

Title VI Plan Cover Page

United Community Health Center – Maria Auxiliadora, Inc.

Title VI Contact: Chief Operations Officer/CMO/CEO
Title VI Contact Phone: 520-407-5600
Alternate Language Phone: 520-317-1954
Address: 1260 S. Campbell Rd #2 Green Valley, AZ 85614
Web Address: www.uchcaz.org

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Executive Summary

United Community Health Center – Maria Auxiliadora provides transportation to patients with disabilities to and from medical and dental appointments. We have been a grantee since 2011. We have 4 vehicles, 2 busses, 1 Caravan, and 1 Ford Transit. We are a Non-Profit that serves Rural Pima County.

What type of program fund(s) did you apply for?

- 5310
- 5311
- Other (please explain) _____

Type of Funding Requests? (Check all that apply)

- Vehicle Funds
- Operating Funds
- Other (please explain) _____

Is your agency receiving direct funds from FTA?

- If yes, please attach a copy of your FTA letter of approval of Title VI Plan.
- No

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA United Community Health Center – Maria Auxiliadora, Inc.

United Community Health Center – Maria Auxiliadora, Inc. operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **United Community Health Center – Maria Auxiliadora, Inc.**

For more information on the **United Community Health Center – Maria Auxiliadora, Inc.**'s civil rights program, and the procedures to file a complaint, contact the Chief Medical Officer **520-407-5600**, or visit our administrative office at **1260 S. Campbell Rd #2 Green Valley, AZ 85614**. For more information, visit **www.uchcaz.org**.

Complaints may be filed directly with the Arizona Department of Transportation (**ADOT**) **Civil Rights Office**. ATTN: Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 or with the Federal Transit Administration (**FTA**). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590.

If information is needed in another language, contact **520-317-1954**.

Non Discrimination Notice to the Public - Spanish

Aviso Público Sobre los Derechos Bajo el Título VI Y ADA United Community Health Center – Maria Auxiliadora, Inc.

United Community Health Center – Maria Auxiliadora, Inc. (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, país de origen, o discapacidad.

Para obtener más información sobre el programa de Derechos Civiles de **United Community Health Center – Maria Auxiliadora, Inc.**, y los procedimientos para presentar una queja, contacte **Chief Medical Officer 520-407-5600**, o visite nuestra oficina administrativa en **1260 S. Campbell Rd #2 Green Valley, AZ 85614**. Para obtener más información, visite **www.uchcaz.org**

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Arizona (**ADOT**). Atención: Title VI Program Manager, 206 S. 17th Ave MD 155A Phoenix AZ, 85007 o con la Administración Federal de Transporte (**FTA**). Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **Posted in drivers' vehicles and Transportation Managers Office.**

This notice is posted online at **www.uchcaz.org**

Non Discrimination ADA/Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **United Community Health Center – Maria Auxiliadora, Inc.** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **United Community Health Center – Maria Auxiliadora, Inc.** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **United Community Health Center – Maria Auxiliadora, Inc.** or submitted to the State or Federal authority for guidance.

- (7) **United Community Health Center – Maria Auxiliadora, Inc.** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.
- (8) **United Community Health Center – Maria Auxiliadora, Inc.** has 10 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **United Community Health Center – Maria Auxiliadora, Inc.** decision may file a complaint with the Arizona Department of Transportation (**ADOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: www.uchcaz.org.

If information is needed in another language, contact **520-317-1954**.

Discrimination ADA/Title VI Complaint Form



TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against, and believes the discrimination was based upon race, color or national origin may file a formal complaint

Please provide the following information to process your complaint.

Section I:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Preferred Phone number: _____ Alternate Number: _____

Section II:

Are you filing this complaint on your own behalf? Yes No If you answered "yes" to this question, go to Section III.

If you answered "no" to this question, please supply the name and relationship of the person for whom you are complaining: _____

If you are filing on behalf of a third party, please explain why: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Section III:

Have you filed this complaint with the Federal Highway Administration (FHWA) or the ADOT Civil Rights Office? Yes No

If yes, please provide information about a contact person at the agency where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____



TITLE VI COMPLAINT FORM

Section IV :

I believe the discrimination experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses:

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail to:

United Community Health Center - Maria Auxiliadora, Inc.
Chief Medical Officer
1260 S Campbell Rd #2
Green Valley, AZ 85614
520-407-5600



TÍTULO VI FORMULARIO DE RECLAMACIÓN

Cualquier persona que crea que ha sido discriminada y crea que la discriminación se basó en la raza, el color o el origen nacional puede presentar una queja formal.

