prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and,
- Complaints naming the recipient.

This list shall include the date that the transportation-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint. This list shall be included in the Title VI Program submitted to DRPT every three years and information shall be provided to DRPT quarterly and annually.

**SEE APPENDIX E - Investigations, Lawsuits and Complaints Document**

## **Public Outreach and Involvement**

### **PUBLIC PARTICIPATION PLAN**

#### **Introduction**

The Public Participation Plan (PPP) is a guide for ongoing public participation endeavors. Its purpose is to ensure that RRCS utilizes effective means of providing information and receiving public input on transportation decisions from low income, minority and limited English proficient (LEP) populations, as required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Under federal regulations, transit operators must take reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to their programs and activities. This means that public participation opportunities, normally provided in English, should be accessible to persons who have a limited ability to speak, read, write, or understand English.

In addition to language access measures, other major components of the PPP include: public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time.

RRCS established a public participation plan or process that will determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate.

RRCS will make these determinations based on a demographic analysis of the population(s) affected, the type of plan, program, and/or service under consideration, and the resources available. Efforts to involve minority and LEP populations in public participation activities may include both comprehensive measures, such as placing public notices at all transit stations, stops, and vehicles, as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in our decision-making process.

#### **Public Outreach Activities**

RRCS takes the following steps to ensure that minority, low-income, and LEP members of the community have meaningful access to public outreach and involvement activities, including those conducted as part of the planning process for proposed changes in services development.

1. Publishing public notices within local newspapers of general circulation and on the agency's website. Public notices are issued to:
  - a. announce Board Meetings
  - b. announce public hearings for the Area Plan/Budget
  - c. announce intent to apply for public transit funding from DRPT



2. Sending news releases to news media (newspapers, radio, television, web media) of general interest.
3. Sending public service announcements (PSAs) to news media of general interest.
4. Conducting in-person outreach upon request at public meetings, community-based organizations, human service organizations which assist low income and LEP persons, places of worship, service organization meetings, cultural centers, and other places and events that reach out to persons protected under Title VI.
5. Conducting public hearings at locations and meeting times that are accessible by public transit.
6. Conducting periodic customer satisfaction surveys which are distributed to consumers of services.
7. Partnering with local organizations which serve low income and LEP persons such as Foothills Area Mobility Systems (FAMS) and Aging Together.

The above activities are the responsibility of the Executive Director or designee.

**SEE APPENDIX F - Summary of Outreach Efforts**

## **VIII. LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

### **PLAN FOR SERVING PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

#### **Introduction and Legal Basis**

LEP is a term that defines any individual not proficient in the use of the English language. The establishment and operation of an LEP program meets objectives set forth in Title VI of the Civil Rights Act and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP). This Executive Order requires federal agencies receiving financial assistance to address the needs of non-English speaking persons. The Executive Order also establishes compliance standards to ensure that the programs and activities that are provided by a transportation provider in English are accessible to LEP communities. This includes providing meaningful access to individuals who are limited in their use of English. The following LEP language implementation plan, developed by RRCS is based on FTA guidelines.

As required, RRCS developed a written LEP Plan (below). Using 2010 and American Community Survey (ACS) Census data, RRCS has evaluated data to determine the extent of need for translation services of its vital documents and materials.

LEP persons can be a significant market for public transit, and reaching out to these individuals can help increase their utilization of transit. Therefore, it also makes good business sense to translate vital information into languages that the larger LEP populations in the community can understand.

#### **Assessment of Needs and Resources**

The need and resources for LEP language assistance were determined through a four-factor analysis as recommended by FTA guidance.

##### **Factor 1: Assessment of the Number and Proportion of LEP Persons Likely to be Served or Encountered in the Eligible Service Population**

The agency has reviewed census data on the number of individuals in its service area that have limited English Proficiency, as well as the languages they speak.

##### **U.S. Census Data – American Community Survey (ACS FY13 5-year average)**

Data from the U.S. Census Bureau's American Community Survey (ACS) were obtained through [www.census.gov](http://www.census.gov) by RRCS's service area. The agency's service area includes a total population of 157,975 individuals of which 3,934 persons or 2.5% of the total population are of Limited English Proficiency (those persons who indicated that they spoke English "less than very well.")

Information from the ACS FY13 5-year average also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well.

