Title VI Implementation Plan
Executive Summary

Adult Day Care Services, Inc. dba The Susan J. Rheem Adult Day Center (SJRC) with locations in Prescott (1982), Prescott Valley (1999), and Cottonwood (2014) is a non-profit 501 (c) (3) organization founded in 1982 to provide quality care, quality service and enhance quality of life for the elderly and adults with dementia, physical and developmental disabilities through a range of supportive day and community outreach services. Our participants access our program through financial and case management support from United Health Care, Arizona Long Term Care Services, the local Veteran's Administration, the Division of Developmental Disabilities, NACOG- Area Agency on Aging and private fee pay. We offer health monitoring by a nurse, social services support and a referral service as well as a full activity schedule offering: Music Therapy, Horticulture Therapy, body, brain and cognitive stimulation exercises and nutritious meals. Socialization, caregiver respite, and a transportation program are included in daily services. We offer door to door transportation service for our program participants Monday-Friday 8:00 a.m.-4:00 p.m.

What type of program fund(s) did you apply for?

x  5310
☐  5311
☐  Other (please explain)

Type of Funding Requests? (Select all that apply)

x  Vehicle Funds
☐  Operating Funds
☐  Other (please explain)
Non Discrimination Policy Statement

The Adult Care Services policy assures full compliance with Title VI of the Civil Rights act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations in all programs and activities. Title VI states that "no person shall on the grounds of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination" under any Adult Care Services sponsored program or activity. There is no distinction between the sources of funding.

Adult Care Services also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, Adult Care Services will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When Adult Care Services distributes Federal-aid funds to another entity/person, Adult Care Services will ensure all subrecipients fully comply with Adult Care Services Title VI Nondiscrimination Program requirements. The Executive Director has delegated the authority to the Grant/Contracts Coordinator/Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.

Yvonne Napolitano, Executive Director
Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA
Adult Care Services

The Adult Care Services operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Adult Care Services.

For more information on the Adult Care Services' civil rights program, and the procedures to file a complaint, contact Yvonne Napolitano at 928-771-2335, (TTY 7-1-1); email yvonne@adultcareservices; or visit our administrative office at 844 Sunset Avenue, Prescott. For more information, visit www.AdultCareServices.org

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: ADOT: ATTN: Title VI Program Manager 206 S. 17th Ave MD 155A RM: 183 Phoenix AZ, 85007 FTA: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact 928-771-2335. Para información en Español llame: Yvonne Napolitano.
Non Discrimination Notice to the Public - Spanish

Aviso al Público Sobre los Derechos Bajo el Título VI and ADA
Adult Care Services

Adult Care Services (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la Adult Care Services’ programa de derechos civiles, y los procedimientos para presentar una queja, contacte Yvonne Napolitano 928-771-2335, (TTY 7-1-1); email yvonne@adultcareservices; o visite nuestra oficina administrativa en 844 Sunset Avenue. Para obtener más información, visite www.AdultCareServices.org

El puede presentar una queja directamente con Arizona Departamento of Transportation (ADOT) o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: ADOT: ATTN Title VI Program Manager 206 S. 17th Ave MD 155A Phoenix AZ, 85007 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations at each Susan J. Rheem Adult Day Center: Transportation Coordinator Office, by transportation drop-off/pick-up door. At the Margaret T. Morris Center a copy is located at the front reception desk. At Adult Care Services Inc., a copy is located on the bulletin board at the building’s entrance. This notice is also posted online at www.adultcareservices.org.
Non Discrimination Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by Adult Care Services including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

(1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency’s Title VI Complaint Form.

(2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.

(3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.

(4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.

(5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.

(6) Once submitted Adult Care Services will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Adult Care Services or submitted to the State or Federal authority for guidance.
(7) **Adult Care Services** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.

(8) **Adult Care Services** has **14 business** days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **2 business** days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **14 business** days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

(9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.

(10) A copy of either the closure letter or LOF must be also be submitted to ADOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.

(11) A complainant dissatisfied with **Adult Care Services** decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17th Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

(12) A copy of these procedures can be found online at: [www.AdultCareServices.org](http://www.AdultCareServices.org)

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If information is needed in another language, contact 928-771-2335. Para información en Español llame: Yvonne Napolitano
**Discrimination Complaint Form**

### Section I:

Name:  
Address:  
Telephone (Home):  
Telephone (Work):  
Electronic Mail Address:  
Accessible Format Requirements?  
- [ ] Large Print  
- [ ] Audio Tape  
- [ ] TDD  
- [ ] Other

### Section II:

Are you filing this complaint on your own behalf?  
- [ ] Yes*  
- [ ] No

*If you answered “yes” to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining.

