

ATTACHMENT A

Reasonable ADA Modification Request Form

Human Support Services (HSS) is committed to providing equal access, safe, reliable, courteous, accessible, and user-friendly service to its customers. To ensure equality and fairness, HSS is committed to making reasonable modifications to its policies, practices and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. The purpose of the reasonable modification policy is to offer equal and effective opportunities to clients for transportation to and from services of HSS. Services and transportation are conducted in full compliance of the American with Disabilities Act of 1990, Title II, and section 504 of the Rehabilitation Act of 1973. Complaints regarding Reasonable Modifications can be made using this form. The reasonable accommodation process begins as soon as the request for accommodation is made.

Preferred Contact Method (select one): Email Phone US Mail

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: _____

Email Address: _____

Briefly describe your reasonable modification to use the vehicle service:

Please send this form via US Mail, or by using the contact information below. You may attach any written material or other information that you think is relevant to your reasonable modification request.

Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box
Waterloo, IL 62298
Phone: 618-939-4444 Extension: 1242

ADA Service, Complaint and Human Support Services Request Policy

Section 3

Policy Statement

The Americans with Disabilities Act (Title II) states, in part, that “no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.” At Human Support Services, we are committed to complying with the requirements of Title II of the ADA and all its programs, services, benefits, and activities.

Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. Dialing 711, both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven or ten-digit access number.

HSS is committed to providing safe and accessible transportation to all riders in our housing and day programs to and from appointment in the Monroe County and surrounding areas. HSS provides door-to-door services. Door-to-door means that drivers assist passengers from their homes and assist them back to the door in a safe and polite manor.

Human Support Services is committed to meeting the needs of people with disabilities. Our drivers must all participate in trainings to better serve and understand the community’s needs as well as safety requirements for Human Support Services. Suggestions for improvements in our services for people with disabilities are always welcome. Please call our office at 1-618-939-4444.

Mobility Device

Mobility Device is defined as any wheelchair motorized or otherwise.

With respect to size and weight of the mobility device, Human Support Services will transport a mobility device and its user, if the lift can accommodate the size and weight of the mobility device, its user and there is space for the mobility device and its user, consistent with legitimate safety requirements. Human Support Services lifts can accommodate an 800 - 1000 lb. maximum lift weight.

Features required to make facilities and vehicles accessible to individuals with disabilities will be maintained in operative condition. This includes, if applicable, lifts, interlocks, ramps, securement devices, assistive devices and handles, signage, and systems to facilitate communication. These will be repaired as soon as possible when necessary.

Regular maintenance checks for lifts will be done. If a lift is inoperative, the vehicle must be removed from service before the next day unless an exception applies. An alternative accessible vehicle will replace it. Securement systems for mobility devices will be provided. Mobility devices must be secured by the standard securement system. If a mobility device cannot be secured by standard means, service could be denied.

The user of the mobility device will have the choice of transferring out of the mobility device into another seat if client has the capability of doing so without the help of driver and adequate space is available. Staff will aid with the lifts, ramps, and securement systems.

Vehicle operators and other employees must make use of required accessibility-related equipment and features, (ex. Using available vehicle tie-downs for mobility devices). Service information will be available in an accessible format.

A passenger who requires a lift may disembark from a vehicle at any designated stop unless the lift cannot be deployed, the lift will be damaged if deployed, or a temporary condition precludes the safe use of the stop by all passengers.

Service will not be denied to individuals using respirators or portable oxygen. Drivers will be trained in the safe operation of the vehicles, use of accessibility equipment, and treatment of persons with disabilities.

Human Support Services Transportation is a door-to-door service. To maintain the door-to-door service ramps and mobility device paths must be properly paved and kept clear of snow, ice, parked cars, trash, and other obstructions. Drivers will help mobility device clients up and down a maximum of one step. If the driver determines that ramps, walkways, and steps are unsafe for door-to-door service a curb-to-curb service will be available.

Aides for persons with disabilities may accompany a paying passenger at no extra charge if the aide provides door-to-door assistance for the passenger.

