

# **Title VI Program**

**Council on Aging, Inc.**

**Adopted**

**August 3, 2016**

## Table of Contents

NOTICE TO THE PUBLIC .....	1
COMPLAINT INSTRUCTIONS AND FORM.....	2
TITLE VI INVESTIGATIONS,COMPLAINTS AND LAWSUITS .....	2
PUBLIC PARTICIPATION PLAN .....	2
LIMITED ENGLISH PROFICIENCY PLAN .....	3
PLANNING AND ADVISORY BOARDS .....	6
ATTACHMENT A:TITLE V N OTICE TO THE PUBLIC.....	8
ATTACHMENT B:TITLE VI COMPLAINT FORM AND PROCEDURES.....	9
ATTACHMENT C:STAFF LEP SURVEY FORM.....	13
ATTACHMENT D:OUTSIDE ORGANIZATION LEP SURVEY FORM.....	14

## TITLEVI PROGRAM QUESTIONNAIRE

*The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop Title VI program. This is a new requirement. In the past, the WVDPT's program covered the State and its grantees. Now, each grantee must have its own program. To help you develop a Title VI program, the WVDPT has developed this questionnaire, after which reviewed and accepted by the WVDPT, will become your Title VI program. You will be required to submit the completed questionnaire to your Board or council for approval and then provide evidence of the approval to the WVDPT.*

### NOTICE TO THE PUBLIC

*FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:*

- *A statement that the agency operates programs without regard to race, color, and national origin*
- *A description of the procedures that members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations*
- *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure.*

**Attachment A** *presents two notices developed by WVDPT, a longer "stand-alone" statement and a shorter statement that can be included in documents, such as a service brochure or as a placard in the van. The WVDPT will supply copies of the notices that should be placed in your vehicles.*

*An agency should post the longer Title VI notice on its website and in the reception area or public meeting spaces of its offices.*

*We recommend that you post the longer notice in your office in an inexpensive frame.*

1. Please provide a copy of **your** Title VI notice(s).  
(Please see attached)
2. Where are the notices posted?  
In dining room area, board rooms, offices and vehicles
3. Have you posted a Title VI notice on your website and in the reception area or the public meeting spaces of your office?  
Yes

**COMPLAINT INSTRUCTIONS AND FORM**

FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. The WVDPT has developed for you the form and procedures for filing a Title VI complaint. **Attachment B** presents the sample form and procedures.

- |  |
|--|
| 4. Please provide a copy of <b>your</b> agency’s complaint form and procedures.<br>(Please see attached) |
|--|

**TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS**

FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. WVDPT obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.

- |  |
|--|
| 5. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table.<br>NONE |
|--|

Type	Date	Summary	Status	Action(s) Taken
Complaints				
Investigations				
Lawsuits				

**PUBLIC PARTICIPATION ELEMENT**

FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include other constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others. Applicants to WVDPT for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to WVDPT for FTA assistance and participation in the public transit-human services transportation coordinated plan development. Other public participation methods include open Board/council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.

- |  |
|--|
| 6. Are Board/council meetings open to the public?<br><br>Yes |
|--|

7. How do you publicize the dates, times, and locations of Board/council meetings?

Activity Calendars and Newsletter

8. Where are Board/council meetings held?

695 Mountaineer Highway Mullens WV 25882

9. Is the location accessible to persons with disabilities?

Yes

10. Is the location served by your agency's transportation services during the hours Board/council meetings are held? If yes, please describe. If not, do you offer transportation to the meetings upon request? Yes, operating hours are Mon-Fri, 8:00am – 4:00pm and meetings take place at 12:30pm after lunch.

11. What other efforts do you undertake to ensure that transportation riders or clients can attend Board/council meetings? Newsletters and Activity Calendars and available in the dining area, they are hand delivered by our meal drivers, and some our mailed.

12. Do you rely on any counties or cities for funding? If yes, please describe how interested parties can comment on your budget and services at city and town council meetings. No

13. Discuss any other outreach efforts, including transportation advisory committees, procedures for soliciting comments for service changes, passenger surveys, public involvement for transportation services, presentations, etc. The distribution of our newsletters w/our route information. Routes based on need in area usually determined by phone calls received from clients needing services. All board meetings are open to public/w notices posted.

#### **LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT**

*FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well. To document what languages are spoken by LEP persons and to help determine what language assistance efforts you should undertake, FTA requires that you analyze the following four factors:*

- *the number and proportion of LEP persons served or encountered in your service area*
- *the frequency with which LEP individuals come into contact with your transportation service*
- *the nature and importance of your transportation service*

- the language assistance resources potentially available to assist LEP persons

By completing this questionnaire, you will have completed the required four-factor analysis.