Proporcione la siguiente información para procesar su queja.

Sección I:

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: __ Código postal _____

Número de teléfono preferido: _____ Teléfono alternativo _____

Sección II:

¿Está presentando esta queja en su propio nombre? Si No Si respondió "sí" a esta pregunta, vaya a la Sección III.

Si respondió "no" a esta pregunta, proporcione el nombre y la relación de la persona por la que se queja: _____

Si presenta una solicitud a nombre de un tercero, explique por qué: _____

Confirme que ha obtenido el permiso de la parte perjudicada si está presentando una solicitud a

nombre de un tercero: Si No

Sección III:

¿Ha presentado esta queja ante la Federal Highway Administration (FHWA) o la Oficina de Derechos Civiles de ADOT? Si No

En caso afirmativo, proporcione información sobre una persona de contacto en la agencia donde se presentó la queja.

Nombre: _____

Título: _____

Agencia: _____

Dirección: _____

Teléfono: _____



TÍTULO VI FORMULARIO DE RECLAMACIÓN

Sección IV :

Creo que la discriminación experimentada se basó en (marque todo lo que corresponda):

Raza Color Nacional Origen

Fecha de presunta discriminación (mes, día, año):

_____ Explique lo más claramente posible qué sucedió y por qué cree que fue discriminado. Describa a todas las personas que estuvieron involucradas.

Incluya el nombre y la información de contacto de las personas que lo discriminaron (si se conoce), así como los nombres y la información de contacto de cualquier testigo:

Firma y fecha requeridas a continuación:

_____ Firma

_____ Fecha

Por favor, entregue este formulario en persona en la dirección que se indica a continuación, o envíelo por correo a:

United Community Health Center - Maria Auxiliadora, Inc.

Director Médico

1260 S Campbell Rd #2

Green Valley, AZ 85614

520-407-5600

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INTENCIONALMENTE EN
BLANCO

Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

United Community Health Center – Maria Auxiliadora, Inc. has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **2025**.

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin or Disability)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
Investigations						
1)						
2)						
Lawsuits						
1)						
2)						
Complaints						
1)						
2)						

Public Participation Plan

United Community Health Center – Maria Auxiliadora, Inc. is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **United Community Health Center – Maria Auxiliadora, Inc.** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to ADOT CRO.

- Expanded the distribution of agency brochures
- Advertised public announcements through newspapers, fliers, or radio
- Posted the Nondiscrimination Public Notices to the following locations:
 - Within transportation vehicles
 - Pick up and drop off stations
 - Lobby of agency
- Added public interactive content to the agency’s webpage for the public e.g. social media, to communicate schedule changes or activities (Please provide a web link here)
- Hosted an information booth at a community event (Please insert the date of the event below)
- Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures
- List other _____

United Community Health Center – Maria Auxiliadora, Inc. will make the following community outreach efforts for the **upcoming year**:

- Expand the distribution of agency brochures
- Advertise public announcements through newspapers, fliers, or radio
- Post the Nondiscrimination Public Notices to the following locations:
 - Within transportation vehicles
 - Pick up and drop off stations
 - Lobby of agency
- Partner with other local agencies to advertise services provided.
- Host public information meetings and or hearings.
- Add public interactive content to the agency’s webpage for the public e.g. social media, to communicate schedule changes or activities.
- Host an information booth at a community event
- Update agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures.



