
Title VI Plan and Procedures
Title VI of the Civil Rights Act of 1964

Giles Health and Family Center



Adopted date

March 8, 2019

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I. INTRODUCTION

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).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, sub-recipients, and contractors whether those programs and activities are federally funded or not.

Recently, the Federal Transit Administration (FTA) has placed renewed emphasis on Title VI issues, including providing meaningful access to persons with Limited English Proficiency.

Recipients of public transportation funding from FTA and the Virginia Department of Rail and Public Transportation (DRPT) are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how ***Giles Health and Family*** incorporates nondiscrimination policies and practices in providing services to the public. ***Giles Health and Family***'s Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically (at least every three years) to incorporate changes and additional responsibilities that arise.

II. OVERVIEW OF SERVICES

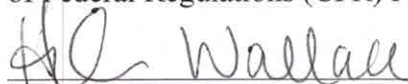
Giles Health and Family Center provides Adult Day Care Services, Early Head Start and Childcare Services and Non-emergency Transportation Services.

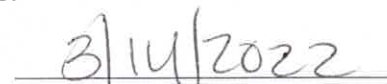
III. POLICY STATEMENT AND AUTHORITIES

Title VI Policy Statement

Giles Health and Family is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not.

The *Giles Health and Family* Title VI Manager is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations (CFR) Part 200, and Title 49 CFR Part 21.


Signature of Authorizing Official


Date

Authorities

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (refer to 49 CFR Part 21). The Civil Rights Restoration Act of 1987 broadened the scope of Title VI coverage by expanding the definition of the terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub recipients, and contractors, whether such programs and activities are federally assisted or not.

Additional authorities and citations include: Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d); Federal Transit Laws, as amended (49 U.S.C. Chapter 53 et seq.); Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601, et seq.); Department of Justice regulation, 28 CFR part 42, Subpart F, “Coordination of Enforcement of Nondiscrimination in Federally-Assisted Programs” (December 1, 1976, unless otherwise noted); U.S. DOT regulation, 49 CFR part 21, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964” (June 18, 1970, unless otherwise noted); Joint FTA/Federal Highway Administration (FHWA) regulation, 23 CFR part 771, “Environmental Impact and Related Procedures” (August 28, 1987); Joint FTA/FHWA regulation, 23 CFR part 450 and 49 CFR part 613, “Planning Assistance and Standards,” (October 28, 1993, unless otherwise noted); U.S. DOT Order 5610.2, “U.S. DOT Order on Environmental Justice to Address Environmental Justice in Minority Populations and Low-Income Populations,” (April 15, 1997); U.S. DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient Persons, (December 14, 2005), and Section 12 of FTA’s Master Agreement, FTA MA 13 (October 1, 2006).

IV. NONDISCRIMINATION ASSURANCE TO DRPT

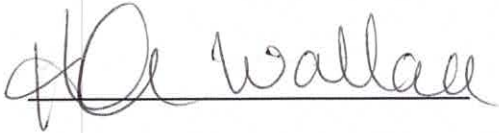
In accordance with 49 CFR Section 21.7(a), every application for financial assistance from the Federal Transit Administration (FTA) must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement is fulfilled when the Virginia Department of Rail and Public Transportation (DRPT) submits its annual certifications and assurances to FTA. DRPT shall collect Title VI assurances from sub-recipients prior to passing through FTA funds.

As part of the Certifications and Assurances submitted to DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPT, ***Giles Health and Family*** submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination in hiring (EEO) and contracting (DBE), and nondiscrimination on the basis of disability (ADA).

In signing and submitting this assurance, ***Giles Health and Family*** confirms to DRPT the agency's commitment to nondiscrimination and compliance with federal and state requirements.

