

English	Translation
<p>GEORGIA DEPARTMENT OF HUMAN SERVICES (DHS) NOTICE OF NONDISCRIMINATION IN SERVICES</p>	<p>AVI DEPATMAN SÈVIS SOSYAL (DEPARTMENT OF HUMAN SERVICES, DHS) POU PA FÈ DISKRIMINASYON LÈ Y AP BAY SÈVIS</p>
<p>This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs.</p>	<p>Yo entèdi enstitisyon sa a fè diskriminasyon ki baze sou ras, koulè, orijin nasyonal, andikap, laj, sèks, epi nan kèk ka, relijyon oswa kwayans politik.</p>
<p>For complaints based on national origin (e.g., limited English proficiency), vision and/or hearing, speech or manual impairment, contact:  Program Director  DHS LEP/SI Program  2 Peachtree Street, N.W., Suite 29-103  Atlanta, GA 30303  (404) 657-5244 (voice)  (404) 651-6815 (fax)  (404)-463-7591 (TTY)  Complaint forms are at the front desk</p>	<p>Pou plent ki baze sou orijin nasyonal (tankou limit nan konpetans lang angle), andikap pou wè ak / oswa tande, pou pale oswa nan men, kontakte:  Program Director  DHS LEP/SI Program  2 Peachtree Street, N.W., Suite 29-103  Atlanta, GA 30303  (404) 657-5244 (vokal)  (404) 651-6815 (faks)  (404)-463-7591 (TTY)  Gen fòmilè plent nan biwo resepsyon an</p>
<p>The U.S. Department of Health and Human Services (US HHS) also prohibits discrimination based on race, color, national origin, sex (including sex stereotyping and gender identity), disability, age, and in some cases, religion by certain health care and human services entities.  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 US HHS at (800) 368-1019 or TDD at (800) 537-7697.  Additionally, program information may be made available in languages other than English.</p>	<p>Depatman Sèvis Sosyal Etazini (US, HSS) entèdi diskriminasyon ki baze sou ras, koulè, peyi orijin li, sèks (ki gen jeneralizasyon seksyèl ak idantite sèks ladan), andikap, laj, epi nan kèk ka relijyon nan sèten enstitisyon ki ofri swen sante ak sèvis sosyal.  Moun ak andikap ki bezwen lò mwayen kominikasyon pou enfòmasyon pwogram nan (tankou Bray, gran lèt, kasèt, Lang Siy Ameriken, elatriye), dwe kontakte Ajans (Eta oswa Lokal) kote yo te aplike pou avantaj yo. Moun ki soud, tande di, oswa gen mal pou pale yo ka kontakte US HHS nan (800) 368-1019 oswa TDD nan (800) 537-7697. Answit, enfòmasyon pwogram nan kapab disponib nan lòt lang an plis angle.</p>
<p>To file a program complaint of discrimination with US HHS, apply online at the OCR Complaint portal at:  <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a>; or write a letter addressed to US HHS and provide in the letter all of the information</p>	<p>Pou depoze yon plent pou diskriminasyon ak US HHS, aplike sou entènèt nan sit Plent OCR a nan :  <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a>; oswa ekri yon lèt bay US HHS epi nan lèt la mete tout enfòmasyon yo mande sou</p>

<p>requested in the form on the portal. Submit your completed form or letter to HHS by mail to:</p> <p>Centralized Case Management Operations  U.S. Department of Health and Human Services  200 Independence Avenue, SW  Room 509F HHH Bldg.  Washington, D.C. 20201</p>	<p>fòmilè ki nan sit la. Soumèt fòmilè ou fin ranpli a oswa lèt la bay HHS pa lapòs bay:</p> <p>Centralized Case Management Operations  U.S. Department of Health and Human Services  200 Independence Avenue, SW  Room 509F HHH Bldg.  Washington, D.C. 20201</p>
<p>This institution is an equal opportunity provider.</p>	<p>Enstitisyon sa a bay tout moun menm opòtinite nan sèvis.</p>