The primary source data on LEP populations is the U.S. Census. We have provided a table for you to fill with Census data. To look up the 2010 Census data:

- Go to [US Census Fact Finder](#)
- Search each county or city in your service area
- Select American Community Survey “Education, Marital Status, Relationships, Fertility,.....”
- Scroll down to “language spoken at home”

Please add columns, if needed.

<b>Table1</b>					
<b>2010 Census Numbers for LEP Persons Residing within the Service Area</b>					
<b>Population 5 Years and Over by Language Spoken at Home and Ability to Speak English</b>	<b>City/County 1</b>	<b>City/County 2</b>	<b>City/County 3</b>	<b>Total</b>	<b>Percentage of Population 5 Years and Older</b>
<b>Population 5 Years and Over</b>	22,482			22,482	100
Speak English less than “very well”	156			156	0.7
<b>Spanish</b>	175			175	0.8
Speak English less than “very well”	90			90	0.4
<b>Other Indo-European</b>	11			11	0.0
Speak English less than “very well”	9			9	0.0
<b>Asian and Pacific Island</b>	0			0	0.0
Speak English less than “very well”	0			0	0.0
<b>All Other</b>	57			57	0.3
Speak English less than “very well”	57			57	0.3

Survey your staff, including van drivers, reservationists/dispatchers, customer service agents, and office personnel, to determine the frequency of contact with LEP persons, what languages are spoken by these persons, and the foreign languages they speak and/or understand. Attachment C presents a sample survey form. After conducting the survey, please complete the following table. If conducting the survey

And completing the table does not make sense for you, please discuss the frequency of contact with LEP persons and the languages spoken by these persons in the space provided below.

<b>Table2 Frequency of Contact with LEP Persons</b>	
<b>Frequency</b>	<b>Language Spoken by LEP Persons</b>
Daily	
Weekly	
Monthly	
Less frequently than monthly	

14. If you have not completed Table 2, discuss the frequency of contact with LEP persons and the languages spoken by these persons. (Section 5310 applicants only) Staff indicated rare contact w/LEP persons over span of several yrs. English is spoken by our clients.

*Conduct a telephone survey of organizations, such as municipalities, tribes, police departments, school systems, major employers, human service agencies, and churches, to find out if they encounter people with language assistance needs, what languages these people speak, and what language assistance efforts they are undertaking. Attachment D presents a sample survey form.*

15. What outside organizations did you survey? Wyoming County DHHR, Mullens Opportunity Senior, Wyoming County Health Dept., Family Resource Network.

16. Do any of these organizations encounter people with language assistance needs? If yes, what languages do these people speak? No.

17. Provide a description of your service (type, days and hours) and list the major activity centers served (communities, employers, Rail Runner stations, park and ride lots, government and human service agencies, medical facilities, shopping centers, and recreational facilities). Transportation for seniors to daily congregate meal sites, shopping, doctors' appointments and recreation activities. Monday – Friday, 8:00am – 4:00pm.

18. Discuss trip purpose from passenger surveys or transportation development plans, if conducted. Priorities focus on funding requirements and usually are for congregate meals, doctors' appointments, grocery shopping, drug store, etc.

19. Does staff speak foreign languages? If so, what languages? Do you use staff to translate? Staff does not speak other languages.

20. Have you translated documents into Spanish or another language? If yes, please list the documents and the languages they are translated into. We have not to date. Will do if necessary.

21. Do you use Google Translate for your web site? If yes, what languages? No.

22. What other language assistance efforts are you undertaking? None at this time. Will search appropriate assistance measures when needed. e.i. phone apps, etc.

23. Have you made arrangements with other organizations to provide language assistance efforts? If yes, what organizations and what services? None at this time. We will use school system if needed.

24. How are LEP persons notified of language assistance services? Will use postings and notices.

25. Discuss outreach programs, such as travel training, school presentations, and community presentations and if these efforts potentially reach LEP persons. Verbal communications with other service providers discussing the needs of those in our area. We will monitor for improvements and best practices.

26. Describe how language assistance efforts are monitored, evaluated, and updated. No formal monitoring efforts at this time, if becomes an issue, we will monitor for best practices.

27. Describe how employees are trained in language assistance efforts. Drivers are instructed to contact Director upon any immediate need of assistance.

