

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 026  
Little Rock, Arkansas 72201-1094

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Name of Agency Division of County Operations

Department of Human Services

Contact Person Roy D. Kindle, Jr., Assistant Director, DCO

Statutory Authority for Promulgating Rules Arkansas Code 20-76-401-@ Seq.

Date

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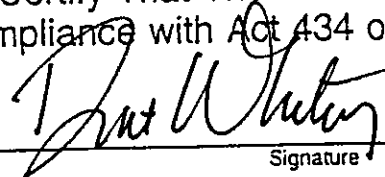
Reviewed by Legislative Council . . . . .

01-01-99

Adopted by State Agency . . . . . 01-01-99

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended

  
Signature

682-8375

Phone Number

Director  
Title

10/26/98  
Date

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STATE OF ARKANSAS

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number: TEA 98-17

Transitional Employment Assistance Manual

Issuance Date: January 01, 1999

From: Ruth Whitney  
Director

Expiration Date: Until Superseded

Subj: Substance Abuse Screening and Treatment and the Revised DCO-1402 and DCO-181

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### Background

As we begin to deal with the "Hard to employ" TEA recipients, there is a need to be able to identify recipients who potentially need alcohol or substance abuse treatment. In order for us to insure that individuals are receiving appropriate services, a procedure has been developed for the county office to use to help identify TEA recipients who may be in need of alcohol or substance abuse treatment. As part of those procedures, the DCO-1402 and DCO-181 have been revised.

### Screening Tool - CAGE

In coordination with the Arkansas Department of Health - Bureau of Alcohol and Drug Abuse Prevention program, it has been decided that DCO will use the CAGE questionnaire as our screening tool. **CAGE is a brief alcoholism/drug screening questionnaire asking subjects about attempts to Cut down on drinking and taking drugs, Annoyance over others' criticism of the subject's drinking, Guilt related to drinking, and use of an alcoholic drink as an Eye opener.** The CAGE questionnaire consists of eight (8) questions that are answered by the recipient. It must be emphasized that the CAGE is simply a screening tool to help identify persons who may be in need of substance abuse treatment. It does not identify those who are in need of services. Only an assessment/evaluation conducted by a service provider can clearly identify a person who needs treatment. Therefore, it is important for county staff to recognize that when a referral is made to a service provider based on the CAGE questionnaire and/or other information, it is not a referral for treatment but only for an in-depth assessment/evaluation. As part of the assessment and update process, the screening tool and in-depth substance abuse assessment will be mandatory activities for recipients whom the worker has determine are in need of such services.

The CAGE questionnaire has been incorporated into the revised DCO-1402. (Please see Section III of the attached revised DCO-1402.) For new TEA recipients that have not been screened, the CAGE will be administered during the assessment process while ongoing cases should be screened (recipient will complete revised DCO-1402) during the next scheduled

Employment Plan Update. It should be noted that as a result of these changes, the DCO-1402 will no longer be an optional form but will be required.

In addition to the eight (8) screening questions from the CAGE questionnaire, the attached desk guide that lists observations/warning signs should further help workers to identify recipients with possible substance abuse problems.

#### **SUBSTANCE ABUSE OBSERVATIONS and WARNING SIGNS**

1. Tremors/Perspiring
2. Evidence of Current/Recent Intoxication
3. Prescription Drug Seeking Behavior
4. Frequent Hospitalization
5. Dilated Pupils
6. Track Marks
7. Suicide Talk/Attempts
8. Depression

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If an individual answers yes to any two of the eight (8) CAGE questions, or if the worker observes any of the observations/warning signs listed above, an in-depth substance abuse assessment may be appropriate. However, we suggest that the worker follow up with more in-depth questioning before making the referral. For example, a client may have already had treatment for a previous problem but he answered yes to the CAGE questions. However, he does not have a current problem and therefore, does not need an assessment. The worker may also receive information from household members who are aware of the substance abuse situation. If the worker feels comfortable with the information that has been received/obtained, and the information appears to be pointing toward a substance abuse problem, then a referral for substance abuse assessment would be appropriate.

**Failure of the recipient to complete the drug screening and/or referral for an in-depth assessment could result in sanctions procedures being implemented.**

#### **Revised DCO-1402 & DCO-181**

Since the DCO-1402 will now be a required form for all applicants or recipients, it was decided to incorporate the Skills Assessment information from the DCO-181 into the DCO-1402 (Section II). This eliminates any duplication that may have existed between the two forms.