UChc United Community Health Center

To better serve you, please fill out this brief survey

PLEASE CHECK ONE:

1. What days do you use our transportation services:

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

2. What other transportation needs do you have that aren't met?

- Public rides don't go where I need to go.
- Public rides aren't available at the time of the day that I need them
- Public rides aren't available on the days of the week that I need them
- I have special needs (walker, wheelchair, etc.) and would like to ride vehicles that are easier to board
- Public rides aren't affordable enough
- Other: _____

3. Where else would you like to go or need to go but public can't take you there?

4. How often do you have to pay for a private taxi/shuttle to get to where you need to go?

- ONCE A WEEK TWICE A WEEK MONTHLY QUARTERLY ANNUALLY

5. What other private rides (services) do you use?

- SUN TRAN SUN VAN COYOTE RUN HANDICAR OTHER _____

6. Have you ever used our transportation services before? YES NO



UChc United Community Health Center

To better serve you, please fill out this brief survey

PLEASE CHECK ONE:

1. What days do you use our transportation services:

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

2. What other transportation needs do you have that aren't met?

- Public rides don't go where I need to go.
- Public rides aren't available at the time of the day that I need them
- Public rides aren't available on the days of the week that I need them
- I have special needs (walker, wheelchair, etc.) and would like to ride vehicles that are easier to board
- Public rides aren't affordable enough
- Other: _____

3. Where else would you like to go or need to go but public can't take you there?

4. How often do you have to pay for a private taxi/shuttle to get to where you need to go?

- ONCE A WEEK TWICE A WEEK MONTHLY QUARTERLY ANNUALLY

5. What other private rides (services) do you use?

- SUN TRAN SUN VAN COYOTE RUN HANDICAR OTHER _____

6. Have you ever used our transportation services before? YES NO



FREE TRANSPORTATION

United Community Health Center

Offers **FREE** transportation services to **UHC** patients. Rides available by appointment Monday-Friday to clinic, labs & radiology appointments. We provide ADA transport with wheel chair lift.



TO SCHEDULE AN APPOINTMENT CALL YOUR LOCAL CLINIC:

Amado - (520) 407-5510

Sahuarita - (520) 576-5770

Green Valley (Freeport) - (520) 407-5400

Arivaca - (520) 407-5500

Three Points - (520) 407-5700

Green Valley (CFMC) - (520) 407-5900

Sahuarita - (520) 576-5770

Vail - (520) 762-5200

Green Valley (Hospital) - (520) 407-5910

Green Valley (Pediatrics) - (520) 407-5800

Green Valley (Dental) - (520) 407-5617

Funded by: DES & CAA

CANCELLATIONS PLEASE CALL YOUR LOCAL CLINIC

7-13-16

Limited English Proficiency Plan

United Community Health Center – Maria Auxiliadora, Inc. has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **United Community Health Center – Maria Auxiliadora, Inc.** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **United Community Health Center – Maria Auxiliadora, Inc.**'s extent of obligation to provide LEP services, the **United Community Health Center – Maria Auxiliadora, Inc.** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the **United Community Health Center – Maria Auxiliadora, Inc.** service area who may be served or likely to encounter by **United Community Health Center – Maria Auxiliadora, Inc.** program, activities, or services;

	Pima County, Arizona	
	Estimate	Margin of Error
Total:	938,413	+/-82
Speak only English	669,630	+/-3,524
Spanish or Spanish Creole:	221,947	+/-2,951
Speak English "very well"	158,458	+/-2,836
Speak English less than "very well"	63,489	+/-1,814
French (incl. Patois, Cajun):	3,248	+/-491
Speak English "very well"	2,769	+/-462
Speak English less than "very well"	479	+/-159
French Creole:	178	+/-206
Speak English "very well"	178	+/-206
Speak English less than "very well"	0	+/-29
Italian:	944	+/-215
Speak English "very well"	694	+/-179
Speak English less than "very well"	250	+/-100
Portuguese or Portuguese Creole:	617	+/-229
Speak English "very well"	490	+/-194
Speak English less than "very well"	127	+/-67
German:	4,157	+/-516
Speak English "very well"	3,768	+/-485
Speak English less than "very well"	389	+/-109
Yiddish:	175	+/-99
Speak English "very well"	158	+/-94
Speak English less than "very well"	17	+/-26
Other West Germanic languages:	437	+/-205
Speak English "very well"	437	+/-205
Speak English less than "very well"	0	+/-29
Scandinavian languages:	276	+/-100
Speak English "very well"	210	+/-87
Speak English less than "very well"	66	+/-50
Greek:	559	+/-160
Speak English "very well"	451	+/-153
Speak English less than "very well"	108	+/-67

- 2) The frequency with which LEP individuals come in contact with an **United Community Health Center – Maria Auxiliadora, Inc.** services;

United Community Health Center – Maria Auxiliadora, Inc.'s staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons for **2025** . **United Community Health Center – Maria Auxiliadora, Inc.** averages **1600** contacts per **Year**.