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  
- [ ] Yes  
- [ ] No

### Section III:

I believe the discrimination I experienced was based on (check all that apply):

- [ ] Race  
- [ ] Color  
- [ ] National Origin  
- [ ] Disability

Date of Alleged Discrimination (Month, Day, Year):  
__________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### Section VI:

Have you previously filed a Discrimination complaint with this agency?  
- [ ] Yes  
- [ ] No
If yes, please provide any reference information regarding your previous complaint.

__________________________________________________________________________

Section V:
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
☐ Yes □ No
If yes, check all that apply:
☐ Federal Agency: ____________________________
☐ Federal Court: ____________________________ ☐ State Agency: ____________________________
☐ State Court: ____________________________ ☐ Local Agency: ____________________________

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:
Title:
Agency:
Address:
Telephone:

Section VI:
Name of agency complaint is against:
Name of person complaint is against:
Title:
Location:
Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below.

__________________________ ____________________________
Signature Date

Please submit this form in person at the address below, or mail this form to:
Adult Care Services Title VI Coordinator: Yvonne Napolitano
844 Sunset Avenue
Prescott, AZ 86305
928-771-2335

A copy of this form can be found online at www.AdultCareServices.org
Formulario de quejas de discriminación

Section I:
Nombre:
DIRECCION:
Teléfono (Casa): 
Teléfono (Trabajo):
Dirección de Correo Electrónico:
Disponible Formato
☐ Letra Grande    ☐ Español

Section II:
¿Está presentando esta queja en su propio nombre?  ☐ Sí*  ☐ No
* Si usted contestó "sí" a esta pregunta, vaya a la Sección III.
Si no es así, por favor proporcione el nombre y la relación de la persona para la cual se está quejando.
Por favor, explique por qué usted ha presentado para un tercero:
Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.  ☐ Sí  ☐ No

Section III:
Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):
☐ Raza       ☐ Color       ☐ Origen Nacional  ☐ Discapacidad
Fecha de la Discriminación Presunta (mes, día, año):_______________________________
Explique lo más claramente posible lo que pasó y por qué cree que fue discriminado. Describir todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de los testigos en contacto. Si se necesita más espacio, por favor use la parte de atrás de este formulario.

¿Ha presentado previamente una queja del Titulo VI con esta agencia?  ☐ Yes  ☐ No
En caso afirmativo, sírvase proporcionar cualquier información de referencia con respecto a su queja anterior.

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**Section V:**

¿Ha presentado esta queja ante cualquier otro, estatal o agencia local Federal, o con cualquier corte federal o estatal?

- [ ] Si  
- [ ] No

En caso afirmativo, marque todo lo que corresponda:

- [ ] Agencia Federal: ____________________________
- [ ] Tribunal Federal: ____________________________  
- [ ] Agencia Estatal: ____________________________
- [ ] Tribunal Estatal: ____________________________  
- [ ] Agencia Local: ____________________________

Sírvanse proporcionar información sobre una persona de contacto en la agencia / tribunal donde se presentó la denuncia.

**Nombre:**

**Título:**

**Agencia:**

**Dirección:**

**Teléfono:**

---

**Section VI:**

Nombre de la agencia de queja es en contra:

Nombre de la persona queja es en contra:

**Título:**

**Ubicación:**

**Número de teléfono (si está disponible):**

Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja. Su firma y la fecha están obligados a continuación

---

**Firma**

**Fecha**

Por favor envíe este formulario en persona en la dirección física o de correo electrónico a continuación, o envíe este formulario a:

Adult Care Services, Yvonne Napolitano
844 Sunset Avenue
Prescott, AZ 86305
928-445-6384

[yvonne@adultcareservices.org](mailto:yvonne@adultcareservices.org)

Una copia de este formulario se puede encontrar en línea en [www.adultcareservices.org](http://www.adultcareservices.org)
Discrimination Investigations, Complaints, and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

<table>
<thead>
<tr>
<th>Description/Name</th>
<th>Date (Month, Day, Year)</th>
<th>Summary (include basis of complaint: race, color, national origin or disability)</th>
<th>Status</th>
<th>Action(s) Taken (Final findings?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawsuits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

X Adult Care Services has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits ever from 1982 to current year 2016.
ADULT CARE SERVICES
Public Participation Plan

Adult Care Services is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys. As an agency receiving federal financial assistance, Adult Care Services the following community outreach efforts:

Adult Care Services, Inc., educates the public regarding the services we provide, including transportation, through our website www.adultcareservice.org, rack cards/brochures (distributed all over Yavapai and portions of Coconino County), on various radios (daily) and in display advertising (several times per month). Adult Care Services Inc., also, hosts and participates numerous events and informational sessions throughout Yavapai County, holds meet with local doctors, and has contracts with the Department of Developmental Disabilities, Northern Arizona Council of Governments, Veteran’s Association, Child and Adult Care Food Program and Arizona Long Term Care in order to get the word out about our services.