Most Human Support Services IDOT vehicles are equipped with wheelchair lifts, ramps, and securement systems for persons with mobility impairments.

For safety and liability reasons, Human Support Services Transportation adheres to the following guideline:

1. Clients utilizing a mobility device will be allowed to transfer to a regular seat in the vehicle if the client requests to do so and is able to complete the transfer with no assistance from the driver. Drivers are not permitted to lift or pull any client to enable them to transfer into a regular seat.
2. HSS reserves the right to refuse service to any client who will not allow their mobility device to be secured utilizing the 4-point securement system within the HSS vehicle. HSS drivers have been trained to use a 4-point tie-down system for all mobility devices to guarantee the safest securement possible.
3. HSS reserves the right to refuse equipment that poses a direct threat to others. The driver will call the dispatch and the dispatch will make the final determination if unsafe.
4. Mobility device/Scooter user will have the choice of transferring out of the mobility device into another seat if client has the capability of doing so without the help of driver and adequate space is available.
5. Staff will aid as necessary with lifts, ramps and securing systems.

A. Lift and Securement

All HSS drivers are properly trained to use mobility device lifts, ramps, and corresponding securement equipment.

Using the lift

- HSS recommends backing the mobility device onto the lift; however, the Americans Disabilities Act (ADA) allows the passenger to make the choice.

- Set the brakes on the mobility device. ALWAYS ask the client to turn off the power to a motorized chair.
- Place one hand on the mobility device and the other hand on the control panel and inform the Mobility device client when you are going to start the lift.
- After reaching floor level, push the mobility device into the vehicle, set brakes, and then proceed inside the vehicle to bring the passenger completely inside.
- Drivers are not permitted to ride the lift with mobility device passengers. Passengers must have both hands-on safety rails and/or safety belts attached.
- Use proper securement procedures for every mobility device. The 4-point floor securement must be used on every mobility device client to anchor the mobility device to the floor.

Lift Operations/ Inter-lock System

- Vehicle should be running.
- Transmission should be in PARK.
- Emergency brake set
- Lift power switch turned on. At this point, the “Lift Ready” green light should activate
- If the lift ready light is on, you may open the lift doors and the lift should be fully operational.
- In the event the lift does not operate, close lift doors, and repeat the steps listed above. If lights are activated and lift does not work, push “UP” button on lift controls to see if lift has settled while sitting or driving (bleed off).

Manual Override of Lift Operations

- Drivers have been trained in the manual operation of all lifts.
- Manual back-up pump
- To lower platform and unfold, roll stop place slotted end of pump handle into back-up pump release valve and turn counterclockwise (open ½ turn only). When platform reaches desired height and roll stop unfolds turn release valve clockwise to stop. Valve should be tight but DO NOT over tighten.
- To fold: roll, stop and raise platform, place the slotted end of the pump handle into the back-up release valve and turn clockwise to close securely. DO NOT over tighten. With pump handle in back up pump stroke until the desired height to the platform is reached.

Ramp Operations

Some of HSS’s vehicles are equipped with mobility device ramp. Ramps are deployed at the sidewalk level and may be boarded by the passenger either forward or backwards, depending on their preference. The HSS driver will assist to ensure that the wheels of the mobility device do not go over the lip of the ramp. If the ramp is deployed at street level with no sidewalk and rap is at an incline, the HSS driver will maintain full control of the passenger and mobility device. The mobility device will be pushed up and back down the ramp. This will ensure that passenger does not tip or fall out of the mobility device while moving up or down the ramp.

It is the policy of the HSS that all mobility devices / scooters will be secured by the 4-point floor system to anchor the mobility device to the floor. It is mandatory that all passengers are secured with lap and shoulder belts.

- Install straps track fittings approximately 3 inches outside the front wheels.
- Place strap around mobility device frame, pull tie-down straps until snug.
- Place rear strap track fitting just inside rear wheels directly to rear of chair, attach straps to rear frame and tighten.