- 3) The nature and importance of the program, activities or services provided by the **United Community Health Center – Maria Auxiliadora, Inc.** to the LEP population.

Our agency provides transportation to and from Medical appointments.

- 4) The resources available to **United Community Health Center – Maria Auxiliadora, Inc.** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

Our Agency has Bi- Lingual staff to provide Spanish interpretation.

United Community Health Center – Maria Auxiliadora, Inc. provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

Safe Harbor Provision for written translations

United Community Health Center – Maria Auxiliadora, Inc. complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Non Discrimination Notice
- (2) Discrimination Complaint Procedures
- (3) Discrimination Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Bus Schedules
- (5) Route Changes
- (6) Public Hearings

1) **United Community Health Center – Maria Auxiliadora, Inc.** provides language assistance services through the below methods:

- Staff is provided a list of what written and oral language assistance products and methods the agency has implemented and how agency staff can obtain those services.
- Instructions are provided to customer service staff and other **United Community Health Center – Maria Auxiliadora, Inc.** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
- Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
- Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.
- Bilingual or multilingual versions of:
 - “How to ride” brochures
 - System maps and timetables
 - Safety and security announcements
 - Service change announcements

2) **United Community Health Center – Maria Auxiliadora, Inc.** has a process to ensure the competency of interpreters and translation service through the following methods:

United Community Health Center – Maria Auxiliadora, Inc. will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. **United Community Health Center – Maria Auxiliadora, Inc.** will train the interpreter or translator in specialized terms and concepts associated with the agency’s policies and activities. **United Community Health Center – Maria Auxiliadora, Inc.** will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. **United Community Health Center – Maria Auxiliadora, Inc.** will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

3) **United Community Health Center – Maria Auxiliadora, Inc.** provides notice to LEP persons about the availability of language assistance through the following methods:

- Posting signs in intake areas and other points of entry
- Statements in outreach documents that language services are available from the agency.
- Working with community-based organizations and other stakeholders to inform LEP individuals of the Recipients’ services, including the availability of language assistance services
- Announcements at community meetings
- Information tables at local events
- Signs and handouts available in vehicles and at stations
- Agency websites
- Customer service lines

4) **United Community Health Center – Maria Auxiliadora, Inc.** monitors, evaluates and updates the LEP plan through the following process:

United Community Health Center – Maria Auxiliadora, Inc. will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. **United Community Health Center – Maria Auxiliadora, Inc.** will make changes to the language assistance plan based on feedback received. **United Community Health Center – Maria Auxiliadora, Inc.** may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, **United Community Health Center – Maria Auxiliadora, Inc.** may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. **United Community Health Center – Maria Auxiliadora, Inc.** will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.

5) **United Community Health Center – Maria Auxiliadora, Inc.** trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **United Community Health Center – Maria Auxiliadora, Inc.** will implement processes for training of staff through the following procedures:

United Community Health Center – Maria Auxiliadora, Inc. will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. **United Community Health Center – Maria Auxiliadora, Inc.** will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis. **United Community Health Center – Maria Auxiliadora, Inc.** will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. **United Community Health Center – Maria Auxiliadora, Inc.** will implement LEP training to be provided for agency staff. **United Community Health Center – Maria Auxiliadora, Inc.** staff training for LEP to include:

- A summary of the **United Community Health Center – Maria Auxiliadora, Inc.** responsibilities under the DOT LEP Guidance;
- A summary of the **United Community Health Center – Maria Auxiliadora, Inc.** language assistance plan;
- A summary of the number and proportion of LEP persons in the **United Community Health Center – Maria Auxiliadora, Inc.** service area, the frequency of contact between the LEP population and the agency’s programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the **United Community Health Center – Maria Auxiliadora, Inc.** cultural sensitivity policies and practices.



TRANSPORTACION GRATIS

United Community Health Center

Ofrece servicios de transporte **GRATIS** a pacientes de UCHC Lunes a Viernes hacia citas medicas, de laboratorio y radiologia. Proveemos transporte ADA con acceso a silla de ruedas.



