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**STATE OF NEW JERSEY**  
**Department of Human Services**

**Nondiscrimination Statement**

**Discrimination is against the law.**

The New Jersey Department of Human Services, Division of Aging Services (DoAS), complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DoAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

In order for you to effectively communicate with DoAS, DoAS:

- Provides free aids and services to people with disabilities to communicate, such as:
  - ✓ Qualified sign language interpreter
  - ✓ 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 to communicate with DoAS, please contact 1-855-595-6179.

If you believe that DoAS 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: Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, 222 South Warren Street, PO Box 700, Trenton, New Jersey 08625-0700, 1-888-347-5345 (telephone) or email: [DHS-CO.OLRA@dhs.state.nj.us](mailto:DHS-CO.OLRA@dhs.state.nj.us). You can file a grievance in person or by mail, or email.

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, 1-800-537-7697 (TDD)

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

**If you speak any other language, language assistance services are available at no cost to you. Call 1-855-595-6179.**

## Language Assistance Services Available

ARABIC	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-595-6179
CHINESE	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-595-6179
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-595-6179.
GUJARATI	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-595-6179.
HAITIAN	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-595-6179.
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-595-6179 पर कॉल करें।
ITALIAN	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-595-6179.
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-595-6179 번으로 전화해 주십시오.
POLISH	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-595-6179.
PORTUGUESE	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-595-6179.
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-595-6179.
SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-595-6179.
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-595-6179.
URDU	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-595-6179
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-595-6179 .