

English	Amharic
<p>GEORGIA DEPARTMENT OF HUMAN SERVICES (DHS) NOTICE OF NONDISCRIMINATION IN SERVICES</p>	<p>ጆርጂያ የአብዛዊ አገልግሎት ዲፓርትመንት (DHS) በአገልግሎት ውስጥ ማግለል እንደማይፈጠር ማሳወቂያ</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>ይህ ተቋም በዘር፣ በቀለም፣ በዜግነት፣ በአካል ጉዳት፣ በእድሜ፣ በጾታ እና በአንዳንድ ሁኔታዎች ውስጥ ደግሞ በሀይማኖት ወይም የፖለቲካ እምነት ላይ መሰረት አድርጎ እንዳያገል ይከለክላል።</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>በዜግነት ላይ መሰረት ላላቸው ቅሬታዎች (ምሳሌ፣ በቂ ያልሆነ የእንግሊዘኛ ችሎታ) እይታ እና/ወይም ማዳመጥ፣ ንግግር ወይም የአካል ጉዳት ያለ ከሆነ፡ Program Director DHS LEP/SI Program 2 Peachtree Street, N.W., Suite 29-103 Atlanta, GA 30303 (404) 657-5244 (ድምጽ) (404) 651-6815 (ፋክስ) (404)-463-7591 (TTY) ያግኙ የቅሬታ ፎርምን በአንግዳ መቀበያ ቦታ ላይ ማግኘት ይችላሉ</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, audiotope, 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>የአሜሪካ ሀገር ጤና እና ሰብአዊ አገልግሎት (US HHS) በዘር፣ በቀለም፣ በዜግነት፣ በጾታ (የጾታ ማግለል ማለትም የጾታዊ ማንነት ላይ የሚደረግንም ማግለል ጨምሮ) በአካል ጉዳት፣ በእድሜ፣ እና በአንዳንድ ሁኔታዎች ላይ መሰረት አድርጎ እንዳያገል ይከለክላል። ተጨማሪ የሆነ የግንኙነት አማራጭ ለሚያስፈልጋቸው ሰዎች ይህም የፕሮግራም መረጃን ለማግኘት (ምሳሌ፣ ብሬይል፣ ትልቅ ህትመት፣ የተቀዳ ድምጽ፣ የአሜሪካ የምልክት ቋንቋ ወዘተ) ወኪሉን ማግኘት ይኖርባቸዋል (የክልል ወይም አካባቢ) ይህም ጥቅምን ለማግኘት ማመልከቻ በቀረበበት ማለት ነው። መስማት የማይችሉ፣ መስማት የሚዳግታቸው ወይም የንግግር ችግር ያለባቸው ግለሰቦች፣ US HHS ን በ (800) 368-1019 ወይም TDD ን በ (800) 537-7697 ላይ ማግኘት ይችላሉ። በተጨማሪም፣ የፕሮግራም መረጃ ከእግሊዘኛ ቋንቋ ሌላ እንዲገኝ ማድረግ ይቻላል።</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.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>ማግለልን የተመለከተ ቅሬታን ለ US HHS ለማስገባት፣ በ OCR የድረገጽ ቅሬታ ማስገቢያ ላይ https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf የሚለውን መጠቀም ይችላሉ ወይም ለ US HHS ደብዳቤ ሊጽፉ እና በድረገጽ ላይ የሚጠየቁትን መረጃ ሁሉ በዚህ ደብዳቤ ላይ አካተው ሊያስገቡ ይችላሉ ወይም ደብዳቤዎችን በ አሜሪካ ለ HHS ሊያስገቡ ይችላሉ፡ 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>ይህ ተቋም የእኩል እድል አቅራቢ ነው።</p>