

## THE LUTHERAN CARE NETWORK

<b>SUBJECT: Title VI Program Plan Policy</b>	<b>DEPARTMENT: Adult Day Health Care/HUMAN RESOURCES</b>
<b>EFFECTIVE DATE: 12/27/2021</b>	

### I. Plan Statement

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).

CWI is committed to ensuring that no person is excluded from participation in or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTS) Circular 4702.1.A. This plan was developed to guide CWI in its administration and management of Title VI-related activities.

**Paula Kennedy, Title VI Coordinator  
Human Resources Department  
Lutheran Care Center  
965 Dutchess Turnpike  
Poughkeepsie, NY 12603  
Phone (845) 235-8214**

### II. Title VI Information Dissemination

Title VI information posters shall be prominently and publicly displayed on <https://www.lutherancarecenter.org/who-we-are/services/adult-day-care-medical-model.html>. Additional information relating to non-discrimination obligation can be obtained from the CWI Title VI Coordinator.

Title VI information shall be disseminated to Lutheran Care Center Adult Day Health Care Program employees annually via the employee handbook containing the language set forth in Appendix A. This reminds employees of Lutheran Care Center Adult Day Health Care Program about the policy statement and of their Title VI responsibilities in their daily work and duties.

During Department Orientation, new employees shall be informed of the provisions of Title VI and the expectations of Lutheran Care Center Adult Day Health Care Program employees to perform their duties accordingly. All transportation employees shall be provided a copy of the Title VI Plan and are required to sign the Acknowledgment of Receipt (see Appendix B).

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### III. Subcontracts and Venders

All subcontractors and venders who receive payments from Lutheran Care Center Adult Day Health Care Program where funding originates from any Federal assistance are subject to provisions of Title VI of the Civil Rights Act of 1964 as amended.

Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

### IV. Record Keeping

The Title VI Coordinator will maintain permanent records, which include, but are not limited to, signed acknowledgments of receipts from the employees indicating the receipt of the Lutheran Care Center Adult Day Health Care Program Title VI Plan, copies of the Title VI complaints or lawsuits and related documentation, and records of correspondence to and from complainants and Title VI investigations.

### V. Title VI Complaint Procedures

#### **How to file a Title VI Complaint**

The complainant may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include the following information.

Complainant's name, mailing address, and how to contact them (i.e., telephone number, email address, etc.) How, when, where and why they believe they were discriminated against. Include the location, names and contact information of any witnesses.  
Other information that they deem significant.

The Title VI Complaint Form (see Appendix C) may be used to submit complaint information. The complaint must be filed in writing with CWI at the following Address in order for Lutheran Care Center Adult Day Health Care Program to properly investigate any complaint:

**Paula Kennedy, Title VI Coordinator  
Human Resources Department  
Lutheran Care Center  
965 Dutchess Turnpike  
Poughkeepsie, NY 12603  
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NOTE: Lutheran Care Center Adult Day Health Care Program encourages all complainants to certify any mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than one hundred eighty (180) days from the alleged date of discrimination.

### **What happened to the complaint after it is submitted?**

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by Lutheran Care Center Adult Day Health Care Program. Transportation will be directly addressed by Lutheran Care Center Adult Day Health Care Program. for investigation. Lutheran Care Center Adult Day Health Care Program. shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, Lutheran Care Center Adult Day Health Care Program shall make every effort to address all complaints in an expeditious and thorough manner.

A letter acknowledging receipt of complaint will be mailed within seven (7) days (see Appendix D). Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

### **How will the complainant be notified of the outcome of the complaint?**

The Title VI program coordinator will send a final written response letter (see Appendix E or F) to the complainant. In the letter notifying complainant that the complaint is not substantiated (Appendix F), the complainant is also advised of his or her right to

1) Provide additional information to Lutheran Care Center Adult Day Health Care Program for consideration of the complaint within seven (7) calendar days of receipt of the final written decision from Lutheran Care Center Adult Day Health Care Program and/or

2) File a complaint externally with the U.S. Department of Transportation and/or the FTA. Every effort will be made to respond to the Title VI complaints within sixty (60) working days of receipt of such complaints.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

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**Federal Transit Administration Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor- TCR  
1200 New Jersey Ave  
SE Washington DC 20590**

### VI. **Language Assistance Plan (LAP)**

FTA Circular 4702.1B was developed by the Federal Transit Administration (FTA) and details the administrative and reporting requirements for recipients of FTA financial assistance to comply with Title VI and related executive orders including on LEP (Limited English Proficiency) persons.

The United States Department of Transportation (DOT) published guidance that directed its recipients to ensure meaningful access to the benefits, services, information, and other important portions of their programs and activities for LEP customers. Lutheran Care Center Adult Day Health Care Program Language Assistance Plan (LAP) includes a four factor analysis and implementation plan that complies with the requirements of the DOT LEP guidance.