V. PLAN APPROVAL DOCUMENT

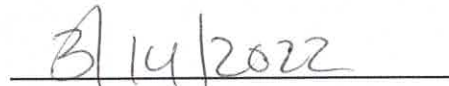
I hereby acknowledge the receipt of the *Giles Health and Family* Title VI Implementation Plan 2018-2021. I have reviewed and approve the Plan. I am committed to ensuring that no person is excluded from participation in, or denied the benefits of transit services on the basis of race, color, or national origin, as protected by Title VI according to Federal Transit Administration (FTA) Circular 4702.1B Title VI requirements and guidelines for FTA sub-recipients.



Signature of Authorizing Official

Helen Wallace, Executive Director

Giles Health and Family



Date

VI. ORGANIZATION AND TITLE VI PROGRAM RESPONSIBILITIES

The *Giles Health and Family's Executive Director* is responsible for ensuring implementation of the agency's Title VI program. Title VI program elements are interrelated and responsibilities may overlap. The specific areas of responsibility have been delineated below for purposes of clarity.

Overall Organization for Title VI

The Title VI Manager and staff are responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education.

Detailed Responsibilities of the Title VI Manager

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

General Title VI responsibilities of the agency

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach and involvement and service planning and delivery.

1. Data collection

To ensure that Title VI reporting requirements are met, *Giles Health and Family* will maintain:

- A database or log of Title VI complaints received. The investigation of and response to each complaint is tracked within the database or log.
- A log of the public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

2. Annual Report and Updates

As a sub-recipient of FTA funds, *Giles Health and Family* is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. *Giles Health and Family* will also maintain and provide to DRPT an annual basis, the log of public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

Further, we will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance review report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

3. Annual review of Title VI program

Each year, in preparing for the Annual Report and Updates, the Title VI Manager will review the agency's Title VI program to assure implementation of the Title VI plan. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

4. Dissemination of information related to the Title VI program

Information on our Title VI program will be disseminated to agency employees, contractors, and beneficiaries, as well as to the public, as described in the “public outreach and involvement” section of this document, and in other languages when needed according to the LEP plan as well as federal and State laws/regulations.

5. Resolution of complaints

Any individual may exercise his or her right to file a complaint if that person believes that he, she or any other program beneficiaries have been subjected to unequal treatment or discrimination in the receipt of benefits/services or prohibited by non-discrimination requirements. *Giles Health and Family* will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency’s Title VI Complaint Procedures. All Title VI complaints and their resolution will be logged as described under Section 1. Data collection and reported annually (in addition to immediately) to DRPT.

6. Written policies and procedures

Our Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically to incorporate changes and additional responsibilities that arise. During the course of the Annual Title VI Program Review (item 3 above), the Title VI Manager will determine whether or not an update is needed.

7. Internal education

Our employees will receive training on Title VI policies and procedures upon hiring and upon promotion. This training will include requirements of Title VI, our obligations under Title VI (LEP requirements included), and required data that must be gathered and maintained. In addition, training will be provided when any Title VI-related policies or procedures change (agency-wide training), or when appropriate in resolving a complaint.

Title VI training is the responsibility of *Executive Director*.

8. Title VI clauses in contracts

In all federal procurements requiring a written contract or Purchase Order (PO), *Giles Health and Family*’s contract/PO will include appropriate non-discrimination clauses. The Title VI Manager will work with the Executive Director who is/are responsible for procurement contracts and PO’s to ensure appropriate non-discrimination clauses are included.

VII. PROCEDURES FOR NOTIFYING THE PUBLIC OF TITLE VI RIGHTS AND HOW TO FILE A COMPLAINT

Requirement to Provide a Title VI Public Notice

Title 49 CFR Section 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI. At a minimum, *Giles Health and Family* shall disseminate this information to the public by posting a Title VI notice on the agency's website and in public areas of the agency's office(s), including the reception desk, meeting rooms, in federally-funded vehicles, etc.

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).

Giles Health and Family 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 (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by *Giles Health and Family*, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Helen Wallace
Executive Director
Giles Health and Family Center
701 Wenonah Ave
Pearisburg, Va 24134
540-921-3024
director@gileshealthandfamily.org

NOTE: As part of Title VI requirements, sub-recipients are also required to maintain a list of locations where their Title VI Notices have been posted or displayed.

