

**Nondiscrimination in Health Programs and Activities Affordable Care Act – Section 1557; Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975**

Volunteers of America National Services (VOANS) DBA: Senior Community Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sexual orientation. VOANS does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sexual orientation.

VOANS: Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters, and
  - 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, and
  - Information written in other languages

If you need these services, ask a member of your care team. If you believe that VOANS failed to provide these services or discriminated in another way on the bases of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with VOANS. Senior Community Care of Colorado, 2377 Robins Way, Montrose, CO 81401 OR Senior Community Care of Colorado, 11485 Hwy 65, Eckert, CO 81418 You can file a grievance in person by mail, fax or email. If you need help filing a grievance, the VOANS Grievance Coordinator can 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 Suite 515F,  
HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD); 1-202-619-3818 (Fax)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

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

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

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。

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

Persian (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

Kru (Bassa): Dè dɛ nià kɛ dyédɛ gbo: ɔ jü ké m̄ [Bàsòò-wùdù-po-nyò] jü ní, nií, à wuɖu kà kò dò po-poò b̄èin m̄ gbo kpáa.