The DCO-181 will now be just the Employment Plan. The entire format of the DCO-181 has been revised. The worker may now list comments along the side of the tasks/activities. In addition a Signature Page has been added for both the recipient and worker to sign, stating they are in agreement with the activities listed on the Employment Plan. A copy of the revised form is attached.

### **Referral for Substance Abuse Assessment/Evaluation**

**NOTE:** Before making a referral, the local DHS office should meet with the local provider of service to work out coordination, referral procedures, release of information, provision of services, etc. Referral to a substance abuse provider should only be made after the worker has received positive responses from the CAGE and/or the worker has observed warning signs and conducted follow-up questions with the recipient and/or members of the family. Referral for an in-depth substance abuse assessment should only occur if the previous steps taken indicate a possibility of substance abuse exists.

Referral for substance abuse assessment/evaluation is a continuation of the Employability Assessment process. The worker will inform the recipient that based on the results of the answers given and/or from their observations, they are being referred for a substance abuse assessment to determine if they could benefit from treatment. The worker should also inform the recipient that failure to complete the referral, without good cause, could be considered non-compliance with the assessment process.

The worker may use the DCO-3350, DCO-3300 or other referral form that has been agreed upon by DHS and the local service provider. When making a referral the following information should be included:

- ◆ Reason for the referral.
- ◆ Name of the referring TEA worker.
- ◆ Recipient's perception of referral (if explored).
- ◆ Supportive services needed/provided

The above information, if not included on the referral form will need to be attached to the referral form. The referral form may be mailed, faxed, etc. to the provider.

### **Outcome of Substance Abuse Assessment**

**Consent Form:** In order for DHS to receive information (staffing reports, progress reports, evaluation results test scores, etc.) from the agency on the recipient it will be necessary to complete a consent of release form that meets specific requirements relating to alcohol and drug treatment and that has been signed by the recipient. Therefore, the attached consent form, provided by the Bureau of Alcohol and Drug Abuse Prevention will be used for this purpose.

**Treatment not needed:** If the service provider recommends that substance abuse treatment is not needed, then the TEA worker will continue with the development of the regular assessment process and employment plan and engage the recipient in the most appropriate TEA work activity for him or her.

**Treatment needed:** If the service provider recommends that substance abuse treatment is needed, then the worker must determine if services are available for treatment. If services are available, then the worker will have the following options to choose from in dealing with the

recipient. The TEA worker should not make this decision alone but in conjunction with the recommendation from the service provider.

- Option: 1.** TEA recipient engaged in substance abuse treatment will be considered as meeting his or her participation requirement.
- Option: 2.** Recipient is engaged in treatment in conjunction with appropriate TEA work activity.
- Option: 3.** Based on the recommendation from the service provider, the recipient will be deferred from participation (refer to TEA policy 2430 # 6 – extraordinary circumstance).
- Option: 4.** Recipient is deferred because treatment services (waiting list, services not in area, etc.) are not available (TEA policy 2430 # 4 – supportive services not available).

Although the service provider has recommended treatment, the recipient must agree to the treatment before it becomes a part of his or her requirement. Once the recipient agrees upon treatment, the TEA caseworker will complete an employment plan listing treatment as an activity. It should be noted that substance abuse treatment does not count as an allowable work activity for purposes of calculating the State's federal participation rate. However, this should not be a determining factor as to whether a person will engage in treatment alone or in conjunction with an allowable work activity. That decision should be based solely on what will produce the best outcome for the recipient.

**Non-compliance** – Due to the nature of substance abusers suffering from relapses/setbacks, it is recommended that at each act of non-compliance the TEA worker should contact the substance abuse counselor to seek advice on whether the recipient is having a relapse and if sanction procedures should be implemented. It is also recommended that a recipient be limited to no more than three acts of non-compliance before sanction procedures are initiated. If it is determined that a sanction should be imposed, then the regular non-compliance sanction procedures will be followed.

**Payment for Substance Abuse Treatment** – If no other funding source is available to pay for substance abuse treatment services (e.g. Medicaid, Welfare-to-Work agencies, Health Dept., local resources, etc.), then TEA funds may be used to pay for non-medical treatment services. Medical services (which cannot be paid by TEA) include detox services in a medical facility. If the caseworker is unsure of whether a service is medical or non-medical, this should be discussed with the service provider, and if needed, contact the TEA Policy Unit for a determination.