SEE APPENDIX A-Title VI Notice to the Public
SEE APPENDIX B-Title VI Notice to the Public List of Locations

TITLE VI COMPLAINT PROCEDURES

Requirement to Develop Title VI Complaint Procedures and Complaint Form.

In order to comply with the reporting requirements established in 49 CFR Section 21.9(b), all recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public. Recipients must also develop a Title VI complaint form. The form and procedure for filing a complaint shall be available on the recipient's website and at their facilities.

Any individual may exercise his or her right to file a complaint with *Giles Health and Family* if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.

Giles Health and Family includes the following language on all printed information materials, on the agency's website, in press releases, in public notices, in published documents, and on posters on the interior of each vehicle operated in passenger service:

The Giles Health and Family is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964.

For additional information on Giles Health and Family's nondiscrimination policies and procedures, or to file a complaint, please visit the website at www.gileshealthandfamily.org or contact; Helen Wallace, Executive Director, Giles Health and Family Center, 701 Wenonah Ave, Pearisburg, Va 24134, 540-921-3024

Instructions for filing Title VI complaints are posted on the agency's website and in posters on the interior of each vehicle operated in passenger service and agency's facilities, and are also included within *Giles Health and Family's* passenger policy brochure.

SEE APPENDIX C-Title VI Complaint Form

Procedures for Handling and Reporting Investigations/Complaints and Lawsuits

Should any Title VI investigations be initiated by FTA or DRPT, or any Title VI lawsuits are filed against *Giles Health and Family* the agency will follow these procedures:

Procedures

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color, or national origin may file a written complaint with the Title VI Manager. The complaint is to be filed in the following manner:
 - a. A formal complaint must be filed within 180 calendar days of the alleged occurrence.
 - b. The complaint shall be in writing and signed by the complainant(s).
 - c. The complaint should include:
 - the complainant's name, address, and contact information
 - (i.e., telephone number, email address, etc.)
 - the date(s) of the alleged act of discrimination (if multiple days, include the date when the complainant(s) became aware of the alleged discrimination and the date on which the alleged discrimination was discontinued or the latest instance).
 - a description of the alleged act of discrimination
 - the location(s) of the alleged act of discrimination (include vehicle number if appropriate)
 - an explanation of why the complainant believes the act to have been discriminatory on the basis of race, color, and national origin
 - if known, the names and/or job titles of those individuals perceived as parties in the incident
 - contact information for any witnesses
 - indication of any related complaint activity (i.e., was the complaint also submitted to DRPT or FTA?)
 - d. The complaint shall be submitted to the *Giles Health and Family* Title VI Manager at **701 Wenonah Avenue, Pearisburg, Va 24134.**
 - e. Complaints received by any other employee of *Giles Health and Family* will be immediately forwarded to the Title VI Manager.
 - f. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Manager. Under these circumstances, the complainant will be interviewed, and the **Executive Director** will assist the complainant in converting the verbal allegations to writing.
2. Upon receipt of the complaint, the Title VI Manager will immediately:
 - a. notify DRPT (no later than 3 business days from receipt)
 - b. notify the *Giles Health and Family's* Authorizing Official
 - c. ensure that the complaint is entered in the complaint database
3. Within 3 business days of receipt of the complaint, the Title VI Manager will contact the complainant by telephone to set up an interview.