In the upcoming year Adult Care Services will make the following community outreach efforts:

Adult Care Services, Inc., will continue to educate the public regarding the services we provide, including transportation, through our website www.adultcareservice.org, rack cards/brochures (distributed all over Yavapai and portions of Coconino County), on various radios (daily) and in display advertising (several times per month). Adult Care Services Inc., also, hosts and participates numerous events and informational sessions throughout Yavapai County, holds meetings with local doctors, and has contracts with the Department of Developmental Disabilities, Northern Arizona Council of Governments, Veteran’s Association, Child and Adult Care Food Program and Arizona Long Term Care in order to get the word out about our services.
If there is transportation fee change for our private pay clients Adult Care Services will send out a written 30 day notice and update the intake paperwork.

Adult Care Services has deviated fixed routes – these routes operate in the same general vicinity but pick up and drop off locations are directly to our participant’s homes and change dependent on who is attending SJRC on that particular day.

Adult Care Services is a private nonprofit and does not hold public meetings or hearings on transportation. We host events at our day center for community members who may want to learn about dementia, funding available through the VA, NACOG or DD or end of life planning. If the day center is marketing their services we may discuss transportation as well as other services but many times these community events are to help educate the population on other services available.
Limited English Proficiency Plan

ADULT CARE SERVICES

Limited English Proficiency Plan
**Adult Care Services** has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **Adult Care Services** programs as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **Adult Care Services**' extent of obligation to provide LEP services, the **Adult Care Services** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

1. **Demography:** The number and/or proportion of LEPs served and languages spoken in the service area.
2. **Frequency:** Rate of contact with service or program.
3. **Importance:** Nature and importance of program/service to people's lives.
4. **Resources:** Available resources, including language assistance services varying from limited to wide ranging with varying costs.

The results of the four-factor analysis for Adult Care Services program region are as follows:

1. **Demography:** According to the 2010 to 2014 American Community Survey (ACS) four-year estimates, 8 percent of the region's population speaks a language other than English. ACS reports that 2 percent of persons five years old and over speak English less than “very well.” The predominant language for this group is not available according to the ACS summary report or the US Census Bureau. The FTA standard is to translate material when five percent or more people in an area speak English less than “very well.” LEP neighborhoods are not present in the Adult Care Services regions.

2. **Frequency:** Adult Care Services' programs do not come into direct services with LEP populations on a regular basis. Based on the Yavapai County Demographics — from US Census Bureau and our own internal data collection of those we serve, the Hispanic origin population is the greatest served at 5% of Adult Care Services population with Caucasian population being present at 92%. Being mindful of the Hispanic LEP population we have created a flyer in Spanish to educate members as needed regarding Adult Care Services programs.

3. **Importance:** Transportation services is an important program component for those we serve and their caregivers in our medical/social day programs at Adult Care Services. All members in our programs are physically and/or cognitively disabled. Our service areas are considered rural and there is neither mass-transit public transportation, affordable transportation to the disabled community, nor those transportation services readily available which could be in a moment's notice to get those we care for to and from our programs based on family needs.

4. **Resources:** Adult Care Services uses internet translation programs for Spanish written materials and has bilingual staff in its organizations that assist with the written and verbal interpretation as necessary. On the basis of this four-factor analysis, Adult Care Services maintains vital materials about the agency in Spanish and will translate into other languages upon request. Spanish-speaking staff is available as needed to interpret for LEP populations. If fluency in the
needed language is not found among Adult Care Services staff, assistance may be acquired through Language Line Solutions.

Yavapai County Demographics – from US Census Bureau

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone, percent, July 1, 2014, (V2014) (a)</td>
<td>93.6%</td>
</tr>
<tr>
<td>Black or African American alone, percent, July 1, 2014, (V2014)(a)</td>
<td>0.9%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent, July 1, 2014, (V2014) (a)</td>
<td>2.1%</td>
</tr>
<tr>
<td>Asian alone, percent, July 1, 2014, (V2014) (a)</td>
<td>1.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014, (V2014) (a)</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or More Races, percent, July 1, 2014, (V2014)</td>
<td>2.2%</td>
</tr>
<tr>
<td>Hispanic or Latino, percent, July 1, 2014, (V2014) (b)</td>
<td>14.2%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino, percent, July 1, 2014, (V2014)</td>
<td>80.9%</td>
</tr>
</tbody>
</table>

