



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

TITLE IV IMPLEMENTATION PLAN- CIVIL RIGHTS	2
EXECUTIVE SUMMARY	2
NON DISCRIMINATION POLICY STATEMENT	3
NOTICE TO PUBLIC	5
NON DISCRIMINATION COMPLAINT PROCEDURES	6
PUBLIC PARTICIPATION PLAN	8
PUBLIC MEETINGS	8
LIMITED ENGLISH PROFICIENCY PLAN	9
SAFE HARBOR PROVISION	10
NON-ELECTED COMMITTEES MEMBERSHIP TABLE	12
MONITORING FOR SUBRICIPIENT TITLE VI COMPLIANCE	12
TITLE VI EQUITY ANALYSIS	12
TITLE VI TRAINING	12
BOARD APPROVAL FOR THE TITLE VI PROGRAM	13
ORGANIZATIONAL CHART	14
FORMS	15



TITLE IV IMPLEMENTATION PLAN- CIVIL RIGHTS

EXECUTIVE SUMMARY

The Helping Hands Agency provides a deviated fixed route system within the established public transit routes this is funded through ADOT 5311 funds since 2006. The Express system is one branch of The Helping Hands Agency. We provide several other services: educational, residential and vocational for individuals with developmental disabilities. In order to increase the independence and mobility of the clients we serve, they have the opportunity to utilize Express. The Agency provides support staff to help them learn how the system operates and how to best utilize this community asset. The clients have experience a greater level of independence through this system. This program is funded through DES/DDD since 1995. In order to increase the mobility of our day program and group home services we have received funds/vehicles through the ADOT 5310 program since 2004.

What type of program fund(s) did you apply for?

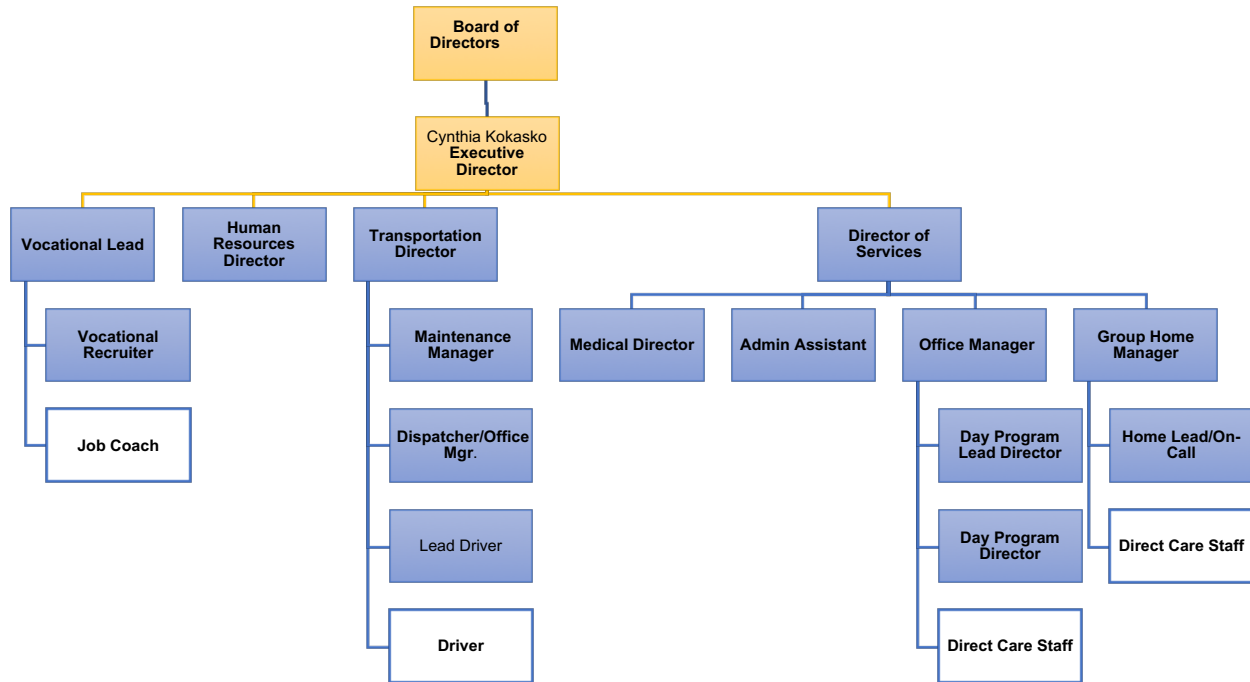
X 5310 X 5311 Other (please explain)

