

Discrimination is Against the Law

ABF Home Health Services, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity. **ABF Home Health Services, LLC** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ABF Home Health Services, LLC:

- Provides free aids and services to people with disabilities to communicate effectively with us, 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 Civil Rights Coordinator at 1-586-477-1402.

If you believe that **ABF Home Health Services, LLC** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or gender identity, you can file a grievance with: **Melody Ford, RN, BSN, CRNI, Direct of Clinical Services**, 198 S. Main St. STE 1, Mt. Clemens, MI 48043, Phone: 586-477-1402, TTY:711 ask to be connected to 586-477-1402, Fax:586-477-1413, info@abfhomehealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Melody Ford, RN,BSN,CRNI Director of Clinical Services** 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>.

If you or someone you're helping needs assistance you have the right to get help and information in your language at no cost . To talk to an interpreter, call....

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-586-477-1402 (TTY: 711→586-477-1402).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 586-477-1402-1 هواتف الصم والبكم (711→586-477-1402).

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 1-586-477-1402(TTY : 711→586-477-1402)

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Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-586-477-1402 (TTY: 711→586-477-1402).

Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-586-477-1402 (TTY: 711→586-477-1402).

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-586-477-1402 (TTY: 711→586-477-1402)번으로 전화해 주십시오.

যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-586-477-1402 (TTY: 711→586-477-1402)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-586-477-1402 (TTY: 711→586-477-1402).

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-586-477-1402 (TTY: 711→586-477-1402).

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-586-477-1402 (TTY: 711→586-477-1402).

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。1-586-477-1402 (TTY:711→586-477-1402) まで、お電話にてご連絡ください。

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-586-477-1402 (т е л е т а й п : 711→586-477-1402).

Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-586-477-1402 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711→586-477-1402).

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-586-477-1402 (TTY: 711→586-477-1402).