4. The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
5. If DRPT has assigned staff to assist with the investigation, the Title VI Manager will offer an opportunity to participate in the interview.
6. The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
7. The Title VI Manager will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
8. The investigation may also include:
 - a. investigating contractor operating records, policies or procedures
 - b. reviewing routes, schedules, and fare policies
 - c. reviewing operating policies and procedures
 - d. reviewing scheduling and dispatch records
 - e. observing behavior of the individual whose actions were cited in the complaint
9. All steps taken and findings in the investigation will be documented in writing and included in the complaint file.
10. The Title VI Manager will contact the complainant at the conclusion of the investigation, but prior to writing the final report, and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
11. At the conclusion of the investigation and **within 60 days** of the interview with the complainant, the Title VI Manager will prepare a report that includes a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition. This report will be provided to the Authorizing Official, DRPT, and, if appropriate, *Giles Health and Family's* legal counsel.
12. The Title VI Manager will send a letter to the complainant notifying them of the outcome of the investigation. If the complaint was substantiated, the letter will indicate the course of action that will be followed to correct the situation. If the complaint is determined to be unfounded, the letter will explain the reasoning, and refer the complainant to DRPT in the event the complainant wishes to appeal the determination. This letter will be copied to DRPT.
13. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. An interview cannot be scheduled with the complainant after reasonable attempts.
 - c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
14. DRPT will serve as the appealing forum to a complainant that is not satisfied with the outcome of an investigation conducted by *Giles Health and Family*. DRPT will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Transportation-Related Title VI Investigations, Complaints, and Lawsuits

Background

All recipients shall prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and
- Complaints naming the recipient.

This list shall include the date that the transportation-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint. This list shall be included in the Title VI Program submitted to DRPT every three years and information shall be provided to DRPT quarterly and annually.

SAMPLE List of Investigations, Lawsuits and Complaints

		Date (Month, Day, Year)	Summary (include basis of complaint: race, color or national origin)	Status	Action(s) taken
Investigations		N/A			
1.					
Lawsuits					
1.					
Complaints					
1.					

SEE APPENDIX D- Investigations, Lawsuits and Complaints Document

VIII. PUBLIC OUTREACH AND INVOLVEMENT

PUBLIC PARTICIPATION PLAN

Introduction

The Public Participation Plan (PPP) is a guide for ongoing public participation endeavors. Its purpose is to ensure that *Giles Health and Family* utilizes effective means of providing information and receiving public input on transportation decisions from low income, minority and limited English proficient (LEP) populations, as required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Under federal regulations, transit operators must take reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to their programs and activities. This means that public participation opportunities, normally provided in English, should be accessible to persons who have a limited ability to speak, read, write, or understand English.

In addition to language access measures, other major components of the PPP include: public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time.

Giles Health and Family established a public participation plan or process that will determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate.

Giles Health and Family will make these determinations based on a demographic analysis of the population(s) affected, the type of plan, program, and/or service under consideration, and the resources available. Efforts to involve minority and LEP populations in public participation activities may include both comprehensive measures, such as placing public notices at all transit stations, stops, and vehicles, as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in our decision-making process.

NOTE: FTA has developed a Circular, 4703.1, “Environmental Justice Policy Guidance for Federal Transit Administration Recipients,” that includes many examples of effective strategies for engaging minority and low-income populations. FTA Chap. III-6 FTA C 4702.1B encourages recipients to review that Circular for ideas when developing their public engagement strategy.

A sample of effective public outreach practices follows. It is possible that a private non-profit agency may not have to employ many or any of these practices, but you must document this if such is the case.

SOME OF THOSE EFFECTIVE PUBLIC OUTREACH PRACTICES INCLUDES:

- b. Scheduling meetings at times and locations that are convenient and accessible for minority and LEP communities.**
- c. Employing different meeting sizes and formats.**
- d. Coordinating with community and faith-based organizations, educational institutions, and other organizations to implement public engagement strategies that reach out specifically to members of affected minority and/or LEP communities.**
- e. Considering radio, television, or newspaper ads on stations and in publications that serve LEP populations.**

[SEE APPENDIX E-Summary of Outreach Efforts](#)

IX. LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

SAMPLE PLAN FOR SERVING PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Introduction and Legal Basis

LEP is a term that defines any individual not proficient in the use of the English language. The establishment and operation of an LEP program meets objectives set forth in Title VI of the Civil Rights Act and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP). This Executive Order requires federal agencies receiving financial assistance to address the needs of non-English speaking persons. The Executive Order also establishes compliance standards to ensure that the programs and activities that are provided by a transportation provider in English are accessible to LEP communities. This includes providing meaningful access to individuals who are limited in their use of English. The following LEP language implementation plan, developed by *Giles Health and Family* is based on FTA guidelines.

