



Christian Health Care Center recognizes that disabilities are as diverse as the individuals they serve and recognizes the need to make reasonable modifications to its policies, regarding assistance offered to passengers who may require additional assistance to use its services.

Under Title II of the ADA, state and local governments are required to make reasonable modifications to policies, practices and procedures where necessary to avoid discrimination.

For those riders who require additional assistance, Christian Health Care Center will endeavor to accommodate all reasonable modification requests for such assistance by following procedures outlined below:

1. Riders must inform the Christian Health Care Center, Adult Day Services program of the need and specific type of additional assistance requested at the time ride reservation is made.
2. Reservationist will advise Dispatcher of the specific rider need/request. Dispatcher will log the information within the client information system and determine the resources required to accommodate rider.
3. The Dispatcher will evaluate the request and report to the Director of Transportation whether the request is reasonable to perform.
4. If the Director of Transportation deems the service requested to be unreasonable to perform or to repeat on a regular basis, he/she must cite specific reasoning to support the finding and inform the Risk Manager.
5. If the Christian Health Care Center concurs with the finding of the Risk Manager, the rider must be so informed via phone call at least 48 hours before the requested/scheduled trip. The finding must also be communicated to the rider expeditiously by written correspondence.
6. Riders may appeal any such decisions by following established ADA grievance procedures. Complaints that a County program, service or activity is not accessible to persons with disabilities should be directed to John Browne, Risk Manager at 301 Sicomac Avenue, Wyckoff NJ 07481 or via telephone 201-848-5949.

A Complainant may also file a complaint with the US Department of Transportation by contacting the Department at: US Department of Transportation, Office of Civil Rights,

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Title VI Notice to the Public: Non-discrimination Policy

Christian Health Care Center (CHCC) is committed to ensuring that no person is excluded from or denied the benefits of our services on the basis of race, color, or national origin. Any person who believes that he/she has individually, or as a member of any specific class of persons, been subjected to discrimination on the basis of race, color or national origin, may file a complaint in writing to Christian Health Care Center, 301 Sicomac Ave., Wyckoff, NJ 07481. Transportation services provided by this agency are in whole or part funded through federal funds received through NJ TRANSIT and as an individual; you also have the right to file your complaint to both Christian Health Care Center as well as the Federal Transit Administration. Complaints may also be filed with the Federal Transit Administration in writing and may be addressed to: Title VI Program Coordinator, East Building, 5th Floor-TCR, U.S. Department of Transportation , Federal Transit Administration, Office of Civil Rights, 1200 New Jersey Avenue, SE, Washington, DC 20590.

To request additional information regarding CHCC's non-discrimination obligations or to obtain information in another language, contact Director of Communications at (201) 848-4463 or at khockstein@chccnj.org.

This notice is posted on our website:

chccnj.org with a link to the complaint form and procedure for filing.

Our NJ Transit vehicles have the policy posted on the vehicles with hard copies of the complaint form and procedure for filing available to the consumer.



Title VI Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Christian Health Care Center may file a Title VI complaint by completing and submitting the agency's Title VI Complaint form.

A copy of the Title VI Complaint Procedure and Complaint Form will be provided to all prospective clients as part of the intake interview packet. Clients and/or Sponsors are also provided with the name, title and phone number of the Center's Vice President of Residential Services/Risk Manager, the Administrator of the Adult Day Services Program and the CHCC "Courtesy Line" phone number.

Christian Health Care Center investigates complaints received no more than 180 days after the alleged incident. The Authority will process complaints that are complete.

Once the complaint is received, the Authority will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Authority has 15 days to investigate the complaint. If more information is needed to resolve the case the Authority may contact the complainant. The complainant has 10 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 10 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.

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 Title VI violation and that the case will be closed. A 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. If the complainant wishes to appeal the decision, she/he has 15 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington D.C. 20590.

Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Email Address: _____

Accessible Format Requirements? (Select One or More)

- Large Print
- TDD
- Audio Tape
- Other

B. Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

CHCC:

- Resident
- Client
- Patient
- Consumer
- Other

Relationship to 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

C. Which of the following best describes the reason you believe the discrimination took place?

____ Race

____ Color

____ National Origin

Other:

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Other:

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. 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 additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
List all that apply.

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone Number (home): _____

Telephone Number (work): _____

Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____

Attachments: Yes ___ No ___

H. Submit form and any additional information to:

Christian Health Care Center

John Browne, Risk Manager

301 Sicomac Avenue, Wyckoff, NJ 07481