

**Notice Informing Individuals About Nondiscrimination and Accessibility  
Requirements and Nondiscrimination Statement:  
Discrimination is Against the Law**

Foxdale Village complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Foxdale Village is open to all applicants/residents regardless of race, color, national origin, familial status, ancestry, sex, sexual orientation, gender identity, religion, handicap, or disability.

Foxdale Village:

Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters

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, contact the Social Services Supervisor:

Sarah Ayers-Cook

814-272-2138

sayers@foxdalevillage.org

If you believe that Foxdale Village has *failed* to provide these services or discriminated in another way on the basis of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex, you can file a grievance with:

Kristen Ziegler  
Ombudsman  
814-355-6716, ext. 1215

Ken Pendleton  
Director, Aging Services  
814-355-6700

Willowbank County Office Building  
420 Holmes St.  
Bellefonte, PA 16823-1488

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, 800-537-7697 (TDD)

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

ATTENTION: If you need language assistance services, free of charge, please call 1-800-368-1019 (TTY: 1-800-537-7697).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-368-1019 (TTY: 1-800-537-7697).

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 1-800-368-1019 (TTY: 1-800-537-7697)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-368-1019 (TTY: 1-800-537-7697).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-368-1019 (телетайп: 1-800-537-7697).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetscht, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-368-1019 (TTY: 1-800-537-7697).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-368-1019 (TTY: 1-800-537-7697)번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-368-1019 (TTY: 1-800-537-7697).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-

1019-368-800 (رقم هاتف الصم والبكم: 1-800-537-7697).

