

# 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.

CCHP 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 CCHP to retaliate against anyone who files a grievance, or who participates in the investigation of a grievance. Members can request CCHP'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  
TTwinem@chw.org

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

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 1-844-201-4672. If you are hearing impaired, call 1-844-531-4856.

**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 1-844-201-4672.

**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 ntshiab 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 1-844-201-4672.

**CHINESE:** 如果您，或是您正在協助的對象，有關於[插入SBM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。洽詢一位翻譯員，請撥電話 [在此插入數字1-844-201-4672。

**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 1-844-201-4672 an.

**ARABIC:** المساعدة على الحصول في الحق فليك Children's Community Health Plan بخصوص أسئلة تساعد شخص لدى أو لديك كان إن 1-844-201-4672 (ب اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية والمعلومات

**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 1-844-201-4672.

**TAGALOG:** Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Children's Community Health Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-201-4672.

**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 1-844-201-4672.

**HINDI:** यदि आपके ,या आप द्वारा सहायता ककए 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 िुभाषण से बात करने के लिए 1-844-201-4672.पर कॉि करें।

**POLISH:** Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Children's Community Health Plan, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-201-4672.

**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 1-844-201-4672.

**PENNSYLVANIA DUTCH:** Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Children's Community Health Plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-201-4672 uffrufe.

**LAOTIAN:** ທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີ ຄຳຖາມກ່ຽວກັບ Children's Community Health Plan., ທ່ານມີ ສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບພາສາພາສາ, ໃຫ້ໂທຫາ 1-844-201-4672.

**KOREAN:** 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Children's Community Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-201-4672 로 전화하십시오.

**RUSSIAN:** Если у вас или лица, 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 1-844-201-4672