**Monitoring/Follow-up** – The local county office should complete a monthly follow-up on the recipient's progress. Monitoring may be conducted via phone, progress reports, etc. Each local office should develop monitoring and follow-up procedures.

If you have any questions regarding this directive, please contact your Program Support Specialist.

Attachments:

Inquiries to: Lorie Williams, TEA Unit, 682-8256  
Ron Johnson, TEA Unit, 682-8182  
Renee Green, TEA Unit, 682-8266

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# **Desk Guide For Alcohol/Drug Abuse Warning Signs**

- 1. Tremors/Perspiring**
- 2. Evidence of current/recent intoxication**
- 3. Prescription Drug Seeking Behavior**
- 4. Frequent Falls, Unexplained Bruises/Injuries**
- 5. Frequent Hospitalization**
- 6. Dilated Pupils**
- 7. Track Marks**
- 8. Suicide Talk/Attempts Depression**

**Arkansas Department of Human Services  
Division of County Operations  
Consent For the Release Of  
Confidential Alcohol & Drug Abuse Patient Information**

I, \_\_\_\_\_, authorize  
(Name of patient)

\_\_\_\_\_  
(Name or general designation of program making disclosure)

to disclose to \_\_\_\_\_  
(Name of person or organization to which disclosure is to be made)

the following information:

\_\_\_\_\_  
(Nature of the information, as limited as possible)

\_\_\_\_\_  
The purpose of the disclosure authorized herein is to:

\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations Governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of the data, event, or condition upon which this consent expires)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of parent, guardian  
or authorized representative  
when required

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## **INSTRUCTIONS FOR COMPLETION OF DCO-89**

### **PURPOSE**

The DCO-89 is used by the TEA Case Worker to obtain substance abuse treatment information on TEA recipients.

### **COMPLETION**

The TEA Worker completes the DCO-89 for the client to sign.

### **ROUTING**

The original copy will be forward to the person or organization that has the information that we are requesting. A copy of the DCO-89 will be given to the client and a copy will be retained in the casefile.

### **RETENTION**

The DCO-89 will be retained until the case file is destroyed.

**Arkansas Department of Human Services**  
**Division of County Operations**  
**TEA Skills, Employability, & Intake Assessment Background Information**

**Instructions**

- Read entire form carefully before you begin to write.
- Write neatly. If you make a mistake, draw one line through the mistakes and re-write.  
neatly
- Example: "Write ~~netaly~~ neatly" OR "Write ~~netaly~~ in ink".
- Answer every question. If you do not think a question applies to you, write "N/A" or not applicable."
- Return this form to your worker when you have completed it to the best of your ability.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_  
County \_\_\_\_\_

**Section I.**

1. Who will take care of your children while you attend TEA activities or employment?

Name \_\_\_\_\_  
What relation is he/she to you? \_\_\_\_\_  
What is his/her address \_\_\_\_\_  
Phone# \_\_\_\_\_

2. What type of transportation do you have?  
Check all that apply

\_\_\_ My own car                      \_\_\_ City bus or taxi                      \_\_\_ Other (explain)  
\_\_\_ Borrow a car                      \_\_\_ Ride with someone

3. Do you have a current driver's license?                      \_\_\_ Yes                      \_\_\_ No  
4. Do you have any licenses or certificates which might help you get a job, such as a chauffer's license?  
\_\_\_ Yes                      \_\_\_ No  
5. Have you registered with the Employment Security Division (ESD)?                      \_\_\_ Yes                      \_\_\_ No  
If yes, date registered \_\_\_\_\_  
6. Have you registered with any other employment or training service (JTPA, Private agency, etc.)?  
\_\_\_ Yes                      \_\_\_ No                      If yes, please specify \_\_\_\_\_  
7. Do you have a high school diploma? Yes ( ) No ( ) If not, do you have your GED? Yes ( ) No ( )  
8. What is the highest grade you completed? \_\_\_\_\_  
9. Do you have any post secondary education (college, vo-tech, etc.)? Yes ( ) No ( )  
If yes, what? \_\_\_\_\_

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## Section II.

1.a List below the last four employers you have contacted regarding employment.