Languages spoken at home by those with LEP are presented below. These data indicate the extent to which translations and/or interpretations into other languages are needed to meet the needs of LEP persons.

	Number of LEP	Percentage of Total Population
• Spanish	2,861	1.81%
• Korean	142	0.09%
• Vietnamese	129	0.08%
• German	117	0.07%
• Chinese	104	0.07%
• Other Languages	581	0.37%

In our service area, Spanish speakers account for 2,861 or 1.81% of the total population or 73% of all Limited English Proficiency persons. Although the RRCS focus will be on targeting the Spanish-speaking community, language assistance will continue to be made available to other limited English speaking individuals in the community as the need arises.

**Factor 2: Assessment of Frequency with Which LEP Individuals Come Into Contact with the Transit Services or System**

RRCS reviewed the relevant benefits, services, and information provided by the agency and determined the extent to which LEP persons have come into contact with these functions through the following channels:

- Calls/inquiries about services
- Visits to agency offices/programs
- Assessments/intakes
- Attendance at community conversations or public hearings hosted by RRCS

We will continue to identify emerging populations as updated Census and American Community Survey data become available for our service area. In addition, when LEP persons contact our agency, we attempt to identify their language and keep records on contacts to accurately assess the frequency of contact. To assist in language identification, we use a language identification flashcard based on that which was developed by the U.S. Census.

**Factor 3: Assessment of the Nature and Importance of the Transit Services to the LEP Population**

RRCS provides the following programs, activities and services: aging and disability resources and services including senior centers, home-delivered meals, housing, and adult day care. Behavioral health, intellectual disability, and substance abuse services are also provided, including clinical, day support, and residential treatment and supports. Standing order door-to-door transportation is provided to support most of these services; non-emergency medical demand-response transportation is also available by appointment through Logisticare, Inc.

Additionally, RRCS coordinates a regional volunteer transportation network.

Based on past experience serving and communicating with LEP persons, we learned that the following services/programs are currently of particular importance to LEP persons in the community:

- Emergency Services
- Access Services
- Children's Services

RRCS is multi-jurisdictional agency of local government providing multiple core services that are essential for all community members, including LEP persons.

#### **Factor 4: Assessment of the Resources Available to the Agency and Costs**

##### **Costs**

The following language assistance measures are currently being provided by RRCS:

- Contracts with interpreters
- Telephone interpretation services
- Document translation

For the most recent fiscal year, the agency has incurred \$6,344 in costs to provide these services. We anticipate that these activities and costs will increase as the demand increases.

Based on the analysis of demographic data and contact with community organizations and LEP persons, RRCS has determined that the primary resource ideally needed to provide meaningful access would be additional bilingual direct service staff. Additional compensation for these skills would also be ideal if funding were available.

##### **Resources**

The available budget that could be currently devoted to additional language assistance expenses is \$6,500. This amount is likely to increase over time.

In addition, in-kind assistance is available through two local hospitals which assist with interpretation/translation services for emergency mental health services delivered on site in the hospital emergency departments.

RRCS has some bilingual staff that can provide language assistance on an ad hoc basis.

##### **Feasible and Appropriate Language Assistance Measures**

Based on the available resources, the following language assistance measures are feasible and appropriate for our agency at this time:

- Contracts with interpreters
- Telephone interpretation services
- Document translation

## **LEP Implementation Plan**

Through the four-factor analysis, RRCS has determined that the following types of language assistance are most needed and feasible:

- Translation of vital documents into Spanish
- Attempt to hire bilingual staff with competency in spoken and written Spanish
- Telephone interpretation services

### **Staff Access to Language Assistance Services**

Agency staff who come into contact with LEP persons can access language services by having a supply of translated documents on hand, transferring a call to bilingual staff, using language interpretation line (see attachment J) and/or following the attached guidelines:

Attachment H – RRCS Guidelines for Arranging Interpreter Services

Attachment I – Interpreter Request

Attachment J – Worldwide Interpreters Telephone Procedures

All staff will be provided with a list of available language assistance services and additional information and referral resources (such as community organizations which can assist LEP persons). This list will be updated at least annually.

### **Responding to LEP Callers**

Staff who answer calls from the public respond to LEP customers as follows: transferring the call to bilingual staff or using the language interpretation line.