- The strap “keeper” must always face away from Mobility device both front and rear.
- Tighten rear straps so that the mobility device has no movement. DO NOT over tighten, damage to the mobility device could result.
- All tie-down straps should be placed around frame of mobility device.
Always secure the lap and shoulder harness to the tie-down system, never to the mobility device

An individual who uses a lift will not be refused to disembark from a vehicle at any designated stop, unless the lift cannot be deployed, the lift will be damaged if deployed, or temporary conditions preclude the safe use of the stop by all passengers.

Adequate time will be given for individuals with disabilities to board or disembark the vehicle.

B. Inoperative Accessibility Features

In the event a lift becomes inoperable, the vehicle will be taken out of service and a backup vehicle will be used until the lift is repaired. If a backup vehicle is not available, re-routing of a lift vehicle will be made so that appointments may be kept. Re-routing will continue until another lift equipped vehicle is available.

In event that any accessibility feature becomes inoperable, or repairs are needed, the transportation coordinator or the department manager must be notified immediately. These accessibility features include the lift of the vehicle, securement devices and systems to facilitate communications. Upon notification of any inoperable device, the coordinator or designee will make timely arrangements for repair and/or replacement of defective devices.

C. Service Animals

Service Animals are permitted on HSS vehicles. A service animal is any guide dog, signal dog, or any other animal individually trained to work or perform tasks for an individual with a disability, including but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a mobility device, or fetching dropped items. (DOT, Americans with Disabilities Act- Transportation Regulation, 49 CFR 37.167, 46.267)

D. Service to Persons using Respirators or Potable Oxygen

Service to persons using respirators or portable oxygen will not be denied. However, an aid trained in its use may be required to monitor said equipment. Equipment will be secured while being transported within the vehicle.

E. Safety

HSS drivers are properly trained and licensed in accordance with State and Federal laws. HSS drivers receive quarterly/annual training in safety including emergency procedures, seat belt and mobility device tie-down procedures, evacuation procedures and other areas.

HSS drivers inspect their vehicles (including lift and ramp equipment) daily using a Pre-Trip and Post-Trip inspection. Every HSS driver is trained and understands the manual operation of the lift or ramp so, if the need arises, the driver will be able to accommodate passengers. If a lift or a ramp cannot be manually operated to accommodate a passenger, dispatch is contacted, and arrangements are made to send a replacement vehicle and the defective vehicle is removed from service until repaired.

All HSS IDOT vehicles have a safety preventative inspection monthly with routine preventative maintenance being done during these inspections in accordance with general manufacturer recommendations. If a vehicle is deemed unsafe it will be taken out of service until all repairs are done to the vehicle and a qualified technician deems the vehicle to be safe.

Reasonable Modifications

HSS may allow the reasonable modification of its policies to accommodate the special needs of a person with disabilities to allow them to fully utilize our services as required by 49 CFR Part 37.5(i.3). HSS is committed to providing safe, reliable, courteous, accessible, and user-friendly service to its customers. To ensure equality and fairness, HSS is committed to making reasonable modifications to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities.

Examples of a reasonable modification:

It is reasonable for a bus driver to pull up ahead/after a designated stop if there is an illegally parked car in the way. However, it is not reasonable to ask the bus driver to take you to another location because you gave the incorrect address during your booking. It is reasonable to allow a person with a medical condition, such as diabetes, to eat something (such as a hard candy or a chocolate bar) to avoid adverse health conditions. However, it is not reasonable to consume a meal while on the bus because you did not have time to eat your meal before the bus arrived.

Whenever possible a request for a reasonable modification or accommodation shall be filed/requested in advance by sending "Attachment A" the ADA Complaint and Reasonable Modification Request Form to:

Human Support Services
Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146 Waterloo, IL 62298
618-939-4444 Extension 1242

Administrative Appeals Process

An administrative appeal process is available to any individual who is determined to be ineligible for transportation services, has an ADA related complaint or has been denied a modification. Because the provision of ADA transit service is a civil right, the denial of eligibility or modification is a serious matter.

The appeal process is available not only to individuals who are determined ineligible in all situations, but also to persons who are deemed conditionally eligible. Limiting eligibility is in fact denying eligibility for certain trips.