<u>Employer</u>	<u>Position Applied For</u>	<u>Interview</u>		<u>Date of Results</u>
		<u>Yes</u>	<u>No</u>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

1.b Employment Skills - Please check any of the employment skills that you have below.

Clerical ( ) Manufacturing ( ) Fast Foods ( ) Hotel ( ) Restaurant ( ) Child Care ( ) Janitorial ( )  
 Nursing ( ) Teacher ( ) Sales Clerk ( ) Cashier ( ) Housekeeping ( ) Lawn & Garden ( ) Masonry ( )  
 Carpentry ( ) Auto Mechanic ( ) Truck Driver ( ) Cosmetology ( ) Security Guard ( )  
 Machine Operator ( ) Maintenance Mechanic ( ) Other (please specify) \_\_\_\_\_

Employment History - Please list your employment history. List your most recent employment first.

Employer's Name & Address	Job Title	Date Started	Date Left	Reason for Leaving	Wages

2. Are all members of your household healthy? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, explain \_\_\_\_\_

3. Do you have any personal or family problems which would prevent you from active participation in TEA? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

4. In your opinion, what are the contributing reasons for your present unemployment? \_\_\_\_\_

5. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

### Section III

6. Are you now in a relationship with a person in which there is physical, sexual, emotional or verbal abuse?  
☐ Yes ☐ No If yes, explain \_\_\_\_\_
7. Have you ever been in a relationship in which there was physical, sexual, emotional or verbal abuse?  
☐ Yes ☐ No If yes, explain \_\_\_\_\_
8. Have you ever felt you should cut down on your drinking or drug use? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
9. Have people annoyed you by criticizing or complaining about your drinking or drug use? ☐ Yes ☐ No  
 If yes, explain \_\_\_\_\_
10. Have you ever felt bad or guilty about your drinking or drug use? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
11. Have you ever had a drink or drug in the morning (eye opener) to steady your nerves or to get rid of a hangover?  
 Yes ☐ No ☐ If yes explain \_\_\_\_\_
12. Do you use any drugs other than those prescribed by a physician? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
13. Has a physician ever told you to cut down or quit use of alcohol or drugs?  
 \_\_\_\_\_
14. Has your drinking/drug use caused family, job or legal problems?  
 \_\_\_\_\_
15. When drinking/using drugs have you ever had a memory loss (blackout)?  
 \_\_\_\_\_

### Section IV

#### TEA Participant Signature

I have answered all questions to the best of my ability, and I believe all answers to be correct.

I understand that I will be notified of the time and date of my next appointment.

If I get a job, I agree to call my Worker, and give my employer's name, and job title, my pay rate and start date. I will also notify my Worker of any job about which I hear and which I am unable to get.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Section V.

Worker Comments/Observations:

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS  
FOR COMPLETION OF  
DCO-1402**

**PURPOSE**

Form DCO-1402 is used to obtain preliminary information regarding the recipient's skills, employability, and background information. In addition, the form will be used to screen for domestic violence and substance abuse in TEA recipients. Depending upon the individual, the worker may determine additional information is needed to fully complete the evaluation.

**COMPLETION**

The TEA client will complete the DCO-1402. The worker should review the client's answers and if any questions have not been answered, discuss them with the client. The worker may add the client's responses to the appropriate questions. The client must sign and date the form.

**ROUTING**

The DCO-1402 will be retained in the casefile. A copy of the DCO-1402 will be given to the client.

**RETENTION**

The DCO-1402 will be retained until the case record is destroyed.

**I. Type of Plan:** Initial EP \_\_\_\_\_ Date \_\_\_\_\_ EP Update \_\_\_\_\_ Date \_\_\_\_\_  
Update Method: Phone \_\_\_\_\_ Letter \_\_\_\_\_ Person \_\_\_\_\_

**II. Long Range Employment Goal:** \_\_\_\_\_  
**Projected Completion Date:** \_\_\_\_\_

DCO-181 (R. 11/98)  
Page 1 of 2

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***SIGNATURE PAGE***

**THE TEA CLIENT:**

\_\_\_\_\_ I fully understand my work activities' assignment(s) and how the hours of participation will be counted.

\_\_\_\_\_ I have participated in the development of this plan. I fully understand that my TEA cash assistance may be closed if I do not follow the steps in this plan.