### **Responding to Written Communications from LEP Persons**

The following procedures are followed when responding to written communications from LEP persons: contacting a bilingual staff to translate the communication orally and in writing, and if necessary, using the bilingual staff to translate the written response.

### **Responding to LEP Individuals in Person**

The following procedures are followed when an LEP person visits our customer service and administrative office: use language identification flashcard if needed, contact a bilingual staff to interpret and/or find out need of LEP person, use of language interpretation line.

The following procedures are followed by operators when an LEP person has a question on board a RRCS vehicle: use of language identification flashcard if needed, contact dispatcher to speak with bilingual staff for interpretation purposes, referral to telephone assistance.

## **Staff Training**

As noted previously, all RRCS staff are provided with a list of available language assistance services and additional information and referral resources, updated annually.

All new hires receive training on assisting LEP persons as part of their sensitivity and customer service training. This includes:

- A summary of the Agency's responsibilities;
- A summary of the agency's language assistance plan;
- A summary of the number and proportion of LEP persons in the agency's service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the agency's cultural competency practices.

Also, all staff who routinely come into contact with clients, as well as their supervisors and all management staff, receive annual refresher training on procedures related to assisting LEP persons.

All staff receive cultural competency training when first hired and then annually. This training is on an e-learning platform.

## **Providing Notice to LEP Persons**

LEP persons are notified of the availability of language assistance through the following approaches:

- Title VI policy statement included on our vital documents.
- Title VI policy statement on our website, with links to translations in other languages.
- Title VI policy statement on signs posted on our vehicles and in our customer service and administrative offices.

LEP persons will also be included in all community outreach efforts related to service and fare changes.

## **Monitoring/updating the plan**

This plan will be updated on a periodic basis (at least every three years), based on feedback, updated demographic data, and resource availability.

As part of ongoing outreach to community organizations, RRCS will solicit feedback on the effectiveness of language assistance provided and unmet needs. In addition, we will conduct periodic surveys, focus groups, community meetings, and/or internal meetings with staff who assist LEP persons to assess the adequacy and quality of the language assistance provided; the Agency will determine if any changes are needed in responding to LEP needs.

In preparing the triennial update of this plan, RRCS will conduct an internal assessment using the Language Assistance Monitoring Checklist provided in the FTA's "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers."

Based on the feedback received from community members and agency employees, RRCS will make incremental changes to the type of written and oral language assistance provided as well as to their staff training and community outreach programs. The cost of proposed changes and the available resources will affect the enhancements that can be made, and therefore RRCS will attempt to identify the most cost-effective approaches.

As the community grows and new LEP groups emerge, RRCS will strive to address the needs for additional language assistance.

## **MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES**

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, "deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program."

RRCS has one transit-related advisory council, namely, RRCS Aging Services Advisory Council, the membership of which we select.

According to the RRCS Aging Services Advisory Council By-Laws, revised and implemented June 17, 2014, Article IV: Council Membership reads as follows:

### **ARTICLE IV: COUNCIL MEMBERSHIP**

- (1) (a) The Council will consist of at least ten (10) and no more than twenty-five (25) members, with at least two (2) representatives from each county in Planning District Nine.
- (b) Per CFR 1321.57, the council membership shall include individuals and representatives of community organizations who will help enhance the leadership role of the area agency on aging in developing community based systems of services.
- (2) (a) Council membership shall include:
  - More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
  - Representatives of older persons;
  - Representatives of health care provider organizations, including providers of veterans' health care (if appropriate).
  - Representatives of supportive services providers organizations;
  - Persons with leadership experience in the private and voluntary sectors;
  - Local elected officials; and
  - The general public.

The area plan shall be submitted for review and comment to the advisory council before

it is transmitted to DARS for approval.

- (b) The RRCS's Executive Director, the Director of Aging & Transportation Services, and the Volunteer and Aging Services Manager shall serve as ex-officio members of the Advisory Council. Coordinator, Nutrition Programs, and RSVP Program Manager shall serve as ex-officio members of the Advisory Council.
- (c) Prospective members will be nominated by council members, approved by the RRCS Executive Board, and then appointed to the Advisory Council of RRCS.
- (3) (a) Members shall be appointed for an indefinite term and may serve until a successor is appointed.
- (b) Vacancies shall be filled according to the procedures for nomination and appointment set forth above.
- (d) Membership on the Council may be terminated if any member has three (3) consecutive unexcused absences.
- (e) All new council members will receive a full orientation, job description, to RRCS programs, including RSVP and PMMP within three months of their appointment. This orientation n will be coordinated by the Volunteer & Aging Services Manager and will cover a review of programs and an overview of the role of the Advisory Council.
- (f) Council may appoint "honorary members" eligible to attend and advise Council meetings. Honorary members may not constitute part of the quorum for voting purposes or register votes.