As required, *Giles Health and Family* developed a written LEP Plan (below). Using 2010 and American Community Survey (ACS) Census data, *Giles Health and Family* has evaluated data to determine the extent of need for translation services of its vital documents and materials.

LEP persons can be a significant market for public transit, and reaching out to these individuals can help increase their utilization of transit. Therefore, it also makes good business sense to translate vital information into languages that the larger LEP populations in the community can understand.

Assessment of Needs and Resources

The need and resources for LEP language assistance were determined through a four-factor analysis as recommended by FTA guidance.

Factor 1: Assessment of the Number and Proportion of LEP Persons Likely to be Served or Encountered in the Eligible Service Population

The agency has reviewed census data on the number of individuals in its service area that have limited English Proficiency, as well as the languages they speak.

U.S. Census Data – American Community Survey (2011-2015)

Data from the U.S. Census Bureau’s American Community Survey (ACS) were obtained through www.census.gov by Giles Health and Family Center’s service area. The agency’s service area includes a total of 126 (0.79%) persons with Limited English Proficiency (those persons who indicated that they spoke English less than “very well,” in the 2011-2015 ACS Census). The 2011-2015 ACS data was used due to the lack of LEP by language group data for the 2012-2016 ACS estimates.

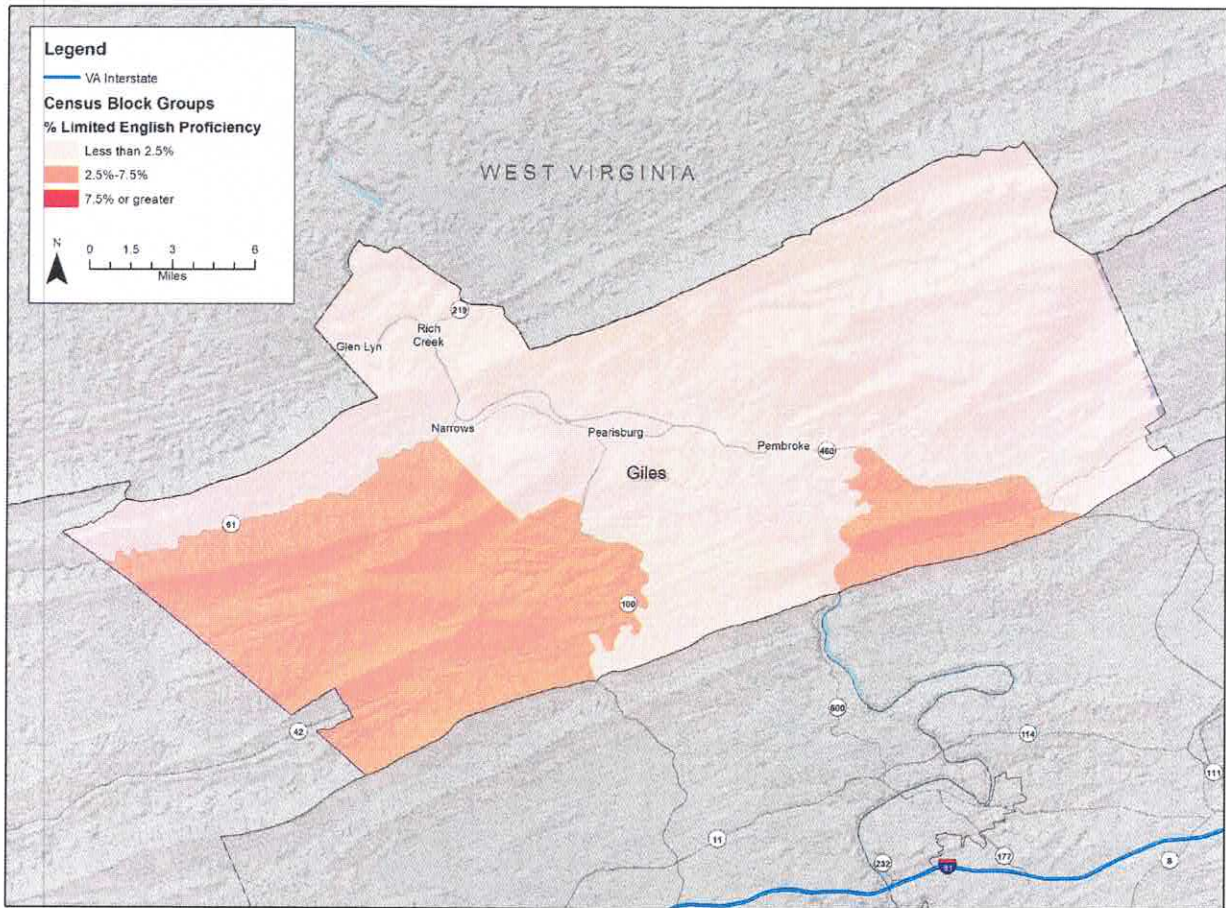
Information from the 2011-2015 ACS also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well. Languages spoken at home by those with LEP are presented below. These data indicate the extent to which translations into other language are needed to meet the needs of LEP persons.

