

# Non-Discrimination NOTICE

HopeWest PACE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care. HopeWest PACE does not exclude people or treat them differently because of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment.

HopeWest PACE:

- Provides free aids and services to people with disabilities to communicate effectively with HopeWest PACE, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our Director of Quality and Compliance 970-257-2411.

If you believe that HopeWest PACE has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance with:

HopeWest, Corporate Compliance Officer  
Phone: 970-241-2212, Fax: 970-257-2400  
3090 N. 12th Street, Grand Junction, CO 81506

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Quality and Compliance is available to help you. See the "Grievance Process" section.

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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-877-696-6775, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any language other than English, language assistance services, free of charge, are available to you. Call 1-970-255-7223 (TTY: 1-800-659-2656).

**Spanish:**

Atención: Si hablas algún idioma que no sea español, servicios de asistencia en el idioma, gratis de forma gratuita, están disponibles para usted. Llame al 1-970-255-7223 (TTY: 1-800-659-2656)

**Vietnamese:**

Chú ý: Nếu bạn nói bất kỳ ngôn ngữ nào khác ngoài tiếng Việt, dịch vụ hỗ trợ ngôn ngữ, miễn phí tính phí, có sẵn cho bạn. Gọi 1-970-255-7223 (TTY: 1-800-659-2656)

**Chinese:**

注意：如果您说中文以外的任何语言，语言协助服务，免费收费，可供您使用。致电 1-970-255-7223 (TTY : 1-800-659-2656)

**Korean:**

주의: 한국어 이외의 언어를 사용하는 경우 언어 지원 서비스, 무료 무료로 이용하실 수 있습니다. 전화 1-970-255-7223 (TTY: 1-800-659-2656)

**Russian:**

Внимание: Если вы говорите на каком-либо другом языке, кроме русского, услуги переводчика бесплатно бесплатно, доступны для вас. Звоните по номеру 1-970-255-7223 (TTY: 1-800-659-2656)

**Amharic:**

ትኩረት: ከአማርኛ ሌላ ማንኛውንም ቋንቋ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶቻችን ነፃ ከክፍያ ለእርስዎ ይገኛሉ። 1-970-255-7223 ይደውሉ (TTY: 1-800-659-2656)

**Arabic:**

تنبيه: إذا كنت تتحدث أي لغة أخرى غير العربية ، فإن خدمات المساعدة اللغوية مجانية من تهمة ، متاحة لك. اتصل بالرقم (TTY: 1-800-659-2656) 7223-255-970-1

**German:**

Achtung: Wenn Sie eine andere Sprache als Deutsch sprechen, Sprachassistenz kostenlos stehen Ihnen kostenlos zur Verfügung. Rufen Sie 1-970-255-7223 an (TTY: 1-800-659-2656)

**French:**

Attention : Si vous parlez une autre langue que le français, des services d'assistance linguistique, gratuits gratuitement, sont à votre disposition. Composez le 1-970-255-7223 (ATS : 1-800-659-2656)

**Nepali:**

ध्यान दिनुहोस्: यदि तपाईं नेपाली बाहेक अन्य कुनै भाषा बोल्नुहुन्छ भने, भाषा सहायता सेवाहरू, निःशुल्क शुल्क, तपाईं को लागी उपलब्ध छ। 1-970-255-7223 मा कल गर्नुहोस् (TTY: 1-800-659-2656)

### **Tagalog:**

Pansin: Kung nagsasalita ka ng anumang wika maliban sa Tagalong, libre ang mga serbisyo sa tulong sa wika ng bayad, ay magagamit mo. Tumawag sa 1-970-255-7223 (TTY: 1-800-659-2656)

### **Japanese:**

注意：日本語以外の言語を話す場合は、言語支援サービス、無料料金の、あなたに利用可能です。1-970-255-7223 (TTY: 1-800-659-2656) に電話してください

### **Cushite: No formal written language. Written documentation is in Oromo.**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-970-255-7223 (TTY: 1-800-659-2656).

### **Persian:**

توجه: اگر به زبانی غیر از فارسی صحبت می کنید، خدمات کمک زبان رایگان است رایگان، در دسترس شما هستند. با شماره 1-970-255-7223 تماس بگیرید (TTY: 2656-659-800-1)

### **Kru: No formal written language. Written documentation is in Bassa.**

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Đá 1-970-255-7223 (TTY:1-800-659-2656)

### **Igbo:**

Ntị: Ọ bụrụ na ị na-asụ asụsụ ọ bụla na-abụghị Igbo, ọrụ enyemaka asụsụ, n'efu nke ụgwọ, dị gị. Kpọọ 1-970-255-7223 (TTY: 1-800-659-2656)

### **Yoruba:**

Akiyesi: Ti o ba sọ ede eyikeyi yatọ si Yoruba, awọn iṣẹ iranlọwọ ede, ọfẹ ti idiyele, wa si o. Pe 1-970-255-7223 (TTY: 1-800-659-2656)