**SEE APPENDIX G - TABLE MINORITY REPRESENTATION ON COMMITTEE BY RACE**



## **IX. MONITORING TITLE VI COMPLAINTS**

As part of the complaint handling procedure, the Title VI Manager investigates possible inequities in service delivery for the services about which the complaint was filed. In addition to the investigation following an individual complaint, the Title VI Manager periodically reviews all complaints received to determine if there may be a pattern. At a minimum, this review is conducted as part of preparing the Annual Report and Update for submission to the DRPT

**APPENDIX A – BOARD OF DIRECTORS RESOLUTION ADOPTING  
REVISED RRCS TITLE VI PLAN**

**Rappahannock Rapidan Community Services**

**Resolution**

**Title VI Plan and Procedures**

At its regular meeting held on April 14, 2015, the following Resolution was considered and passed:

WHEREAS RRCS has received its Title VI Implementation Plan 2015 – 2018, and

WHEREAS RRCS is committed to ensuring that no person is excluded from participation in, or denied the benefits of any of its services on the bases of race, color, or national origin, and

WHEREAS specifically, RRCS is committed to ensuring that no person is excluded from participation in, or denied the benefits of transit services, as protected under Title VI of the Civil Rights Act of 1964, and in accordance with Federal Transit Administration (FTA) Circular 4702.1B requirements and guidelines for FTA sub-recipients, and

BE IT THEREFORE RESOLVED that the RRCS Board of Directors adopts its Title VI Implementation Plan and Procedures on April 14, 2015.

A handwritten signature in black ink, appearing to read "Marcia Brose", is written over a horizontal line.

FOR THE BOARD

Marcia Brose, Chair

**APPENDIX B - TITLE VI NOTICE TO THE PUBLIC**



**Rappahannock Rapidan**  
*Community Services*

**English:**

**Title VI Public Notice**

**If you believe you have been subjected to discrimination under Title VI of the Civil Rights Act of 1964, based on your race, color, or national origin, you may file a complaint up to 180 days from the date of the alleged discrimination.**

**The complaint should include the following information:**

- **Your name, address, and how to contact you (i.e., telephone number, email address, etc.)**
- **How, when, where, and why you believe you were discriminated against.**
- **The location, names and contact information of any witnesses.**

**The complaint may be filed in writing to: Human Resources Manager, 15361 Bradford Road, P. O. Box 1568, Culpeper, VA 22701**

**Español:**

**Notificación Pública del Título VI**

**Si cree que ha sido discriminado por su raza, color u origen bajo el Título VI de la Ley de Derechos Civiles de 1964, usted puede poner una queja hasta 180 días desde la fecha de la presunta discriminación.**

**La queja debe incluir la siguiente información:**

- **Su nombre, su dirección, y formas de contacto (número de teléfono, dirección electrónica, etc.)**
- **Cómo, cuándo, dónde y por qué cree que discriminaron contra usted.**
- **Los nombres y los datos de testigos.**

**La queja puede ser presentada por escrito al: Gerente de Recursos Humanos, 15361 Bradford Road, P. O. Box 1568, Culpeper, VA 22701**

**APPENDIX C - TITLE VI NOTICE TO THE PUBLIC - LIST OF  
LOCATIONS**

## **List of Location where Title VI Notice to the Public Has Been Posted**

1. Transit fleet
2. Behavioral Healthcare Clinics (3)
3. Bradford Road Administrative Building
4. Boxwood Recovery Center
5. Infant Toddler Connection
6. Intellectual Disability Day Programs (2)
7. Intellectual Disability Group Homes (11)
8. Mental Health Transitional Housings (2)
9. Senior Centers (5)
10. VHDA Section 8 Housing Apartments Main Office
11. Visions Psychosocial Program
12. Warrenton Adult Day Care

**APPENDIX D - TITLE VI COMPLAINT FORM**  
**ENGLISH VERSION**





Rappahannock Rapidan Community Services

## Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint with the RRCS Human Resources Office. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (\*) must be provided, whether or not this form is used.