Individuals are permitted to request an appeal within 60 days of the initial eligibility or modification decision, hearing will be held within 10 business days of filing unless more time is requested by individual requesting the hearing.

Individuals have an opportunity to be heard in person and to present additional information and arguments regarding their disability and ability to use the service.

Applicants are notified of appeal decision in writing, or in accessible format if requested, and the notification will state the reasons for the decision if eligibility is still denied.

If a decision on the appeal is not made within 30 days of the completion of the process, individuals must be considered “presumptively eligible” and must be provided transit service until and unless a decision to deny the appeal is issued. Transit service does not have to be provided, however, during other phases of the appeals.

HSS Transportation is committed to providing safe, reliable, courteous, accessible, and user-friendly services to its customers. To ensure equality and fairness, HSS is committed to making reasonable modifications to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. Requests for modifications can be made by calling HSS at (618) 939-4444 or completing the ADA Complaint and Reasonable Modification Request Form “Attachment A” located on the HSS website: www.hss1.org

Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. Dialing 711, both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven or ten-digit access number.

Any person who believes she or he has been discriminated against in obtaining a reasonable modification under the Americans with Disabilities Act may file a complaint by completing the ADA Complaint and Reasonable Modification Request Form “Attachment A.” HSS will investigate the complaint received no more than thirty (30) days after receipt and will communicate results of all complaints in writing or other individually preferred accessible format.

This notice is posted at all HSS facilities including vehicles.

ATTACHMENT A

ADA Complaint and Reasonable Modification Request Form

HSS is committed to providing safe, reliable, courteous, accessible, and user-friendly service to its customers. To ensure equality and fairness, HSS is committed to making reasonable modification to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. Complaints regarding ADA Policy can be made by using this form or contacting us by phone.

Preferred Contact Method (select one): Email Phone US Mail

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: _____

Email Address: _____

Briefly describe your ADA complaint or your reasonable modification complaint to use the bus service:

Please send this form via US Mail, or by using the contact information below. You may attach any written material or other information that you think is relevant to your complaint to this form.

Human Support Services

Corporate Compliance Officer

988 N Illinois Route 3 P.O. Box 146 Waterloo, IL 62298

618-939-4444 Extension 1242

ORIG: 07/22

REVISED: 11/24 REVIEWED: 11/24

MAINTENANCE 01.01

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Section 3
Attachment A

TITLE VI POLICY STATEMENT

Human Support Services

Human Support Services is committed to a policy of nondiscrimination ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

It is Human Support Service’s objective to:

- Ensure that the level and quality of Human Support Service’s service is provided without regard to race, color, or national origin;
- Identify and address as appropriate, disproportionately high and adverse human health and environmental effects, including social and economic effects of programs and activities on minority populations and low income populations;
- Promote the full and fair participation of all affected populations in Human Support Service’s decision-making;
- Prevent the denial, reduction or delay in benefits related to programs and activities that benefit minority populations or low-income populations; and
- Ensure meaningful access to programs and activities by persons with Limited English Proficiency (“LEP”).

The Corporate Compliance Officer, and all employees share the responsibility for carrying out Human Support Service’s commitment to Title VI. The Title VI Complaint Form is available at www.hss1.org and (618) 939-4444. Accessible formats available upon request.

A complainant may file directly with the Illinois Human Rights Commission no later than 180 days after the alleged discrimination. The address is below.

Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box
Waterloo, IL 62298
Phone: 618-939-4444 Extension: 1242

Illinois Human Rights Commission
William G. Stratton Building, Suite 802
Springfield, IL 62706
(217)785-4350

Human Support Services will provide appropriate assistance to Complainants who are limited in their ability to communicate in English. Human Support Service assistance is available Monday –Friday, 8:00 a.m. – 4:00 p.m. If a member of the general public requires assistance during a time or day other than those published, a mutually agreeable appointment will be schedule.