Table 1 - LEP Individuals by Language Spoken

Giles Health and Family Center Service Area			
Language	Number of LEP Population	Percent of County Population Speaking Language	Percent of LEP Population Speaking Language
German	92	0.57%	73.02%
Chinese	28	0.17%	22.22%
Greek	4	0.02%	3.17%
Spanish or Spanish Creole	2	0.01%	1.59%
Total LEP Population	126	0.79%	
Total County Population	16,028		

The most spoken language among LEP individuals is German (92). No language group surpasses the Safe Harbor Provision. Figure 1 maps the percentage of LEP individuals by Census Block Group. There are no significant percentages of LEP persons in the service area.

Figure 1 – % LEP by Census Block Group



Factor 2: Assessment of Frequency with Which LEP Individuals Come Into Contact with the Transit Services or System

Giles Health and Family reviewed the relevant benefits, services, and information provided by the agency and determined the extent to which LEP persons have come into contact with these functions through *one or more of* the following channels:

- Contact with transit vehicle operators;
- Contact with transit station managers;
- Calls to *Giles Health and Family*'s telephone line;
- Visits to the agency's headquarters;
- Access to the agency's website;
- Attendance at community meetings or public hearings hosted by *Giles Health and Family*;
- Contact with the agency's ADA complementary paratransit system (including applying for eligibility, making reservations, and communicating with drivers).

We will continue to identify emerging populations as updated Census and American Community Survey data become available for our service area. In addition, when LEP persons contact our agency, we attempt to identify their language and keep records on contacts to accurately assess the frequency of contact. To assist in language identification, we use a language identification flashcard based on that which was developed by the U.S. Census. (<http://www.lep.gov/ISpeakCards2004.pdf>)]

Information from Community Organizations that Serve LEP Persons

To supplement the Census, education, and labor department data, *Giles Health and Family* conducted community outreach to the following organizations that work with LEP populations. The outreach was communicated through written letters sent to each organization.

- *Giles County Public School System;*
- *New River Valley Agency on Aging;*
- *Giles County Administration*

Factor 3: Assessment of the Nature and Importance of the Transit Services to the LEP Population

Giles Health and Family provides the following programs, activities and services: *Adult Day Care Services, Early Head Start and Childcare Services and Non-emergency Transportation Services.*

Based on past experience serving and communicating with LEP persons and interviews with community agencies, we learned that the following services/routes/programs are currently of particular importance LEP persons in the community.

N/A

The following are the most critical services provided by *Giles Health and Family* for all customers, including LEP persons.