Type of Funding Requests? (Select all that apply)

X Vehicle Funds X Operating Funds Other (please explain)



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NON DISCRIMINATION POLICY STATEMENT

The Helping Hands Agency policy assures full compliance with Title VI of the Civil Rights act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any The Helping Hands Agency sponsored program or activity. There is no distinction between the sources of funding.

The Helping Hands Agency also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, The Helping Hands Agency will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.



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When The Helping Hands Agency distributes Federal-aid funds to another entity/person, The Helping Hands Agency will ensure all sub recipients fully comply with The Helping Hands Agency Title VI Nondiscrimination Program requirements. The Executive Director, Cynthia Kokasko, is the delegated the authority to oversee and implement FTA Title VI requirements.

Cynthia Kokasko

Cynthia Kokasko, Executive Director



NOTICE TO PUBLIC



Notifying the Public of Rights Under Title VI and ADA The Helping Hands Agency

The Helping Hands Agency- Express operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Helping Hands Agency.

For more information on the Helping Hands Agency’s civil rights program, and the procedures to file a complaint, contact Cynthia Kokasko, 928-645-9596; email Cynthia@Helpinghandsagency.com; or visit our administrative office at 645 N Navajo Page, AZ 86040. For more information, visit www.helpinghandsagency.com.

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **ADOT**: ATTN: Title VI Program Manager 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact 928-645-9596. Para informacion en Espanol llame: Cynthia Kokasko 928-645-9596.

Aviso al Público Sobre los Derechos Bajo el Título VI The Helping Hands Agency

The Helping Hands Agency- Express (*y sus subcontratistas, si cualquiera*) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o pais de origen.

Para obtener más información sobre la The Helping Hands Agency programa de derechos civiles, y los procedimientos para presentar una queja, contacte Cynthia Kokasko, 928-645-9596, o visite nuestra oficina administrativa en 645 N. Navajo. Para obtener más información, visite www.helpinghandsagency.com.

El puede presentar una queja directamente con Arizona Department of Transportation (ADOT) o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: ADOT: ATTN Title VI Program Manager 206 S. 17th Ave MD 155A Phoenix AZ, 85007 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590.



NON DISCRIMINATION COMPLAINT PROCEDURES

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by The Helping Hands Agency, including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency’s Title VI Complaint Form.
- Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- Once submitted The Helping Hands Agency will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by The Helping Hands Agency or submitted to the State or Federal authority for guidance.



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

The Helping Hands Agency will investigate Title VI complaints against its sub recipients; all other Title VI complaints filed against The Helping Hands Agency will be investigated by the Arizona Department of Transportation.

- For Discrimination complaints filed against The Helping Hands Agency: Within 72 hours or 3 (three) calendar days of receipt, The Helping Hands Agency will notify ADOT of the Discrimination complaint being filed. The complaint will then be logged identifying its basis of discrimination, the status, and the next steps. ADOT then will assume jurisdiction and follow the ADOT’s complaint procedures for investigating the complaint.
- For Title VI complaints filed against The Helping Hands Agency’s subrecipients (ie, consultants, vendors, and contractors) The Helping Hands Agency will assume jurisdiction and will investigate and adjudicate the case.
- The Helping Hands Agency has **7** days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **15** business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **15** business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI or ADA violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- A copy of either the closure letter or LOF must be also submitted to ADOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- A complainant dissatisfied with The Helping Hands Agency decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **ADOT**: ATTN Title VI Program Manager 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- A copy of these procedures can be found online at: www.helpinghandsagency.com

If information is needed in another language, contact 928-645-9596. Para informacion en Espanol llame: Cynthia Kokasko 928-645-9596.