ORIG: 07/22

REVISED: 11/24 REVIEWED: 11/24

MAINTENANCE 01.01

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Discrimination Complaint Form

Title VI and ADA

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 III:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature _____

Date _____

Please submit this form in person at the address below, or mail this form to:

Human Support Services

Corporate Compliance Officer

988 N Illinois Route 3 P.O. Box 146

Waterloo, IL 62298

618-939-4444 Extension 1242

A copy of this form can be found online at www.hss1.org

Human Support Services

Title VI Plan

****See copy of Human Support Services or (HSS) Title VI Protection Public Notice:
HSS Policies and Procedures HSS Title VI Plan Attachment A**

Purpose of Plan

The Title VI of the Civil Rights Act of 1964, as amended, applies to U.S. Department of Transportation Federal Transit Administration (FTA) sub-recipients. The purpose of Title VI is to ensure 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 subjected to discrimination under any program or activity receiving federal financial assistance from the FTA. The program described herein describes Human Support Services transportation's efforts to comply with the Title VI regulations issued by the U.S. Department of Justice and the U.S. Department of Transportation. The objectives of Human Support Services Title VI program are to:

- Ensure that the level and quality of transportation service is provided equitable and without regard to sex, race, color, age, national origin, veteran status, sexual orientation, or physical/mental health disability;
- Avoid, minimize, or mitigate disproportionately high and adverse human health and environmental effects, including social and economic effects of programs and activities on minority populations and low-income population:
 - Ensure the full and fair participation of all affected populations in transportation decision making:
 - Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit
 - Ensure that persons with limited English proficiency have meaningful access to programs and activities that are administered by recipients and sub- recipients.

This plan was developed to guide HSS in its administration and management of Title VI

Any person who believes they have been aggrieved by an unlawful discretionary practice regarding HSS's program or excluded from participation in HSS's services on the basis of sex, race, color, age, national origin, veteran status, sexual orientation, or physical/mental health disability (including Limited English Proficiency) has the right to file a formal complaint. For more information regarding civil rights complaints, please contact:

Human Support Services
Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
618-939-4444 Extension 1242

Title VI Complaint Procedures

How to file a Title VI Complaint?

HSS shall grant services to individuals regardless of their sex, race, color, age, national origin, veteran status, sexual orientation, or physical/mental health disability.

In order to comply with 40 CFR Section 21.9(b), HSS has developed procedures for investigation and tracking VI complaints. The procedures for filing a complaint will be made available to members of the general public. HSS has adopted the Title VI complaint procedures used by IDOT.

The Following measures will be taken in dealing with the Title VI Complaints:

1. A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the Complainant's name, address, and telephone number: name of alleged discriminating official, basis of complaint (race, color, or national origin), and the date of the alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints. Section 6, Page 3 provides HSS's Public Transportation's Title VI complaint form.

2. In the case where a Complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to HSS's Human Resources Director. Under these circumstances, the Complainant will be interviewed, and the Human Resources Director will assist the Complainant in converting the verbal allegation into writing.
3. HSS will investigate complaints filed against contractors, consultants, or other sub-recipients. Complaints filed directly against HSS shall be forwarded to the IDOT Title VI Coordinator for investigation.
4. When a complete complaint is received, HSS's Human Resources Director will provide written acknowledgement to the Complainant within five (5) days by registered mail. At the same time, the complaint will be forwarded to the State of Illinois for investigation.
5. If a complaint is deemed incomplete, additional information will be requested from the Complainant within 15 business days from receipt of the original complaint. The Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for determination of no investigative merit.
6. Within 15 business days from receipt of a complete complaint, HSS will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Complainant and Respondent will receive notification of the disposition by registered mail.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the decision is to be investigated, the notification shall inform the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
7. When HSS does not have sufficient jurisdiction, the complaint will be referred to IDOT for further investigation.
8. If the complaint has investigative merit, an investigator will be assigned. A complete investigation will be conducted, and an investigative report will be submitted within 45 days from the receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding of recommendations.
9. A letter of finding will be issued to the Complainant and Respondent. Where appropriate, these letters will include conciliatory measures. A copy of the investigative report shall be forwarded to IDOT within 60 days from receipt of the complaint. If the investigation is delayed for any reason, the investigator will notify the appropriate authorities, and an extension will be requested.
10. If the Complainant is dissatisfied with the HSS's resolution of the complaint, he/she has the right to file the complaint with the IDOT Title VI Coordinator directly with IDOT Civil Rights Officer at:

