

Discrimination is against the law.

Children's Community Health Plan (CCHP) complies with all applicable civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, or other legally protected status, in its administration of the plan, including enrollment and benefit determinations.

Children's Community Health Plan provides appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and who have language services needs and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance in person, by mail, fax or email. The grievance must be filed with 60 days of the person filing the grievance becomes aware of the alleged discriminatory action. It is against the law for Children's Community Health Plan to retaliate against anyone who files a grievance, or who participates in the investigation of a grievance. Members can request Children's Community Health Plan's grievance procedure by contacting the Section 1557 Coordinator:

Director, Corporate Compliance Mail Station C760 P.O. Box 1997 Milwaukee, WI 53201-1997	Telephone: (414) 266-2215 TDD-TTY (for the hearing impaired): (414) 266-2465 Fax: (414) 266-6409 Email: TTwinem@chw.org
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Members must submit their complaints in writing with their name, address, the problem or action alleged to be discriminatory and the remedy or relief sought. Members can also file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F
HHH Building
Washington, D.C. 20201

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>



Language Services

ALBAINIAN

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Children's Community Health Plan, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-482-8010 (TTY: 7-1-1)

ARABIC

ةلئاسة دعاسن صخشى دل وا كىدىل ناك بىن [!] صوصخب Children's Community Health Plan لىع لوصحلا يف قحلا كىدىلف نم كتغلب ةيرورسلا تامولعملار دعاسن ملا لصتا محترم عىم ثدحتلل. ةفلكت ئىا نود ب) 1-800-482-8010 (TTY: 7-1-1)

BURMESE

Children's Community Health Plan နှင့်ပတ်သက်၍ သင့် ထိုးမှုမြှတ် သော်အကျွေအညီပေးနေသူတစ်ဦးတွင် ဖော်မြန်မာ့ရဲ့ ရှိမှုပါမ်းဆိပ်ပါက၊ အကျွေအညီနှင့် သတင်းအချက်အလက်များကို အဓိုက်ပေါင်ရယူရှင်းခွင့် ရှိပါသည်။ ဝကားပြန်ဆိုပါ။ တစ်ဦးထံ့သို့ဝေားပြောဆိုရန် 1-800-482-8010 တွင် ဖုန်းခေါ်ဆိပ်ပါ။ (TTY: 7-1-1)

CHINESE

如果您，或是您正在協助的對象，有關於[插入項目的名稱]面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯，請撥電話[在此插入數字] 1-800-482-8010 (TTY: 7-1-1)

ENGLISH

If you or someone you're helping has questions about Children's Community Health Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010 (TTY: 7-1-1)

FRENCH

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Children's Community Health Plan vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 1-800-482-8010 (TTY: 7-1-1)

GERMAN

Falls Sie oder jemand, dem Sie helfen, Fragen zum Children's Community Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-482-8010 an (TTY: 7-1-1)

HINDI

यदि आपके ,या आप द्वारा सहायता करए जा रहे ककसी व्यक्तत के Children's Community Health Plan के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भिन्नरासे बात करने के लिए 1-800-482-8010 पर कॉर्करै। (TTY: 7-1-1)

HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Children's Community Health Plan, koj muaj cai kom lawv muab cov ntshab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-800-482-8010 (TTY: 7-1-1)

KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Children's Community Health Plan에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-482-8010로 전화하십시오. (TTY: 7-1-1)

LAOTIAN

ໝາຍ້ນນີ້, ຫຼື ອົບຕົນທີ່ໝາຍ້ນກ່ອງຈະ ລັບລາຍລະອຽດ ທີ່ເພື່ອ ພັນຍາ ປະຊາທິປະໄຕ Children's Community Health Plan ບໍ່ມີຄວາມ ສຳເນົາ ຈະໄດ້ ກ່າວຂໍ້ມູນຂໍ້ມູນ ແລ້ວ ຖ້າ ດີເລະຂໍ້ມູນ ມີຄວາມ ສຳເນົາ ທີ່ເພື່ອ ພັນຍາ ປະຊາທິປະໄຕ ແລ້ວ ດີເລະຂໍ້ມູນ ມີຄວາມ ສຳເນົາ ທີ່ເພື່ອ ພັນຍາ ປະຊາທິປະໄຕ 1-800-482-8010 (TTY: 7-1-1)

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Children's Community Health Plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch grieye, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-482-8010 uffrufe (TTY: 7-1-1)

POLISH

Jeśli Ty lub osoba, której pomagasz ma提问有关 Children's Community Health Plan, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwon pod numer 1-800-482-8010 (TTY: 7-1-1)

RUSSIAN

Если у вас или лицу, которому вы помогаете, имеются вопросы по поводу Children's Community Health Plan то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-482-8010 (TTY: 7-1-1)

SOMALI

Haddii adiga iyo qof aad caawinaysaa su'aalo qabaan ku saabsan Children's Community Health Plan, waxaad leedahay xaga aad caawimo ku hesho iyo macluumaadka luqaddaada iyaddoon kharash kugu fadhiyin. Lahadal turjubaan wac 1-800-482-8010 (TTY: 7-1-1)

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Children's Community Health Plan tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-482-8010 (TTY: 7-1-1)

TAGALOG

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Children's Community Health Plan, may karapatán ka na makakuha nga tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-482-8010 (TTY: 7-1-1)

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Children's Community Health Plan quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-482-8010 (TTY: 7-1-1)

Auxiliary Aids and Services

Children's Community Health Plan (CCHP) provides free aids and services to people with disabilities to communicate effectively with us including qualified interpreters (including sign language) and written information in other languages and formats (large print, audio, accessible electronic formats, other formats). To request, call CCHP at 414-266-3490.

ATTENTION

If you speak English, language assistance services are available to you free of charge. Call 1-800-482-8010 (TTY: 7-1-1).

CEEB TOOM

Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb 1-800-482-8010 (TTY: 7-1-1).

DIGTOONI

Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-800-482-8010 (TTY: 7-1-1).

ໝາຍເຫດ

ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ ການບໍລິການຊ່ວຍເຫຼືອ ອັດໆຈຳພາສາໄດ້ ໃບໆ ເສຍຄ່າ. ໂທ 1-800-482-8010 (TTY: 7-1-1).

ATENCIÓN

Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-482-8010 (TTY: 7-1-1).

注意

如果您说中文，您可获得免费的语言协助服务。请致电 1-800-482-8010 (TTY: 7-1-1)

ВНИМАНИЕ

Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-482-8010 (TTY: 7-1-1).

ကျေးဇူးပြု၍ နားဆင်ပါ
သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊
သင့်အတွက် အခမဲ့ဖြင့်
ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ
ရရှိနိုင်သည်။ 1-800-482-8010 (TTY: 7-1-1)
တွင် ဖုန်းခေါ်ဆိုပါ။