- Safety and security awareness instructions
- Emergency evacuation procedures
- Public transit services, including reduced fare application process
- ADA paratransit services (if your agency operates fixed-route), including eligibility certification process
- Other paratransit services
- Services targeted at low income persons

Factor 4: Assessment of the Resources Available to the Agency and Costs

Costs

The following language assistance measures currently being provided by ***Giles Health and Family***.

- ***Minimal cost associated with copying translation documents.***

We anticipate that these activities and costs will increase as follows. *N/A*

Based on the analysis of demographic data and contact with community organizations and LEP persons, ***Giles Health and Family*** has determined that the following additional services are ideally needed to provide meaningful access: *N/A*

Resources

The available budget that could be currently be devoted to additional language assistance expenses is ***less than one hundred dollars***. This amount is likely to ***remain constant*** time.

Giles Health and Family has also requested the following additional grant funding for language assistance: *N/A*

In addition, in-kind assistance may be available through ***Giles County Administration***.

Feasible and Appropriate Language Assistance Measures

Based on the available resources, the following language assistance measures are feasible and appropriate for our agency at this time: flash cards.

LEP Implementation Plan

Through the four-factor analysis, ***Giles Health and Family*** has determined that the following types of language assistance are most needed and feasible:

- ***Translation of vital documents into Spanish. These documents include:***
 - ***Application for reduced fare***
 - ***All printed materials on ADA Paratransit, including brochure, eligibility application package, and passenger policies and procedures***
 - ***Emergency preparedness brochure***
- ***Attempt to hire bilingual staff with competency in spoken and written (Spanish, Vietnamese, etc. as appropriate for your service area).***
- ***In-person translation for ADA eligibility assessments.]***

Staff Access to Language Assistance Services

Agency staff who come into contact with LEP persons can access language services by ***accessing flash cards in vehicle***. All staff will be provided with a list of available language assistance services and additional information and referral resources (such as community organizations which can assist LEP persons). This list will be updated at least annually.

Responding to LEP Callers

Staff who answer calls from the public respond to LEP customers as follows: **will refer clients to a toll free assistance line.**

Responding to Written Communications from LEP Persons

The following procedures are followed when responding to written communications from LEP persons: **written responses will be sent to the individual with copies maintained at center.**

Responding to LEP Individuals in Person

The following procedures are followed when an LEP person visits our customer service and administrative office: **use of translation services such as bilingual staff and referral to telephone assistance and/or flash card assistance.**

The following procedures are followed by operators when an LEP person has a question on board a ***Giles Health and Family*** vehicle: **use of translation services such as bilingual staff and referral to telephone assistance,**

Staff Training

As noted previously, all ***Giles Health and Family*** staff are provided with a list of available language assistance services and additional information and referral resources, updated annually.

All new hires receive training on assisting LEP persons as part of their sensitivity and customer service training. This includes:

- A summary of the transit agency's responsibilities under the DOT LEP Guidance;
- A summary of the agency's language assistance plan;
- A summary of the number and proportion of LEP persons in the agency's service area, the frequency of contact between the LEP population and the agency's

programs and activities, and the importance of the programs and activities to the population;

- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the agency's cultural sensitivity policies and practices.

Also, all staff who routinely come into contact with customers, as well as their supervisors and all management staff, receive annual refresher training on policies and procedures related to assisting LEP persons.

Additional training will be provided to staff upon request including language courses and additional training.

Providing Notice to LEP Persons

LEP persons are notified of the availability of language assistance through the following approaches:

- *following our Title VI policy statement included on our vital documents.*
- *on our website, with links to translations of vital documents in other languages.*
- *through signs posted on our vehicles and in our customer service and administrative offices.*
- *including the agency's language translation line on all materials.*

LEP persons will also be included in all community outreach efforts related to service and fare changes.

Monitoring/updating the plan

This plan will be updated on a periodic basis (at least every three years), based on feedback, updated demographic data, and resource availability.