Illinois Department of Transportation
Bureau of Civil Rights
2300 Dirksen Parkway
Springfield Illinois 62764

Title VI Investigations, Complaints, and Lawsuit Record Keeping Procedures

In order to comply 49 CFR Section 21.9(b), HSS has prepared and maintains a list of active investigation, lawsuits or complaints name HSS that allege decimation on the basis of race, color, or national origin. This list includes:

- The date the investigation, lawsuit, or complaint was filed
- A summary of the allegation
- The status of the investigation; and
- Actions taken in response to the investigation, lawsuit, or complaint

HSS has adopted IDOT’s Title VI record keeping procedures for complaints, lawsuits, and investigations. Exhibit III on the following page depicts this format. There are currently no active investigations, lawsuits, or complaints that allege decimations by HSS sex, race, color, age, national origin, veteran status, sexual orientation, or physical/mental health disability.

File Date	Summary of Allegations	Actions Taken in Response	Status of Investigation

Meaningful Access to LEP Persons

Title VI and its implementing regulations require that FTA sub-recipients take reasonable steps to ensure meaningful access to the benefits, services, information, and other important portions of their program and activities that have LEP individuals. Circular 4702 IA states that LEP persons are *“persons for whom English is not their primary language and who have a limited ability to speak, understand, read or write English. It includes people who reported to the U.S. Census that they do not speak English well or do not speak English at all.”*

Identifying the number or proportion of LEP persons eligible to be served or likely to be encountered by a program activity or service of the recipient or grantee. Based on the 2023 U.S. Census that Monroe County has a population of 34,957 and 2.2% speak a language other than English.

Based on the American Factfinders web site (<https://data.census.gov/cedsci/>), only 0.7% Spanish speaking population speak English “less than very well”, thus Monroe County does not have to take any additional steps to translate system documents since it is under 1,000 persons and less than 5% of the total population.

Determining the frequency with which LEP individuals encounter the program. HSS has not received a ride request from any individual who has difficulty communication in English. HSS however, is aware of individuals and agencies within the community that are able to provide translation services on a as needed basis and is committed to using these resources on a case-by-case basis as the need arises.

Defining the nature and importance of the program, activity, or services provided by the recipient to people’s lives. The system brochures clearly state that HSS’s service is open to all without discrimination based on sex, race, color, age, national origin, veteran status, sexual orientation, or physical/mental health disability. HSS recognizes and is committed to the importance of access to transportation for all community residents

HSS fully understands that FTA or IDOT may request additional information to investigate complaints of decimation or to resolve concerns about possible noncompliance with Title VI, HSS will cooperate with IDOT, and all requested information will be provided in a timely manner.

To ensure compliance with 49 CFR Section 21.9(b), this report will serve as documentation of HSS’s Title VI compliance.

HSS's Title VI Protection Public Notice

HSS's Public Transportation hereby gives public notice of its policy to uphold and assure full compliance with the Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987, and all related statutes. Title VI and related statutes prohibiting discrimination in Federally assisted programs require that no person in the United States of America shall on the grounds of race, color, or national origin be excluded from the participation in, be denied the benefits of, or be otherwise subjected to, discrimination under any program or activity receiving Federal financial assistance.

Any person who believes they have been aggrieved by an unlawful discretionary practice regarding HSS's programs has the right to file a formal complaint. Any such complaint must be in writing and submitted to HSS's Human Resources Director within one hundred eighty, (180) days following the date of the alleged occurrence. For more information regarding civil rights complaints, please contact:

Human Support Services
Corporate Compliance Officer
988 N Illinois Route 3 P.O. Box 146
Waterloo, IL 62298
618-939-4444 Extension 1242

Procedures on filing a Title VI Complaint can be accessed on HSS's website at: www.hss1.org This

notice is posted at all HSS facilities including vehicles