HD01222F

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF HOME HEALTH

CIVIL RIGHTS SURVEY

Agency Name: _____ Provider No: _____

NOTE: The word "discrimination" shall be understood to mean "discrimination on the basis of race, color, national origin, religious creed, ancestry, sex, age or handicap" as used in the Pennsylvania Human Relations Act of 1955, as amended.

1. Is a non-discrimination policy which states services are provided, referrals are made, and employment actions are made without regard to race, sex, color, national origin, ancestry, religious creed, handicap, or age, posted conspicuously in the agency?

   YES ____ If yes, provide a copy and indicate where postings are located.

   NO ___ If no, state what corrective steps will be taken to assure a non-discrimination policy is developed and posted.

2. Does the agency include the non-discrimination policy in brochures, media notices, and posters?

   YES ____ If yes, identify publications and media communications means used.

   NO ____ If no, state what corrective steps will be taken.

3. Describe methods and materials used to orient patients and staff to civil rights compliance requirements.

4. Are residents and staff informed that complaints of discrimination may be filed with the Office of Equal Opportunity, Pennsylvania Department of Health, and/or the Pennsylvania Human Relations Commission?

   YES ____ If yes, explain the contents of the information and how it is disseminated.

   NO ____ If no, provide corrective steps to be taken.

5. Are there non-English speaking, or speech impaired persons who you provide services to?

YES ____ NO ____

If yes, list the languages / impairments.

COMMENTS:

6. Are bilingual interpreters and materials available to serve individuals in the appropriate language listed above?

YES ____ NO ____

If yes, list specific languages, organizations/persons utilized or available.

COMMENTS:

7. If there are hearing or visually impaired patients, what methods are used to assure communication with them? (For example, application forms, responding to daily needs, emergency situations, etc.)

8. Does the non-discrimination policy statement include that reasonable accommodation is to be provided for handicapped employees?

YES ____ If yes, describe its content and how it is disseminated.

NO ____ If no, specify reasons or corrective actions to be taken.

9. Within the past 12 months, have there been any complaints of discrimination filed against this agency?

YES ____ NO ____

If yes, for each complaint registered, please show date of the complaint; the sex and race/national origin of the complainant; major allegations made in the complaint; agency with which the complaint was registered; and the finding of either cause or no cause by the investigating agency.

CHART 1 – PATIENT CENSUS

Give a breakdown of the current census

	Black		Hispanic		White		American Indian		Asian		Alaskan Native		Pacific Islander	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total	__	__	__	__	__	__	__	__	__	__	__	__	__	__

CHART 2 – EMPLOYMENT

(Use additional paper if necessary)

	Black		Hispanic		White		American Indian		Asian		Alaskan Native		Pacific Islander	
Job Title	M	F	M	F	M	F	M	F	M	F	M	F	M	F
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