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PUBLIC PARTICIPATION PLAN

The Helping Hands Agency is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys. As an agency receiving federal financial assistance, the Agency made the following community outreach efforts:

- We post notices of any changes on the bus. Drivers also verbally inform riders in advance of the changes and hand out literature indicating the changes. We also promote with a spot on the local radio's "community billboard" addressing changes, promotions, etc., as needed
- We promote our services at community meetings, round tables and other social services gatherings to distribute materials, educate and answer questions, as needed, quarterly.
- Local news articles, radio interviews, posting information on website's and local venues and distributing promotional information for major changes to the system, as needed.

In the upcoming year 2018 The Helping Hands Agency will make the following community outreach efforts:

- Public notice in newspaper for funding; annually or as needed
- Transit Advisory Council meetings; quarterly

Notice on the bus is available in English and Spanish.

PUBLIC MEETINGS

- Public meetings are scheduled to increase the opportunity for attendance by stakeholders and the general public. This may require scheduling meetings during non-traditional business hours, holding more than one meeting at different times of the day or on different days, and checking other community activities to avoid conflicts.
- When a public meeting or public hearing is focused on a planning study or program related to a specific geographic area or jurisdiction within the region, the meeting or hearing is held within that geographic area or jurisdiction.
- Public meetings are held in locations accessible to people with disabilities and are located near a transit route when possible.

The Helping Hands Agency submits to the Arizona Department of Transportation annually an application for funding. Part of the annual application is a public notice, which includes a 30-day public comment period.



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

LIMITED ENGLISH PROFICIENCY PLAN

Helping Hands Agency has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to The Helping Hands Agency services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the Agency’s extent of obligation to provide LEP services, the Agency undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

Subject	Page city, Arizona					
	Total		Percent of specified language speakers			
	Estimate	Margin of Error	Speak English "very well"		Speak English less than "very well"	
			Estimate	Margin of Error	Estimate	Margin of Error
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Population 5 years and over	6,690	+/-233	95.5%	+/-2.8	4.5%	+/-2.8
Speak only English	79.1%	+/-5.9	(X)	(X)	(X)	(X)
<input checked="" type="checkbox"/> Speak a language other than English	20.9%	+/-5.9	78.6%	+/-9.7	21.4%	+/-9.7
Spanish or Spanish Creole	6.5%	+/-4.1	69.1%	+/-20.6	30.9%	+/-20.6
Other Indo-European languages	0.8%	+/-1.3	100.0%	+/-44.2	0.0%	+/-44.2
Asian and Pacific Island languages	0.0%	+/-0.6	-	**	-	**
Other languages	13.6%	+/-3.9	82.0%	+/-11.8	18.0%	+/-11.8
SPEAK A LANGUAGE OTHER THAN ENGLISH	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> Spanish or Spanish Creole	437	+/-273	69.1%	+/-20.6	30.9%	+/-20.6
5-17 years	113	+/-104	100.0%	+/-27.6	0.0%	+/-27.6
18-64 years	306	+/-203	55.9%	+/-26.6	44.1%	+/-26.6
65 years and over	18	+/-28	100.0%	+/-75.1	0.0%	+/-75.1
<input checked="" type="checkbox"/> Other Indo-European languages	52	+/-84	100.0%	+/-44.2	0.0%	+/-44.2
5-17 years	0	+/-18	-	**	-	**
18-64 years	52	+/-84	100.0%	+/-44.2	0.0%	+/-44.2
65 years and over	0	+/-18	-	**	-	**
<input checked="" type="checkbox"/> Asian and Pacific Island languages	0	+/-18	-	**	-	**
5-17 years	0	+/-18	-	**	-	**
18-64 years	0	+/-18	-	**	-	**
65 years and over	0	+/-18	-	**	-	**
<input checked="" type="checkbox"/> Other languages	909	+/-255	82.0%	+/-11.8	18.0%	+/-11.8
5-17 years	29	+/-44	100.0%	+/-59.2	0.0%	+/-59.2
18-64 years	831	+/-222	84.7%	+/-13.8	15.3%	+/-13.8
65 years and over	49	+/-58	24.5%	+/-30.9	75.5%	+/-30.9
CITIZENS 18 YEARS AND OVER	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> All citizens 18 years and over	4,762	+/-422	96.2%	+/-2.9	3.8%	+/-2.9
Speak only English	76.7%	+/-5.7	(X)	(X)	(X)	(X)
<input checked="" type="checkbox"/> Speak a language other than English	23.3%	+/-5.7	83.5%	+/-10.6	16.5%	+/-10.6
Spanish or Spanish Creole	3.7%	+/-2.5	89.2%	+/-16.9	10.8%	+/-16.9
Other languages	19.6%	+/-5.0	82.4%	+/-12.3	17.6%	+/-12.3
PERCENT IMPUTED	<input checked="" type="checkbox"/>					
Language status	3.8%	(X)	(X)	(X)	(X)	(X)
Language status (speak a language other than English)	11.5%	(X)	(X)	(X)	(X)	(X)
Ability to speak English	13.7%	(X)	(X)	(X)	(X)	(X)