1.\* State your name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_

2.\* Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s): \_\_\_\_\_

3.\* Individual, department or program that discriminated:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

4A.\* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of an individual, department or program in their treatment of you or others? \_\_\_\_\_

If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

<input type="checkbox"/>	Race/Ethnicity: _____
<input type="checkbox"/>	National origin: _____
<input type="checkbox"/>	Sex: _____
<input type="checkbox"/>	Religion: _____
<input type="checkbox"/>	Age: _____
<input type="checkbox"/>	Disability: _____
<input type="checkbox"/>	Other: _____

May 2014

4B.\* Employment: Does your complaint concern discrimination in employment by the agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

	Race/Ethnicity: _____
	National origin: _____
	Sex: _____
	Religion: _____
	Age: _____
	Disability: _____
	Other: _____

5. What is the most convenient time and place for us to contact you about this complaint? \_\_\_\_\_

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_  
Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_\_) \_\_\_\_\_

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Zip: \_\_\_\_\_  
Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_\_) \_\_\_\_\_

8.\* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: \_\_\_\_\_  
Most recent date of discrimination: \_\_\_\_\_

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint. \_\_\_\_\_

10.\* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.) \_\_\_\_\_

11. The laws we enforce prohibit the intimidation or retaliation against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone

13. Do you have any other information that you think is relevant to our investigation of your allegations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. What remedy are you seeking for the alleged discrimination? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

<input type="checkbox"/>	U.S. Equal Employment Opportunity Commission
<input type="checkbox"/>	Federal or State Court
<input type="checkbox"/>	Your State or local Human Relations/Rights Commission
<input type="checkbox"/>	Grievance or complaint office
<input type="checkbox"/>	Other

16. If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_

Date filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_  
Status of Case: \_\_\_\_\_  
Comments: \_\_\_\_\_

17. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please feel free to add additional sheets to explain the present situation to us. We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

Human Resources Manager  
Rappahannock Rapidan Community Services  
15361 Bradford Road  
P.O. Box 1568  
Culpeper, VA 22701  
(540) 825-3100

18. How did you learn that you could file this complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX D - TITLE VI COMPLAINT FORM**  
**SPANISH VERSION**



## Formulario de Denuncia de Discriminación

El propósito de este formulario es ayudarlo(a) en la presentación de una denuncia ante la Oficina de Recursos Humanos de RRCS. No es necesario que utilice este formulario; es suficiente una carta que contenga la misma información. Sin embargo, se debe proporcionar la información que se solicita en las secciones marcadas con un asterisco (\*), utilice o no este formulario.

1.\* Escriba su nombre y dirección.

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Código postal: \_\_\_\_\_

Teléfono: Casa: (\_\_\_\_\_) \_\_\_\_\_ Trabajo o celular: (\_\_\_\_\_) \_\_\_\_\_

2.\* Persona(s) discriminada(s), si no es usted:

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Código postal: \_\_\_\_\_

Teléfono: Casa: (\_\_\_\_\_) \_\_\_\_\_ Trabajo o celular: (\_\_\_\_\_) \_\_\_\_\_

Explique su relación con esta(s) persona(s): \_\_\_\_\_

3.\* Individuo, departamento o programa causante de la discriminación:

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Código postal: \_\_\_\_\_

Teléfono: \_\_\_\_\_

4A.\* Denuncia no relacionada con empleo: ¿Su denuncia es por discriminación en la prestación de servicios o por otras acciones discriminatorias por parte de un individuo, departamento o programa en relación con el trato hacia usted u otras personas? \_\_\_\_\_  
Si es así, indique a continuación la(s) razón(es) por la(s) que considera que se tomaron estas acciones discriminatorias.

<input type="checkbox"/>	Raza / origen étnico: _____
<input type="checkbox"/>	Origen nacional: _____
<input type="checkbox"/>	Sexo: _____
<input type="checkbox"/>	Religión: _____
<input type="checkbox"/>	Edad: _____
<input type="checkbox"/>	Discapacidad: _____
<input type="checkbox"/>	Otro: _____

4B.\* Empleo: ¿Su denuncia es por discriminación en el empleo por parte de la agencia? Si es así, indique a continuación la(s) razón(es) por la(s) que considera que se tomaron estas acciones discriminatorias.

