



I. Non Discrimination Notice

TRU PACE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care. TRU PACE does not exclude people or treat them differently because of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment.

TRU PACE:

- Provides free aids and services to people with disabilities to communicate effectively with TRU PACE, such as:
 - Qualified sign language interpreters
 - 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
 - Information written in other languages

If you need these services, contact TRU Community Care's Compliance Officer.

If you believe that TRU PACE has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance with: TRU Community Care, VP of Quality and Compliance, 2594 Trailridge Drive East, Lafayette, CO 80026, 303-604-5225, TTY Colorado Relay – 1-800-659-2656, FAX 303-415-3451. You can file a grievance in person or by mail or fax. If you need help filing a grievance, our VP of Quality and Compliance is 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 <http://www.hhs.gov/ocr/office/file/index.html>.

You have a right to all of this information in other languages. Please call us directly. We will work through an interpreter to discuss what materials you need in the language of your choice.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-303-665-0115 (टिटिवाइ: 1-800-659-2656)

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-665-0115 (TTY: 1-800-659-2656)

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。1-303-665-0115 (TTY: 1-800-659-2656)まで、お電話にてご連絡ください。

Cushite: No formal written language. Written documentation is in Oromo.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-303-665-0115 (TTY: 1-800-659-2656)

Persian: No formal written language. Written documentation is in Farsi.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-303-665-0115 (TTY: 1-800-659-2656)

Kru: No formal written language. Written documentation is in Bassa.

Dè dɛ nià kɛ dyédɛ gbo: ɔ̃ jũ ké ñ [Bàsòò-wùdù-po-nyò] jũ ní, ñí, à wudu kà kò dò po-poò ðéin ñ gbo kpáa. Đá 1-303-665-0115 (TTY: 1-800-659-2656)

Ibo:

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-303-665-0115 (TTY: 1-800-659-2656)

Yoruba:

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-303-665-0115 (TTY: 1-800-659-2656).