

Title VI Plan

Human Support Services

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Adopted on: 02/27/2025 _____

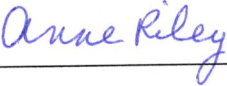
Adopted by: Human Support Services Board of Directors _____

Revised on: 03/21/25 _____

This plan is hereby adopted and signed by:

Human Support Services Board of Directors

Executive Name/Title: Anne Riley, President & CEO _____

Executive Signature:  _____

Executive Summary

Human Support provides community services to the residents of Monroe County Illinois. Human Support receives vehicles funded through the 5310-grant program. Human Support is the grantee for

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the 5310 program. Human Support receives 5310-program vehicles to administer transit services and meet transit needs for its program participants in the 5310-program service area which is Monroe Counties.

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA

Human Support operates its programs and services without regard to race, color, national origin and persons with disabilities in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Human Support.

For more information on the Human Support Services' civil rights program, and the procedures to file a complaint, contact **Melissa Jones Director of Business Operations & Quality**; 618-939-4444, email **HSS@hss1.org**; or visit our administrative office at **988 N. Illinois Route 3 Waterloo, IL 62298**. For more information, visit **www.hss1.org**.

Complaints may be filed directly with the Illinois Department of Transportation (**IDOT**) **Civil Rights Office**. ATTN: Title VI Program Coordinator 2300 S Dirksen Parkway, Suite 317, Springfield, IL 62764 or with the Federal Transit Administration (**FTA**). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **This notice is posted in the main agency waiting room, on our website, and each IDOT vehicle.**

This notice is posted online at **www.hss1.org**

Non Discrimination ADA/Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by Human Support including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted Human Support will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Human Support or submitted to the State or Federal authority for guidance.
- (7) Human Support will notify the IDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at (217) 782-2762; or email at DOT.Complaint@illinois.gov.
- (8) Human Support has 30 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 30 business

days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to IDOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with Human Support decision may file a complaint with the Illinois Department of Transportation (**IDOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **IDOT**: ATTN ADA/Title VI Program Coordinator 2300 S Dirksen Parkway, Suite 317, Springfield, IL 62764 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: www.hss1.org.

Discrimination ADA / Title VI Complaint Form

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 VI:			

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

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Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

Human Support has not had Title VI Discrimination complaints, investigations, or lawsuits in **2024**

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
Investigations						
1)						
2)						
Lawsuits						
1)						
2)						
Complaints						
1)						
2)						

Public Participation Plan

Human Support is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, Human Support made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to IDOT CRO.

- Posted the Nondiscrimination Public Notices to the following locations:
 - Within transportation vehicles
 - Pick up and drop off stations
 - Lobby of agency

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List other _____

Human Support will make the following community outreach efforts for the upcoming year:

Post the Nondiscrimination Public Notices to the following locations:

Within transportation vehicles

Pick up and drop off stations

Lobby of agency

List other _____

***PLEASE ATTACH SAMPLE DOCUMENTS OF PUBLIC PARTICIPATION METHODS
HERE.**

Limited English Proficiency Plan

***A Limited English Proficiency Plan (LEP) or Language Access Plan is a document which explicitly describes the proactive strategies, procedures, and desired outcomes to ensure meaningful access to benefits, services, information, and other important portions of programs and activities for individuals who are limited-English proficient (LEP). If you have any questions or concerns, please contact the IDOT Civil Rights Office at (217) 782-2762 and ask to speak with the FTA Title VI Program Specialist.**

Human Support has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Human Support services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand 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.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the Human Support's extent of obligation to provide LEP services, the Human Support undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

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.

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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. The demographics and demographic chart for the service are found at the link above for the census.

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.

1 Human Support provides language assistance services through the below methods:

- Instructions are provided to customer service staff and other Human Support staff who regularly take phone calls from the general public on how to respond to an LEP caller.
- Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
- Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.

2) Human Support has a process to ensure the competency of interpreters and translation service through the following methods:

Human Support will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. Human Support will train the interpreter or translator in specialized terms and concepts associated with the agency’s policies and activities. Human Support will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. Human Support

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will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

3) Human Support provides notice to LEP persons about the availability of language assistance through the following methods:

- Statements in outreach documents that language services are available from the agency.
- Signs and handouts available in vehicles and at stations
- Announcements in vehicles and at stations
- Agency websites

4) Human Support monitors, evaluates and updates the LEP plan through the following process:

Human Support will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. Human Support will make changes to the language assistance plan based on feedback received. Human Support may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, Human Support may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. Human Support will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.

5) Human Support trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. Human Support will implement processes for training of staff through the following procedures:

Human Support will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. Human Support will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis. Human Support will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. Human Support will implement LEP training to be provided for agency staff. Human Support staff training for LEP to include:

- A summary of the Human Support responsibilities under the DOT LEP Guidance;
- A summary of the Human Support language assistance plan;
- A summary of the number and proportion of LEP persons in the Human Support 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;

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- 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 Human Support cultural sensitivity policies and practices.

Non-elected Committees Membership

Human Support does not select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

Human Support, as a grantee of federal funded vehicle assets from 5310 grant program, does not have sub-recipients to which they would monitor Title VI compliance.

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Board Approval for the Title VI Plan

Date of Board Approval: 02/27/25

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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 IV:		
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

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