	Raza / origen étnico: _____
	Origen nacional: _____
	Sexo: _____
	Religión: _____
	Edad: _____
	Discapacidad: _____
	Otro: _____

5. ¿Cuál es la hora y el lugar más conveniente para que nos pongamos en contacto con usted en relación con esta denuncia?

\_\_\_\_\_

6. Si no podemos ponernos en contacto con usted directamente, posiblemente quiera darnos el nombre y número de teléfono de una persona que nos pueda indicar cómo hacerlo y/o proporcionar información sobre su denuncia:

Nombre: \_\_\_\_\_  
Teléfono: Casa: (\_\_\_\_) \_\_\_\_\_ Trabajo o celular: (\_\_\_\_) \_\_\_\_\_

7. Si tiene un abogado que lo representa para los asuntos planteados en esta denuncia, proporcione los siguientes datos:

Nombre: \_\_\_\_\_  
Dirección: \_\_\_\_\_

Código postal: \_\_\_\_\_  
Teléfono: Casa: (\_\_\_\_) \_\_\_\_\_ Trabajo o celular: (\_\_\_\_) \_\_\_\_\_

8.\* Si lo recuerda, ¿cuándo ocurrió la presunta discriminación?

Fecha del primer incidente de discriminación: \_\_\_\_\_  
Fecha del incidente de discriminación más reciente: \_\_\_\_\_

9. Las denuncias por discriminación deben presentarse, por lo general, en un periodo de 180 días a partir de la presunta discriminación. Si el incidente de discriminación más reciente, que se menciona anteriormente, ocurrió hace más de 180 días, puede solicitar una exención de la solicitud de presentación. Si desea solicitar dicha exención, explique la razón por la que esperó hasta ahora para presentar su denuncia. \_\_\_\_\_

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



10.\* Explique de la manera más detallada posible lo que sucedió, la razón por la que cree que sucedió, y cómo se le discriminó. Indique el nombre de las personas que estuvieron involucradas. Asegúrese de indicar la manera en que otras personas recibieron un trato diferente al suyo. (Use hojas adicionales si es necesario y adjunte una copia de materiales escritos pertinentes a su caso.) \_\_\_\_\_

11. Las leyes que hacemos cumplir prohíben la intimidación o represalia contra cualquiera a causa de que él o ella ha tomado acción o participado en acciones para garantizar los derechos protegidos por estas leyes. Si cree que alguien ha tomado represalia(s) contra usted (además de la discriminación indicada en el punto 10), explique las circunstancias a continuación. Asegúrese de explicar que acciones tomó que considera fueron la razón para la(s) presunta(s) represalia(s).

12. Por favor indique abajo las personas (testigos, compañeros de trabajo, supervisores u otros) que podemos contactar para obtener información adicional para apoyar o aclarar su denuncia.

Nombre	Dirección	Código de área /teléfono
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. ¿Tiene alguna información adicional que considere pertinente para nuestra investigación sobre su(s) denuncia(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. ¿Qué solución busca por la presunta discriminación? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. ¿Ha presentado o tiene la intención de presentar un cargo o una denuncia con respecto a los asuntos planteados en este caso, con alguna de las siguientes autoridades?

- ☐ Comisión para la Igualdad de Oportunidades de Empleo de EE. UU.
- ☐ Tribunal federal o estatal
- ☐ Comisión estatal o local sobre relaciones / derechos humanos
- ☐ Oficina de quejas
- ☐ Otra agencia

16. Si ha presentado un cargo o una denuncia ante una de las agencias indicadas en el punto 15, proporcione la siguiente información (adjunte páginas adicionales si es necesario):

Agencia: \_\_\_\_\_

Fecha Presentada: \_\_\_\_\_

Número de caso o expediente: \_\_\_\_\_

Fecha de juicio / audiencia: \_\_\_\_\_

Dirección de la agencia /tribunal: \_\_\_\_\_  
Nombre del investigador: \_\_\_\_\_  
Estado del caso: \_\_\_\_\_  
Comentarios: \_\_\_\_\_

- 17.\* No podemos aceptar una denuncia que no esté firmada. Por favor firme y ponga la fecha a este Formulario de Denuncia de Discriminación.