#### **PLANNING AND ADVISORY BOARDS**

*FTA requires that the Title VI program present the racial make-up of all transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.*

28. List all of your transit-related advisory boards and committees and the purpose of each.

N/A



29. How are members selected?

N/A

30. What is the racial makeup of each board and committee?

N/A

31. What efforts are undertaken to encourage participation of minorities on these committees?

N/A

**Attachment A  
Title VI Notice to the Public**

**Long Title VI Notice**

**Your Rights Under Title VI**

Council on Aging, Inc. operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact Jennifer Gibson by any of the methods listed below.

**Agency Name and Address**

Council on Aging, Inc.  
PO Box 458  
Mullens WV 25882

**Phone :** 304-294-8800

**Fax :** 304-294-8803

**Email:** gibsonj@wcco.com

If this information is needed in another language, please contact us.

**Short Title VI Notice**

**Your Rights Under Title VI**

Council on Aging, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations or to file a complaint, please contact us at 304-294-8800.

**Attachment B  
Title VI Complaint Form and Procedures**

**COUNCIL ON AGING, INC. TITLE VI COMPLAINT FORM**

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to

Jennifer Gibson, Executive Director

Council on Aging, Inc.

PO Box 458, Mullens, WV 25882

[gibsonj@wcco.com](mailto:gibsonj@wcco.com) 304-294-8800

**PLEASE PRINT** if you are not completing the on-line version of this form.

<b>1. Complainant's Name:</b>		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code ( )		Telephone Number (Work) ( )
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Accessible Format of Form Needed?</b> <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (please specify):		
<b>3. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes <b>If YES, please go to Question 7</b>		
<input type="checkbox"/> No If no, please go to question 4		
<b>4. If you answered NO to question 3 above, please provide your name and address.</b>		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code ( )		Telephone Number (Work) ( )
e. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. What is your relationship to the person for whom you are filing the complaint?</b>		
<b>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</b> <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		
<b>7. I believe that the discrimination experienced was based on</b> (check all that apply)		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)		
<input type="checkbox"/> Other (please specify)		



**Attachment B  
Title VI Complaint Form and Procedures**

**Council on Aging, Inc.**

**Title VI Procedures**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by Council on Aging, Inc. may file a complaint by completing and submitting Council on Aging, Inc. the Title VI Complaint form.

**How do you file a complaint?**

You may download the Council on Aging, Inc. Title VI Complaint Form at [www.wccoa.com](http://www.wccoa.com), or request a copy by writing or phoning Council on Aging, Inc. PO Box 458 Mullens WV 25882, 304-294-8800.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.(See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.(See Questions 7,8,9,and10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations.(See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Council on Aging, Inc.  
PO Box 458  
Mullens WV 25882

**How will your complaint be handled?**

Council on Aging, Inc. investigates complaints received no more than 180 days after the alleged incident. Council on Aging, Inc. will process complaints that are complete. Once a completed complaint is received, Council on Aging, Inc. will review it to determine if Council on Aging, Inc. has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by Council on Aging, Inc.

Council on Aging, Inc. will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Council on Aging, Inc. may contact the complainant. Unless a longer period is specified by Council on Aging, Inc., the complainant will have ten (10) days from the date of the letter to send requested information to the Council on Aging, Inc. investigator assigned to the case.

**Attachment B**  
**Title VI Complaint Form and Procedures**

If Council on Aging, Inc. investigator is not contacted by the complainant or does not receive the additional information within the required timeline, may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, Council on Aging, Inc. will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with Council on Aging, Inc. determination, he/she may request reconsideration by submitting a request in writing to Council on Aging, Inc., Jennifer Gibson, Executive Director within seven (7) days after the date of Council on Aging, Inc. letter, stating with the specificity basis for the reconsideration. The Executive Director will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the Executive Director will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact Council on Aging, Inc. at 304-294-8800.

**Attachment C  
Staff LEP Survey Form**

**STAFF LEP SURVEY**

Council on Aging, Inc. is studying the language assistance needs of its riders so that we can better communicate with them and increase ridership. Please complete the following survey and return it to Jennifer Gibson.

How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them?(Circle one)

Daily                  Weekly                  Monthly                  Less frequently than monthly

What languages do these passengers speak? Please list.

What other foreign languages do you understand or speak?

Would you be willing to serve as a translator when needed?

**Attachment D  
Outside Organization LEP Survey Form**

**OUTSIDE ORGANIZATION LEP SURVEY**

Organization:

What language assistance needs are encountered?

What languages are spoken by persons with language assistance needs?

What language assistance efforts are you undertaking to assist persons with language assistance needs?

When necessary, can we use these services?

Would you like information non-transportation services?