#### **1. Identifying LEP (Limited English Proficiency) Individuals**

LEP Individuals are those individuals speaking a language other than English or using sign language that request assistance. Lutheran Care Center Adult Day Health Care Program does not currently have any individuals that require any other help other than English, Sign Language or Prompts.

#### **2. Providing Services**

Lutheran Care Center Adult Day Health Care Program does not currently have an on-going need for professional translation Services, through its own, Lutheran Care Center Adult Day Health Care Program will contract with translation services as needed.

#### **3. Communicating Availability of Language Assistance**

Lutheran Care Center Adult Day Health Care Program will inform those who request services of the process to provide an independent contractor for translation.

#### **4. Monitoring**

Satisfaction Surveys offer an opportunity for individuals served and their care givers to provide input or suggest additional services. To date

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Lutheran Care Center Adult Day Health Care Program has not had the need to use translation services provided by either in-house staff through outside providers

The Title VI Plan will also be reviewed every three years.

**5. Employee Training**

As part of the Accessibility Plan, Lutheran Care Center Adult Day Health Care Program encourages staff interest and education in learning to more effectively communicate with individuals served.

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### **VII. Safe Harbor Provision**

The federal Transit Authority Circular 4702.1B states

*"DOT has adopted DOJ's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP populations. The Safe Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered. Then such action will be considered strong evidence of compliance with the recipient's written translation obligation. Translations of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger, the recipient is not required to translate vital materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.*

*These safe harbor provision apply to the translation of written documents only. The do not affect the requirement to provide access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. A recipient may determine, based on the Four Factors Analysis, that even though a language meets the threshold specified by the Safe Harbor Provision, written translation may not be an effective means to provide language assistance measures. For example, a recipient may determine that a large number of persons in that language group have low literacy skills in their native language and therefore require oral interpretation. In such cases, background documentation regarding the determination shall be provided to FTA in the Title VI Program."*

### **VIII. Membership of Non-elected Committees and Councils**

Lutheran Care Center Adult Day Health Care Program does not have a non-elected transit related advisory council at this time.

### **IX. Title VI Equity Analysis**

Lutheran Care Center Adult Day Health Care Program does not have transit related facilities.

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### Title VI Program Plan

#### **Appendix A: Employee Annual Education Form Title VI Policy**

No person shall, on the grounds 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.

All employees of **Lutheran Care Center Adult Day Health Care Program** are expected to consider, respect, and observe this policy in their daily work and duties. If a participant or family member approaches you with a question or complaint relating to Title VI or discrimination of any kind based on race, color, or national origin, direct him or her to **Lutheran Care Center Adult Day Health Care Program** Title VI Coordinator.

In all dealings with anyone in the community, use courtesy titles (i.e. Mrs., Mrs., Ms., or Miss) to address them without regard to race, color or national origin.

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**Appendix B: Employee Acknowledgement of Receipt of Title VI Plan**

I hereby acknowledge the receipt of the **Lutheran Care Center Adult Day Health Care Program** Title VI Plan. I have read the plan and am committed to ensuring that no participant is excluded from or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Administration (FTA) Circular 47002.1.A.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

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### **Appendix C: Public Participation Plan**

All applicants for Federal Transit Administration (FTA) financial assistance are required to ensure their programs, policies, and activities comply with US Department of Transportation (USDOT) Title VI of the Civil Rights Act of 1964. In order to comply with 49 CFR Section 21.9(b), sub recipients must develop, and submit to NYSDOT, a Public Participation Plan, which includes information about outreach methods to engage minority and limited English proficient populations (LEP), as well as a summary of outreach efforts made since the last Title VI Program submission.

The goal of a sub recipients Public Participation Plan is to offer early, often, and continuous opportunities for the public to be involved in the identification of social, economic, and environmental impacts of proposed transportation decisions. The plan should provide adequate notice of public participation activities, as well as early and continuous opportunities for public review and comment at key decision points.

Sub recipients should determine how, when and how often specific public participation activities should take place, and what specific measures are most appropriate. Sub recipients should make these determinations based on:

- The composition of the population in your service area;
- The type public involvement activities you have planned;
- The resources available to your Agency

For any change in service, even regular changes, public information sessions or website updates must inform low-income, minority and LEP populations directly. Sub recipients must be able to show these populations have been notified of the change by documenting the outreach activities and response.

In order to integrate Title VI, Environmental Justice (EJ), Limited English Proficiency (LEP), sub recipients should seek out and consider the viewpoints of minority, low-income, and LEP populations in the course of conducting public outreach and involvement activities.

Outreach to low-income minority and LEP populations should include phone contact with relevant local organizations for these populations prior to any changes. Local organizations include Community Based Organizations, advocacy groups for immigrants, Independent Living Centers, just name a few. Public information sessions provide translation for LEP populations, and location must be accessible to impacted people by transit.

Sub recipients should always document when and how groups were contacted, and the type of meeting they were invited to. Minutes and records of responses must be

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taken down in written for review and be held for response. Sub recipients are required to certify they have fulfilled the Inclusive Participation requirement, by providing a summary of outreach efforts as part of their Title VI Program submission.