PARA OBTENER UNA CITA LLAME A SU CLINICA LOCAL:

Amado - (520) 407-5510	Sahuarita - (520) 576-5770	Green Valley (Freeport) - (520) 407-5400
Arivaca - (520) 407-5500	Three Points - (520) 407-5700	Green Valley (CFMC) - (520) 407-5900
Sahuarita - (520) 576-5770	Vail - (520) 762-5200	Green Valley (Hospital) - (520) 407-5910
Green Valley (Pediatrics) - (520) 407-5800	Green Valley (Dental) - (520) 407-5617	

Funded by: DES & CAA

CANCELACIONES FAVOR DE LLAMAR A SU CLINICA LOCAL



United Community Health Center

Para servirle mejor, por favor llene esta breve encuesta.

POR FAVOR MARQUE UNA:

1. ¿Qué días usa usted nuestro servicio de transporte?

- | | | | | |
|--------------------------------|---------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> LUNES | <input type="checkbox"/> MARTES | <input type="checkbox"/> MIÉRCOLES | <input type="checkbox"/> JUEVES | <input type="checkbox"/> Viernes |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

2. ¿Qué otras necesidades de transporte tiene que no se tratan?

Los transportes públicos no van a donde tengo que ir.

Los transportes públicos no están disponibles a la hora del día en que los necesito.

Los transportes públicos no están disponibles los días de la semana que los necesito.

Tengo necesidades especiales (bastón, silla de ruedas, etc.) y quiero trasladarme en los vehículos que me son más fáciles abordar.

Los transportes públicos no me son lo suficiente económicos.

Otros: _____

3. ¿A dónde más necesita, o le gustaría ir pero no hay transporte público para llegar?

4. ¿Cuántas veces tiene que pagar por un taxi/transporte privado para llegar a donde necesita?

- UNA VES A LA SEMANA DOS VECES A LA SEMANA MENSUAL TRIMESTRAL ANUAL

5. ¿Qué otros transportes privados (servicios) utiliza?

- SUN TRAN SUN VAN COYOTE RUN HANDICAR OTRO: _____

6. ¿Ya ha utilizado usted alguna vez nuestros servicios de transporte? SI NO



United Community Health Center

Para servirle mejor, por favor llene esta breve encuesta.

POR FAVOR MARQUE UNA:

1. ¿Qué días usa usted nuestro servicio de transporte?

- | | | | | |
|--------------------------------|---------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> LUNES | <input type="checkbox"/> MARTES | <input type="checkbox"/> MIÉRCOLES | <input type="checkbox"/> JUEVES | <input type="checkbox"/> Viernes |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

2. ¿Qué otras necesidades de transporte tiene que no se tratan?

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Los transportes públicos no están disponibles los días de la semana que los necesito.

Tengo necesidades especiales (bastón, silla de ruedas, etc.) y quiero trasladarme en los vehículos que me son más fáciles abordar.

Los transportes públicos no me son lo suficiente económicos.

Otros: _____

3. ¿A dónde más necesita, o le gustaría ir pero no hay transporte público para llegar?

4. ¿Cuántas veces tiene que pagar por un taxi/transporte privado para llegar a donde necesita?

- UNA VES A LA SEMANA DOS VECES A LA SEMANA MENSUAL TRIMESTRAL ANUAL

5. ¿Qué otros transportes privados (servicios) utiliza?

- SUN TRAN SUN VAN COYOTE RUN HANDICAR OTRO: _____

6. ¿Ya ha utilizado usted alguna vez nuestros servicios de transporte? SI NO

Non-elected Committees Membership Table

Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

United Community Health Center – Maria Auxiliadora, Inc. does not select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

Describe how you monitor your subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

United Community Health Center – Maria Auxiliadora, Inc. does not monitor subrecipients for Title VI compliance.

Title VI Equity Analysis

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. “Facilities” in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

United Community Health Center – Maria Auxiliadora, Inc. has no current or anticipated plans to develop new transit facilities covered by these requirements

Fixed Route Transit Provider Analysis

Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

United Community Health Center – Maria Auxiliadora, Inc. is not a Fixed Route Transit Provider

Board Approval for the Title VI Plan
