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The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Civil rights complaints may be filed with the following:

Kentucky Cabinet for Health and Family Services

EEO/Civil Rights Compliance Branch
275 E. Main St., 5 C-D
Frankfort, KY 40621
502-564-7770

Kentucky Commission on Human Rights

The Heyburn Building, Suite 700
332 W. Broadway
Louisville, KY 40202
800-292-5566

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(866) 632-9992

US Department of Education

Office for Civil Rights
600 Independence Avenue SW
Washington, DC 20202-1100
800-421-3481

US Department of Health and Human Services

HHS Director, Office for Civil Rights
Room 515-F, 200 Independence Avenue SW
Washington, D.C. 20201
202-619-0403

US Department of Justice

Office of the Assistant Attorney General
Civil Rights Division
PO Box 65808
Washington, DC 20035-5808
202-514-2151

US Department of Labor

Office of Federal Contract Compliance
Atlanta Federal Center, Room 7B75
100 Alabama Street SW
Atlanta, Georgia 30303
404-562-2424

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Equal Opportunity Provider.*


**KENTUCKY
CABINET FOR HEALTH
AND FAMILY SERVICES**

**CIVIL
RIGHTS**



**EQUAL RIGHTS
FOR ALL
SERVICES
AND PROGRAMS**

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CHFS AND CIVIL RIGHTS	CHFS COMMITMENTS	DISCRIMINATION COMPLAINTS
<p>The Kentucky Cabinet for Health and Family Services does not discriminate against any person on the basis of political beliefs, race, color, national origin, religion, age, mental or physical disability or sex.</p> <p>This policy protects the rights of the Cabinet's employees, service applicants and customers.</p> <p>Vendors, agencies and organizations providing services to the Cabinet or its recipients of federally aided programs must also comply with this policy.</p> 	<p>The Kentucky Cabinet for Health and Family Services has made the following commitments:</p> <ul style="list-style-type: none"> ✓ No one applying for or receiving assistance or services will directly, or through contractual or other arrangements, be denied aid, care, services, or other benefits provided by CHFS for which they are eligible. ✓ Services will be given in the same manner to all recipients, based on eligibility. ✓ No one applying for or receiving assistance will be subjected to segregation or different treatment in any matter related to receipt of the assistance. ✓ No one applying for or receiving assistance will be restricted in any way in the enjoyment of any advantages or privileges enjoyed by others receiving similar services. ✓ No one will be given different treatment in determining eligibility or meeting other requirements or conditions that must be met to receive benefits. ✓ CHFS will maintain an environment free from any type of harassment or discrimination and will respond promptly and effectively to such complaints. 	<p>Any applicant for or recipient of federally aided programs who feels discriminated against may file a complaint of discrimination.</p> <p>FILING A COMPLAINT</p> <p>All complaints of discrimination should be forwarded immediately to the EEO/Civil Rights Compliance Branch of the Cabinet's Office of Human Resource Management.</p> <p style="text-align: center;">Kentucky Cabinet for Health and Family Services EEO/Civil Rights Compliance Branch 275 E. Main St., 5 C-D Frankfort, KY 40621 502-564-7770</p> <p>You may file a complaint of discrimination at your local office. The allegation will then be forwarded to the Cabinet's EEO/Civil Rights Compliance Branch. The complainant may also file a complaint with an outside agency (listing on back.)</p> <p>CONFIDENTIALITY The complainant's identity will be kept confidential except to the extent needed to carry out the investigation and to remain within the confines of the Kentucky Open Records Act.</p>