

**DISCRIMINATION IS AGAINST THE LAW.**

The Agency will not discriminate against recipients of services on the basis of race, hair texture or hairstyle, if that style or texture is commonly associated with a particular race or national origin, color, religion, national origin, sex, sexual preference, physical or mental handicap, political belief, veteran status, age, diagnosis/infectious disease, ability to pay, or whether the patient has an advance directive.

Team Select Home Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, SmartCare telehealth with language services.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters, SmartCare telehealth with translation services, and information written in other languages.

If you need these services, contact the Administrator/Director through your local agency or the Compliance Officer.

If you believe that Team Select Home Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Susan Valocchi, Chief Compliance Officer  
2999 N. 44th Street, Suite 100  
Phoenix, AZ 85018  
Phone: (602) 288-4059  
Fax: 602-253-5656  
[svalocchi@tshc.com](mailto:svalocchi@tshc.com)  
Hotline: 877-856-9107

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the above Civil Rights Coordinators are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington D.C., 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

**LANGUAGE ASSISTANCE SERVICES**

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-602-382-8500.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-602-382-8500.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-602-382-8500.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-602-382-8500 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-602-382-8500.

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሰሎ ቁጥር ይደውሉ 1-602-382-8500

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-602-382-8500.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-602-382-8500.

Nepali: ध्यान दिनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको दनदतत भाषा सहायता सेवाहरू दनःशुल्क रूपमा उपलब्ध छ । फोन गनुहोस् 1-602-382-8500।

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-602-382-8500.

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-602-382-8500まで、お電話にてご連絡ください。

Bassa (Kru): Dè dɛ nià kɛ dyédé gbo: ɔ̃ jũ ké m̃ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po poò béin m̃ gbo kpáa. Đá 1-602-382-8500

Ibo: Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-602-382-8500.