\_\_\_\_\_  
(Firma)

\_\_\_\_\_  
(Fecha)

Por favor, no dude en agregar hojas adicionales para explicarnos la situación actual. Necesitaremos su consentimiento para divulgar su nombre, si fuera necesario, en el transcurso de cualquier investigación. Por lo tanto, necesitaremos que usted firme un Formulario de Consentimiento. (Si está presentando esta denuncia en nombre de una persona que usted alega ha sido discriminada, necesitaremos el formulario de consentimiento firmado por esa persona.) Por favor llene, firme y envíe por correo el Formulario de Denuncia de Discriminación y el Formulario de Consentimiento firmado a la siguiente dirección. (Por favor haga una copia de cada uno de estos documentos para sus archivos.)

Gerente de Recursos Humanos  
Rappahannock Rapidan Community Services  
15361 Bradford Road  
P.O. Box 1568  
Culpeper, VA 22701  
(540) 825-3100

18. ¿Cómo supo que podía presentar esta denuncia? \_\_\_\_\_

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

**APPENDIX E - INVESTIGATIONS, LAWSUITS AND COMPLAINTS  
DOCUMENT**

# **List of Investigations, Lawsuits and Complaints** **Sample**

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color or national origin)	Status	Action(s) taken
<b>Investigations</b>				
1.				
2.				
<b>Lawsuits</b>				
1.				
2.				
<b>Complaints</b>				
1.				
2.				

## **APPENDIX F - SUMMARY OF OUTREACH EFFORTS**

## **Outreach Efforts**

1. Annual public notices for RRCS FTA Section 5310 grant applications on newspapers covering each of the five counties we serve.
2. Public notices announced on RRCS website.
3. Submitted various news releases to news media.
4. Annual public hearings for Agency Budget and Area Plan.
5. Conducted annual satisfaction surveys related to Nutrition and Transportation services.
6. Partnered with Foothills Area Mobility Systems (FAMS) to implement the coordinated human services mobility plan (CHSMP) to provide transportation resources to underserved populations.

**APPENDIX G - MINORITY REPRESENTATION ON COMMITTEE BY  
RACE TABLE**



## MINORITY REPRESENTATION ON COMMITTEE BY RACE

Committee	Black or African American	White or Caucasian	Latino/ Hispanic	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Other*	Total
Aging Services Advisory Council		10						10
% of		100%						100 %

## **APPENDIX H – RRCS GUIDELINES FOR ARRANGING INTERPRETER SERVICES**

## **RRCS Guidelines for Arranging Interpreter Services**

9/9/11

### **Overview**

RRCS contracts with several individuals to provide interpreter services for our clients. Follow these guidelines when you need an interpreter to assist you during a client meeting, assessment or during the provision of agency services.

Interpreter services must be authorized and arranged before they can begin. Notify your supervisor and division director as soon as you identify a need for an interpreter. A week or more is ideal -this gives us enough time to make arrangements and lowers the cost to your program.

Consumers are not charged for interpreter services -the agency pays for this accommodation.

### **Steps**

If you have an immediate need for an interpreter (e.g., an unexpected phone call or a person walks in to a program site) use the "Immediate Need/Other Languages" vendor list. Then follow the steps below to inform your supervisor and send an invoice for the service.

At intake (or prior to the delivery of services) when you've identified a need for an interpreter.

1. Inform both your supervisor and your Division Director of the need for interpreter services, using form #98 Interpreter Request & Approval Form.
- \*\* Please get as much information about the person's language, dialect and accommodation needs so we can secure the right type of interpreter. For example, does the person speak Cantonese or Mandarin Chinese? Does the person have a combined loss of vision and hearing (Deaf/Blind)?
2. Once approved, supervisory staff should make arrangements to obtain the interpreter. Interpreter resources- including contractor's names/contact information is available on the agency's intranet page.
3. Staff should keep their supervisor, Division Director and Procurement informed about the client's ongoing need for services so the interpreter services can continue or end.
4. Once the interpreter service is rendered, supervisors should complete form #98A

Interpreter Invoice and send it and form #98 Interpreter Request & Approval Form to Accounts Payable.