As part of ongoing outreach to community organizations, ***Giles Health and Family*** will solicit feedback on the effectiveness of language assistance provided and unmet needs. In addition, we will conduct periodic ***internal meetings with staff who assist LEP persons, and review of updated Census data*** of the adequacy and quality of the language assistance provided, and determine changes to LEP needs.

In preparing the triennial update of this plan, ***Giles Health and Family*** will conduct an internal assessment using the Language Assistance Monitoring Checklist provided in the FTA's "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers."

Based on the feedback received from community members and agency employees, *Giles Health and Family* will make incremental changes to the type of written and oral language assistance provided as well as to their staff training and community outreach programs. The cost of proposed changes and the available resources will affect the enhancements that can be made, and therefore *Giles Health and Family* will attempt to identify the most cost-effective approaches.

As the community grows and new LEP groups emerge, *Giles Health and Family* will strive to address the needs for additional language assistance.

X. MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, “deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program.”

Giles Health and Family has transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which we select.

- 1. *Giles Health and Family Center strives to include a diverse group of board members for its facility.*

Committee	Black or African American	White/ Caucasian	Latino/ Hispanic	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Other <i>*Note</i>	Totals
Board of Directors (BOD)	0	4	0	0	0	0	0	4
% of BOD	0	100%	0	0	0	0	0	100%

**Note – Other races reported: Lithuania, Ukrainian, and Polish*

SEE APPENDIX F- TABLE MINORITY REPRESENTATION ON COMMITTEES BY RACE

XI. MONITORING TITLE VI COMPLAINTS

As part of the complaint handling procedure, the Title VI Manager investigates possible inequities in service delivery for the route(s) or service(s) about which the complaint was filed. Depending on the nature of the complaint, the review examines span of service (days and hours), frequency, routing directness, interconnectivity with other routes and/or fare policy. If inequities are discovered during this review, options for reducing the disparity are explored, and service or fare changes are planned if needed.

In addition to the investigation following an individual complaint, the Title VI Manager periodically reviews all complaints received to determine if there may be a pattern. At a minimum, this review is conducted as part of preparing the Annual Report and Update for submission to DRPT.

APPENDIX A - TITLE VI NOTICE TO THE PUBLIC

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).

Giles Health and Family 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 (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by *Giles Health and Family*, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Helen Wallace
Executive Director
Giles Health and Family Center
701 Wenonah Ave
Pearisburg, Va 24134
540-921-3024
director@gileshealthandfamily.org

APPENDIX B –

TITLE VI NOTICE TO THE PUBLIC LIST OF LOCATIONS

GILES HEALTH AND FAMILY CENTER HAS A COPY OF ITS TITLE VI NOTICE TO THE PUBLIC POSTED AT THE GILES HEALTH AND FAMILY CENTER, AT 701 WENONAH AVENUE, PEARISBURG, VIRGINIA 24134.

APPENDIX C - TITLE VI COMPLAINT FORM

TITLE VI & ADA COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone:				
Email:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III				
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			Yes	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 IV:				
Have you previously filed a Title VI or ADA complaint with this agency ?			Yes	No
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:				

APPENDIX D

TITLE VI INVESTIGATIONS, COMPLAINTS AND LAWSUITS DOCUMENT

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color or national origin)	Status	Action(s) taken
Investigations	N/A			
1.				
Lawsuits				
1.				
Complaints				
1.				

APPENDIX E - SUMMARY OF OUTREACH EFFORTS

Giles Health and Family Center works to provide information and outreach to the public in recognition of its Title VI coverage. Efforts include signage posting in vehicles and other marketing and publication materials distributed by Giles Health and Family Center. Other outreach efforts are listed on pages 18, 24 and 25 of this document.

APPENDIX F -TABLE MINORITY REPRESENTATION ON COMMITTEES BY RACE

Committee	Black or African American	White/ Caucasian	Latino/ Hispanic	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Other <i>*Note</i>	Totals
Board of Directors (BOD)	0	4	0	0	0	0	0	4
% of BOD	0	100%	0	0	0	0	0	100%