Sub recipients should consider the following effective practices when developing a public participation plan:

- Use locations, facilities, and meeting times that are convenient and accessible to low-income and minority communities;
- Coordinating with individuals, institutions, or organizations and implementing community based public involvement strategies to reach out to members in the affected minority and/or low-income communities;
- Placing public notices of activities in all stations and in all vehicles; provide alternative language notices for LEP communities in your service area
- Provide opportunities through means other than written communication. Consider personal interview or use of video or audio to capture community feedback from LEP populations;
- Use different meeting sizes and formats that are tailored to your particular communities or populations;
- Utilize social media, such as Facebook and You Tube to complement, but not replace, other involvement strategies;
- Consider non-traditional methods such a posting notices in hair salons, street fairs, faith-based institutions, libraries, etc.

Sub recipients can refer to, the NYSDOT Office of Policy, Planning and Performance developed a handbook entitled Public Involvement for Transportation Planning, which is available online at (link to website). In addition, How to Engage Low-Literacy and Limited English Proficiency Populations in Transportation Decision-making, available online at [www.fhwa.dot.gov/hep/lowlim](http://www.fhwa.dot.gov/hep/lowlim)

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**Appendix D: Title VI COMPLAINT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Basis of Complaint: (place checkmark)**

- Race
- Color
- Sex
- National Origin
- Age
- Disability

**Type of Complaint (place checkmark)**

**Program                  Service                  Benefit                  Activity**

**Who allegedly discriminated against you?**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**If an organization what is its name?**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Contact \_\_\_\_\_

**How were you discriminated against?**

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**Dates and times discrimination occurred?**

**Were there any other witnesses to the discrimination?**

**Name Title Work Phone Home Phone**

**Have you filed your complaint with anyone else?**

**Who** \_\_\_\_\_

**When** \_\_\_\_\_

**Do you have an Attorney in this matter?**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**When did you acquire** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to: Paula Kennedy, Title VI Coordinator  
Human Resources Department  
Lutheran Care Center  
965 Dutchess Turnpike  
Poughkeepsie, NY 12603**

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**APPENDIX E: Model Letter Acknowledging Receipt of Complaint**

Date

Name

Address

City, State Zip

Dear Name:

This letter is to acknowledge receipt of your complaint against Lutheran Care Center Adult Day Health Care Program Department alleging

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An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by contacting our office at (845) 235-8214 or in writing to Lutheran Care Center Adult Day Health Care Program, address phone.

Sincerely,

Paula Kennedy  
Title VI Coordinator

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**APPENDIX F: Model Letter Notifying Complainant that the Complaint Is Substantiated**

Date

Name

Address

City, State Zip

Dear Name:

The matter referenced in your letter dated \_\_\_\_\_ against Lutheran Care Center Adult Day Health Care Program alleging Title VI violation has been investigated. (An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. (If a hearing is requested, the following sentence may be appropriate.) You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Paula Kennedy  
Title VI Coordinator

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### APPENDIX G: Letter Notifying Complaint and that the Complaint Is Not Substantiated

Date

Name

Address

City, State Zip

Dear Name:

The matter referenced in your complaint dated \_\_\_\_\_ against the CWI Transportation alleging \_\_\_\_\_ has been investigated. The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

Lutheran Care Center Adult Day Health Care Program has analyzed the materials and facts pertaining to your case of evidence of the Department's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated and that I am closing the matter in our files.

You have the right to 1) provide additional information to this office for reconsideration of your complaint within seven (7) calendar days of receipt of this final written decision from Lutheran Care Center Adult Day Health Care Program and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at:

Federal Transit Administration Office of Civil Rights Attention: Title VI Program  
Coordinator East Building, 5th Floor- TCR 1200 New Jersey Ave., SE Washington DC  
20590

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Paula Kennedy  
Title VI Coordinator

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## APPENDIX I: NYSDOT Public Transportation Programs

### Title VI Investigations, Complaints & Lawsuits Log

AGENCY: **Lutheran Care Center Adult Day Health Care Program.**

TITLE VI OFFICER: Paula Kennedy

E-MAIL: pkennedy@tlcn.org

CONTACT: **(845) 235-8214**

FISCAL YEAR FY:

REPORTING PERIOD (check appropriate box):

1<sup>ST</sup> Half   
(July-December)

2<sup>ND</sup> Half   
(January-June)

Complete Fiscal Year   
(July-June)

1. Were any investigations, lawsuits or complaints filed during this time period?
2. If YES, please provide the following information for each investigation, lawsuit or complaint received during this time period:  
  
Date the investigation, lawsuit or complaint was filed, and Summary of the allegation(s) and status if resolved.
3. Based on the investigations, lawsuits or complaints filed during the Fiscal Year, please provide a status of each allegation. **(Report on separate paper at the end of the Fiscal Year).**
4. Please indicate if or what actions were taken by the sub recipient in response to the investigation, lawsuit or complaint. **(Report on separate paper at the end of the Fiscal Year).**