### **Referrals to Other RRCS Programs**

Information about a client's need for interpretive services should be included in referral documentation sent to other agency programs. The primary staff member should collaborate with Procurement and the other RRCS program to ensure the continuity of interpreter services.

### **RRCS Documents in Other Formats**

RRCS Consumer Handbook (form #525) is available in Spanish and a large print edition. Other Agency publications are available in other formats on request. Contact Valerie Sparks, Quality Analyst, at 540.825.3100 x3442 for more information.

### **Authorizations - (Form #504 Authorization for Disclosing or Using PHI)**

- Interpreters hired by RRCS are contractual employees of our agency, so the client does not need to sign an authorization. These contractors sign a confidentiality agreement prior to their start.
- Interpreters provided by another agency (DSS, jail, Social Security, etc.). If we already have an authorization (Form #504) to that agency, we do not need to have a separate authorization for the interpreter. We should ensure the interpreter understands that the proceedings are confidential, though.
- Interpreters brought by the client (e.g., family member or friend). If a client brings his/her own interpreter to a session/meeting, the client should sign our authorization form #504 to document that we have permission to share info with the person during the session(s).
- Using a client's family or friends is not ideal for therapy or ongoing services like day support. Discuss these situations with your supervisor for guidance.

## **APPENDIX I – INTERPRETER REQUEST**

## Request and Approval for Interpreter Services

Date(s) Service to be scheduled \_\_\_\_\_

Begin/End Time for Interpreter Services      Start \_\_\_\_\_      End \_\_\_\_\_

Is this a 1x or ongoing need for interpreter services?      1x      Ongoing

Name of Interpreter Scheduled \_\_\_\_\_

Interpreter Phone # \_\_\_\_\_

Rate per hour \$ \_\_\_\_\_

Travel rate (for Sign Language Interpreters Only) \$ \_\_\_\_\_

Program Requesting Interpreter \_\_\_\_\_

(e.g., Outpatient, Emergency Services, ITC, etc.)

Location Needed \_\_\_\_\_

Client Name & Number \_\_\_\_\_ # \_\_\_\_\_

Has Reimbursement verified that this individual's insurance will not cover interpreter services?

Yes      No

Justification for Interpreter/ Other information

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

Staff Member Requesting Interpreter \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Please send to one of the following supervisors to obtain approval for language interpreter services:

- \* Director of Clinical Services
- \* Director of Aging & Transportation Services
- \* Director of Community Support Services
- \* Reimbursement Manager

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

## **APPENDIX J – WORLDWIDE INTERPRETERS TELEPHONE PROCEDURES**

**WORLD WIDE INTERPRETERS –**

**866-478-1811 TELEPHONE INTERPRETATION NUMBER**

Telephone Interpretation     \$.70 per minute   SPANISH  
                                                 \$.85 per minute   ALL OTHER LANGUAGES

Program Code Numbers	INFANT TODDLER CONNECTION	39505
	EMERGENCY SERVICES	70968
	BEHAVIORAL HEALTHCARE	
	CLINICAL – CULPEPER	87528
	CLINICAL – FAUQUIER	62282
	CLINICAL – ORANGE	81562
	FRONT DESK - CULPEPER	37690
	FRONT DESK – FAUQUIER	17068
	FRONT DESK – ORANGE	56051
	BOXWOOD RECOVERY CENTER	30587
	BRADFORD ROAD – RECEPTION	95804

DIAL NUMBER; PUNCH IN PIN NUMER AND FOLLOW PROMPTS:1 SPANISH, 2 ALL OTHERS

SERVICES CAN BE ACCOMPLISHED BY CONFERENCE CALL OR USING YOUR SPEAKER PHONE IF THE PERSON IS IN A RRCS OFFICE.

DIFFICULT LANGUAGES MAY TAKE A FEW MINUTES TO CONNECT

WRITTEN TRANSLATION SERVICES AVAILABLE SEE PROCUREMENT

RRCSB GUIDELINES MUST BE FOLLOWED. APPROVAL MUST BE RECEIVED PRIOR TO SCHEDULING UNLESS IMMEDIATE EMERGENCY NEED. GUIDELINES ARE LOCATED BY GOING TO HOME PAGE, SELECT TRAINING, TRAINING DOCUMENTS, ARRANGING INTERPRETER SERVICES.