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- The number or proportion of LEP persons eligible in the Agency service area who maybe served or likely to encounter by Agency program, activities, or services;

The Page City, Arizona has a population of 6690 and its LEP population consists of 163 individuals who speak Navajo and 135 who speak Spanish. Neither of these languages meet the Safe Harbour Threshold.

- The frequency with which LEP individuals come in contact with an Agency services;

The Helping Hands Agency rarely comes in contact with LEP individuals and has never had a request for Language Assistance.

- The nature and importance of the program, activities or services provided by the Agency to the LEP population; and

The Helping Hands Agency provides a deviated fixed route system, The Express, within the established public transit route. It increases the independence and mobility of the clients they serve. Although there are no LEP persons using the service at this time, it would be available if needed.

- The resources available to Agency and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

Since the LEP population is primarily Native American, the LEP language is Navajo which is a spoken language, not a written language. Should The Helping Hands Agency need to provide LEP assistance, staff or other community agencies can provide this assistance.

A bilingual staff may provide oral translation services. If a staff person is unavailable or there is none for a particular language requested, arrangements shall be made with a contractual provider of services, volunteer interpreter, or through the language access line contractor and/or IT that may be available.

SAFE HARBOR PROVISION

The Agency complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- Title VI Notice
- Complaint Procedures
- Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital Documents include the following:

- Notices of free language assistance for persons with LEP
- Notice of Non-Discrimination and Reasonable Accommodation
- Outreach Materials
- Bus Schedules



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

- Route Changes
- Public Hearings

Notice on the bus is in English and Spanish



NON-ELECTED COMMITTEES MEMBERSHIP TABLE

Table Depicting Membership of Committees, Councils, Broken Down by
 Race
 As of 2016

Body	Caucasian	Latino	African American	Asian American	Native American
Population	54.0%	7.3%	0.3%	0.8%	33.2%
Transit Advisory Council	60%	0%	0%	0%	40%
Executive Meetings	70%	0%	0%	0%	30%

The Agency encourages all stake holders to be a part of meetings, we value all members of our community and are driven to met the needs of our population.

MONITORING FOR SUBRICIPIENT TITLE VI COMPLIANCE

Helping Hands Agency does NOT monitor sub recipients for Title VI compliance.

TITLE VI EQUITY ANALYSIS

Helping Hands Agency has no current or anticipated plans to develop new transit facilities covered by these requirements.

TITLE VI TRAINING

The Helping Hands Agency staff are required to attend and successful complete initial training. This training includes reviewing Title VI, Cultural Competency, Intro to Developmental Disabilities, American with Disabilities Act ADA, PASS. Staff are required to review policy’s 1 (one) time a year. The Agency also offers additional staff development through out the year. Administration staff will attend a variety of classes through out the year as they are offered.



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

BOARD APPROVAL FOR THE TITLE VI PROGRAM

**SPECIAL MEETING OF
BOARD OF DIRECTORS OF
THE HELPING HANDS AGENCY, INC.
An Arizona Corporation**

The Special meeting of Board of Directors named in the Article of Incorporation of the Helping Hands Agency, Inc. an Arizona Corporation, was held by telephone on the 22nd day of May, 2018 at 3:30 p.m.

The Chairman presented to the Board a fore coming recommendation to adopt the following: An updated Title 6 Plan and Policy as per ADOT recommendation and guidance was presented to the Board. The Plan and Policy was reviewed.

A brief discussion then occurred as the above request. Upon motions duly made, seconded and unanimously carried, it was:

RESOLVED, The Agency’s Board of Directors approved the effective date to be May 22nd, 2018. A copy of the signed adoption by the Board of Directors is on file at the home office.

