

Non-discrimination Notice

Discrimination Is Against the Law

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

America's 1st Choice of South Carolina, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. America's 1st Choice of South Carolina, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

America's 1st Choice of South Carolina, Inc.:

- 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 the America's 1st Choice of South Carolina Civil Rights Coordinator.

If you believe that America's 1st Choice of South Carolina, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

America's 1st Choice of South Carolina Civil Rights Coordinator
P.O. Box 21528
Columbia, SC 29221-1528
Phone: 1-888-563-3289, TTY: 711
Fax: 803-748-4907

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, the America's 1st Choice of South Carolina Civil Rights Coordinator 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>.