\_\_\_\_\_ I fully understand the services available to me to obtain the goal(s) of my plan.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**THE TEA CASE MANAGER**

\_\_\_\_\_ I have discussed the employment plan goals and activities with the customer.

\_\_\_\_\_ I have provided copies of the employment plan to the customer.

\_\_\_\_\_ I have explained to the customer what services are available to help obtain the stated goals of this plan.

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date



**INSTRUCTIONS  
FOR COMPLETION OF  
DCO-181**

**PURPOSE**

The purpose of the Employment Plan is to identify a participant's employment goal and the activities that will occur in order to meet that goal.

**COMPLETION**

- Section I:** Place a check mark next to the appropriate identifier. Include dates of the plan development and/or update. If you are Updating a plan be sure to indicate how this update was done.
- Section II:** This section is designed to help the case manager and customer remain focused on long range goal of planning activities (the vision of the program). This goal may simply say "Mrs. Jones will be steadily employed on full time basis." The projected timeframes may be open-ended. NOTE: Not all families will require the same amount of time to reach full time employment and/or self-sufficiency.
- Section III:** Identify the work activity the client is participating in that relates to the intermediate goal in Section IV. Be sure to include the date of assignment to the activity as well as a projected completion date for this assignment. (Some intermediate goals may not relate to an allowable work activity. If this is the case still complete this section showing the activity the client is engaged in (e.g., substance abuse treatment, etc.)
- This section also includes a space for written comments. The case manager may want to use this space to specifically document how hours will be calculated for participation. It also allows the case manager to document any supportive services issues if this is not clearly evident in the "tasks" listing found in Section IV.
- Section IV:** Intermediate goals are the steps necessary to reach the long-range goal of the plan. These goal statements should be specific and tied to begin and end dates. In other words, document when the work on the goal begins and when it is expected that the goal will be obtained (end date).
- The task/responsibilities section should include specific statements outlining whom is going to do what activity as well as how the activity should be done. A begin/end date for each activity allows the case manager and customer to clearly understand the expectations of the plan and to monitor progress. Copies of the employment plan page can be made if there is not enough space for all intermediate goals/tasks.
- Section V:** Review the signature page with the client prior to signing and dating the plan. Both the client and case manager will sign this page.

## **ROUTING**

The original DCO-181 will be filed in the case file and a copy will be given to the recipient.

## **RETENTION**

The DCO-181 will be retained until the case file is destroyed.

DEPARTMENT of Human Services

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Roy Kindle, Assistant Director

Office of Program Planning & Development

TELEPHONE: 682-8251

FAX NO. 682-1597

**FINANCIAL IMPACT STATEMENT**

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** – TEA Policy Directive 98-17 Substance Abuse Screening and Treatment for TEA recipients and forms DCO-1402 & DCO-181

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?      Yes X      No

We anticipate 800 clients per year will need to be assessed for substance abuse at a cost of \$200.00 per recipient. Of the 800 recipient's assessed we project 400 of them will need substance abuse treatment at an average cost of \$1,000.00 per recipient.

The cost of providing substance abuse services is projected to be about \$416,000.00 per year.

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Not a federal Rule.

**1997-1998 Fiscal Year**

General Revenue  
Federal Funds  
Cash Funds  
Special Revenue  
Other  
Total \*

**1998-1999 Fiscal Year**

General Revenue  
Federal Funds  
Cash Funds  
Special Revenue  
Other  
Total \*

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4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

**1997-98 Fiscal Year**

None

**1998-99 Fiscal Year**

None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

We anticipate the total costs for implementing this policy to be about \$416,000.00. Federal TANF block grant funds & State revenues will be used.

**NOTICE OF RULEMAKING**

Pursuant to Arkansas Code 20-76-401 @ Seq. the Director, Division of County Operations issues proposed changes to the Transitional Employment Assistance program (TEA) policy and from DCO-1402 to implement procedures to help case workers identify TEA recipients who may be in need of substance abuse treatment. In addition, the DCO-181 has been revised to be used only as an Employment Plan and not the TEA Self-Administered Skills Assessment/Employment Plan.

Copies of the proposed change may be obtained by writing the Division of County Operations, P.O. Box 1437, Slot 1220, Little Rock, AR 72203-Attention: Office of Program Planning & Development. All comments must be submitted in writing to the address indicated above no later than 30 days from the date of this notice.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.

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/s/ Ruth Whitney  
Director  
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