There being no further business to come before the meeting, the same was adjourned.

Dated: May 22nd, 2018

APPROVED:

Frank W. Kokasko

Frank W. Kokasko, Secretary

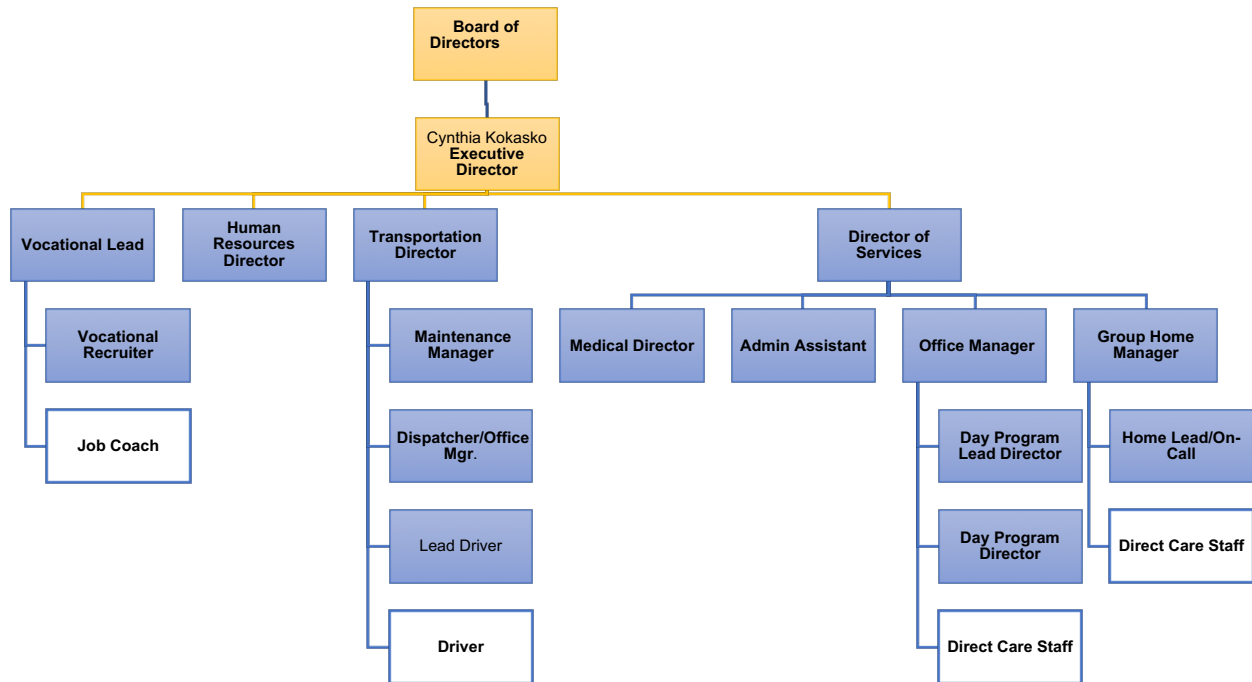
Cynthia Kokasko

Cynthia Kokasko, President



THE HELPING HANDS AGENCY, INC.
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ORGANIZATIONAL CHART





FORMS

Discrimination Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered “yes” to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Section VI:		



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

Have you previously filed a Discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide any reference information regarding your previous complaint. _____ _____		
Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> State Court : _____ <input type="checkbox"/> Local Agency: _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: _____		
Section VI:		
Name of agency complaint is against: _____		
Name of person complaint is against: _____		
Title: _____		
Location: _____		
Telephone Number (if available): _____		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Cynthia Kokasko, Executive Director
 645 N Navajo PO BOX 3938
 Page, AZ 86040
 928-645-3625
 Cynthia@Helpinghandsagency.com

A copy of this form can be found online at www.helpinghandsagency.com



THE HELPING HANDS AGENCY, INC.
“HELPING TO BUILD A STRONGER TOMORROW”

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

ANNUAL REPORT

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin or disability)	Status	Action(s) Taken (Final findings?)
Investigations	2016-2018			
1)	none			
2)				
Lawsuits	2016-2018			
1)	none			
2)				
Complaints	2016-2018			
1)	none			
2)				