

English	Somali
<p>GEORGIA DEPARTMENT OF HUMAN SERVICES (DHS) NOTICE OF NONDISCRIMINATION IN SERVICES</p>	<p>WAAXDA GEORGIA EE ADEEGYADA AADANAHA (DHS) OGEYSIISKA TAKOOR LA'AANTA ADEEGYADA</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>Hay'adan waxa laga mamnuucay takoorid ku salaysan qolo, midab, asal, naafo, da', jinsi, iyo kiisaska qaar, diir ama aaminado siyaasadeed.</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>Cabashiiyinka ku salaysan asalka (sida., aqoonta kooban ee Ingiriisida), aragga iyo/ama maqalka ama dhantaalnaan maanuwal ah, la xidhiidh: Program Director DHS LEP/SI Program 2 Peachtree Street, N.W., Suite 29-103 Atlanta, GA 30303 (404) 657-5244 (cod) (404) 651-6815 (faagis) (404)-463-7591 (TTY) Foomamka cabashadu waxay yaalaan miiska hore</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>The U.S. Department of Health and Human Services (US HHS) sidoo kale waxay mamnuucday takoorid ku salaysan qolo, midab, asal, jinsi (ay ku jiraan fikrad jinsiga ama aqoonsiga jinsiga), naafo, da' ama kiisaska qaar, diin oo ay sameeyan hay'adaha daryeelka caafimaad ee gaarka ah iyo adeegyada aadanaha. Shaqsiyaadka qabta naafada ee u baahan macnayaal kale ee xidhiidhka macluumaadka barnaamijka (sida. Farta Braille, daabacaad waaweyn, cajalad cod ah, Luqadda Calaamadaha Maraykanka, iwm.), waa inay la xidhiidhaan Wakaaladda (Gobolka ama deegaanka) halkaas oo ay ka codsan karaan dheefaha. Shaqsiyaadka dhagaha la' ama hadalka naafo ka ah waxay la xidhiidhi karaan US HHS (800) 368-1019 ama TDD (800) 537-7697. Dheeraad aan, macluumaadka barnaamijka waxa laga yaabaa in lagu heli karo luqado aan ahayn Ingiriisi.</p>
<p>To file a program complaint of discrimination with US HHS, apply online at the OCR Complaint portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.</p>	<p>Si aad ugu xerayso cabashada barnaamijka ee takoorka US HHS, ka codso onlaynka bogga internetka ee OCR: https://ocrportal.hhs.gov/ocr/smartscreen/main.</p>

<p>jsf; or write a letter addressed to US HHS and provide in the letter all of the information requested in the form on the portal. Submit your completed form or letter to HHS by mail to: 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>jsf; ama qor warqad aad ku soo hagajiso US HHS oo ku bixi warqadda macluumaadk lagu codsaday foomka bogga internetka. Soo gudbi foonkaaga oo dhammaystiran ama warqadda aad u dirto HHS adigu ugu diray iimaylka: 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>Hay'adni waa bixiye fursad loo simanyahay.</p>