

DISCRIMINATION COMPLAINTS

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on which program your complaint is about.

For all programs your county agency administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764
CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the County's Civil Rights Coordinator, the state Dept. of Health Care Services or the federal Health and Human Services.

Department of Health Care Services,
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhcs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
P.O. Box 944243, M/S 8-16-70
Sacramento, CA 94244-2430
(866) 741-6241 (toll free)
crb@dss.ca.gov

To file a CalFresh complaint with the Federal agency:

United States Department of Agriculture Director,
Office of Adjudication
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(866) 632-9992 (toll free) or (202) 260-1026
(800) 877-8339 (hearing impaired)
program.intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operation
US Dept. Health and Human Services
200 Independence Ave.,
S.W. Room 509F HHH Bldg.
Washington DC, 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](#)

(800) 368-1019 (toll-free)
(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing.

A discrimination investigation cannot change your benefit levels or services. Only a state hearing can do that.

You have 90 days from the date of the notice about your benefits to ask for a hearing. If you file after that time a judge will decide if you can have a hearing.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance

COUNTY OF VENTURA HUMAN SERVICES AGENCY

Francisco Mora, Civil Rights Officer
855 Partridge Drive
Ventura, CA 93003
(805) 477-5166
TTY (800) 735-2922 or 711



State of California
Health & Human Services Agency
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](#) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukranian
- Vietnamese

Also available for free in large print, Braille and audio CD.

This publication explains your rights, how to ask for language assistance or a reasonable accommodation for a disability or impairment, and how to file a discrimination complaint.

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YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California



Tell us if you need help because of a disability.



Ask for a free interpreter

Public benefit agencies comply with Federal and State law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- أن اجم يروف مجرتم ولع لوصحل ال قح ي
- Դիմելը դևեքթը թարգմանչի իրավունքը անվճար
- မုဒကမာဒလ်ဒုဒ်ဒုလ်မုဒကပကပုဂ်ကောလ သာယဇကဇီဇ
- 您有权免费获得口译员
- دینک تفایرد ناگیار ، مجرتم کی دیراد قح امش
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີວິໄນໄດ້ຮັບບາງພາສາໂດຍບໍ່ເສຍຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਬਾਰੀਏ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатный переводчик
- Tienes derecho a un intérprete, gratuito
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маєте право на перекладача безкоштовно
- Bạn có quyền phiên dịch, miễn phí

Ask the agency responsible for your benefits or services for language assistance.

YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for documents you hand-deliver.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a “reasonable accommodation” if you have a disability or impairment. This is special help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to a meeting with the agency.

Complain. There are 4 ways to do this:

Informal: You can ask to speak to a supervisor to talk about problems with a worker or to go over the rules and the proposed action on your benefits or services.

State Hearing: Ask for a state hearing if you disagree with an action or agency inaction about your benefits or services. You must ask for a hearing within 90 days of the date of agency’s notice about the benefits or services. If you ask for a hearing after 90 days, a judge will need to see if you have a good reason for asking late, like illness or a disability.

Discrimination complaint: See Discrimination Complaint section in this pamphlet

Grievance: You can file a complaint with the agency if it has a grievance procedure.

This does not protect your benefits in the way that asking for a state hearing does.

STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See PUB 412 for State Hearing information.

If your problem is with General Assistance or general relief, you must ask for a county hearing.

If your problem is with Social Security benefits, you must contact the Social Security Administration.

ASKING FOR A STATE HEARING

[Appeals Case Management System Online](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525
Email: SHDCSU@dss.ca.gov
Fax number: 833-281-0905
Mail: State Hearings Division
PO Box 944243, MS 21-37
Sacramento, CA 94244-2430

EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an “expedited” hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee’s life, physical or mental health.

PROHIBITED DISCRIMINATION

Under State law, agencies may not deny benefits or services or provide you aid that is different from aid provided to others based on:

Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race,

color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency won’t help you get large print or Braille versions of written information to help you with visual impairment.

A worker learns of your religion or sexual orientation and then treats you differently.

You can’t get to appointments because the agency building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination, interview rooms or restrooms.

The agency does not want you to have training because they say you are “too old.”

REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

A person with a physical or mental disability may have the right to a free reasonable accommodation from a government agency to help them access and participate in programs and services. If you have a disability and need extra help, you should ask the local or state agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying you an accommodation, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.