Language spoken at home
Population 5 years and over

<table>
<thead>
<tr>
<th>Language</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>English only</td>
<td>203,963</td>
</tr>
<tr>
<td>Language other than English</td>
<td></td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>7445</td>
</tr>
<tr>
<td>Spanish</td>
<td>18,149</td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>6526</td>
</tr>
<tr>
<td>Other Indo-European languages</td>
<td></td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>3168</td>
</tr>
<tr>
<td>Asian and Pacific Islander languages</td>
<td></td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>456</td>
</tr>
<tr>
<td>Other languages</td>
<td>662</td>
</tr>
<tr>
<td>Speaks English less than “very well”</td>
<td>257</td>
</tr>
</tbody>
</table>

According to data compiled for CACFP in the FY 204-15 Adult Care Services provided serves to the following demographics

- 190 individuals we serve identified as white.
- 10 identified as Hispanic or Latino
- 4 identified as American Indian or Alaskan Native
- 2 identified as Black or African American
- 1 identified as Asian.

Further analysis of this data shows the following of 207 total participants served in 2014/2015:
- 92% of the population as white.
- 5% of the population as Hispanic or Latino
- 2% of the population as American Indian or Alaskan Native
- 1.5% of the population as Black or African American
- .5% of the population identified as Asian.

Safe Harbor Provision
Adult Care Services complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

(1) Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital Documents include the following:

(1) Outreach Materials – See attached day center flyer
Descubre la diferencia
The Susan J. Rheem Adult Day Center
está aquí para ayudar!

The Susan J. Rheem Adult Day Center es un programa de día para adultos de delicados de salud ofrecemos, servicios sociales y recreativos en un ambiente de cuidado durante el día.

Servicios ofrecidos

- Entorno seguro y protegido
- Amistad, risas y el cuidado
- Asistencia para caminar, comer y de ir al baño
- Comidas y bocadillos nutritivos
- Actividades, clases de carpintería y
- Entretenimiento y salidas de diversión
- La horticultura, la música y la terapia con mascotas
- Cuidado personal
- Vigilancia de la salud por una enfermera
- Grupos de apoyo de la familia y la educación
- Tiempo libre para cuidadores / familiares
- El transporte de casa el mas cercano
- Contracto con VA, Area Agency on Aging, DDD & ALTCS

826 Sunset Avenue
Prescott, AZ 86305

3407 N. Windsong Drive
Prescott Valley, AZ 86314

636 N. Main Street
Cottonwood, AZ 86326
928-649-0788

Ven para la diversión, estancia para las amistades!

www.adultcareservices.org
Non-elected Committees Membership Table

A sub recipient who selects the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

<table>
<thead>
<tr>
<th>Body</th>
<th>Caucasian</th>
<th>Latino</th>
<th>African American</th>
<th>Asian American</th>
<th>Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>80.9%</td>
<td>14.2%</td>
<td>.9%</td>
<td>1%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Adult Day Care Services Inc. Board of Directors</td>
<td>89%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Adult Residential Care Services Board of Directors</td>
<td>89%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Adult Care Services Board of Directors</td>
<td>89%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Adult Care Services encourages the participation of all minorities on committees by posting openings for the board on social media and in the volunteer section of the local newspaper.

Adult Care Services does NOT select the membership of any transit-related committees, planning boards, or advisory councils.
Monitoring for Subrecipient Title VI Compliance

*Adult Care Services* does NOT monitor subrecipients for Title VI compliance.
Title VI Equity Analysis

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

*Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.*

Adult Care Services has no current or anticipated plans to develop new transit facilities covered by these requirements. No facilities covered by these requirements were developed since The Susan J. Rheem Adult Day Center of Prescott Valley in 1999.*
Title VI Training

Title VI is discussed with all employees during company-wide orientation and during individual orientation at each respective sites. The company-wide orientation takes place approximately every 2 months and individual orientation at each respective site takes place after someone is hired and before they begin working with participants. Also Adult Care Services is an active participant in ADOT transportation community meetings with the next meeting scheduled to take place on September 12, 2016 in Prescott.

Board Approval for the Title VI Program

ADULT DAY CARE SERVICES, INC.
BOARD MEETING MINUTES

Thursday—May 19 2016 3:00 p.m. – MTM Activities Room

Present:
Bob Beyea
Michael Geboy
Claudia Jones
Mickey White
Lynn Harris
Elizabeth Harris
David Babbitt

Absent:
Harry Gooding

Staff: Yvonne Napolitano, Connie Swanson

Call to Order of Board Meeting / Establish Voting Quorum.

A quorum was present and Bob called the meeting to order.

Title VI Document: Yvonne reviewed the distributed document regarding the renewal of our Title VI status. Motion: A motion was made (Michael, 2nd Lynn) to approve the document. Unanimously Approved.

23 | Title VI Implementation Plan
See next page.