



**OLDER ADULT DAILY LIVING CENTERS  
PROVIDER SELF-CERTIFICATION AND CIVIL RIGHTS COMPLIANCE FORM (AGL-07)**

<b>LICENSE NUMBER:</b>
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<b>**NAME OF LEGAL ENTITY:</b>
<b>**NAME OF CENTER:</b>
<b>**ADDRESS OF CENTER:</b>
<b>CENTER WEBSITE:</b>
<b>COUNTY:</b>
<b>NAME OF CENTER DIRECTOR:</b>
<b>EMAIL OF CENTER DIRECTOR</b> <b>PHONE # OF CENTER</b>

**\*\* Enter the name of the legal entity, center and address as stated on current license if there have been no changes.**

**Note:** The word “discrimination” as used throughout this document shall be understood to mean “discrimination on the basis of race, color, national origin, religious creed, ancestry, sex, age, or handicap,” as used in Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended.

Supporting documentation must be provided at initial licensure and when any change occurs in a center’s policy, procedure, or practice regarding civil rights compliance. **There is no need to provide supporting documentation following the initial licensure unless there has been a change.**

Please check either YES or NO when answering the following questions. Provide attachments as necessary.

## I. CIVIL RIGHTS

- A. Does the center have a policy statement that affirms a commitment to nondiscrimination in service delivery (e.g. admissions, internal placement, facility usage, referrals, and communication with non – verbal or non-English speaking clients) and equal opportunity and affirmative action in all employment actions (e.g., recruitment, selection, promotion, training, apprentice programs, etc.)? If YES\_\_\_\_, provide a copy of the policy. If NO\_\_\_\_, state what corrective measures will be taken to develop a policy statement.
- B. Has this center, within the calendar year, completed a Civil Rights Compliance Review for another State or Federal Agency/Department? If YES \_\_\_\_, provide a copy of the other agency's completed review form and status of compliance. *(The other agency's form is meant to be a supporting document; it is not meant to take the place of this self-certification and civil rights compliance form).* NO \_\_\_\_
- C. What methods are used to orient clients, employees, and board members (if applicable) to civil rights compliance requirements?
- D. Does the center have policies and procedures for use by clients and employees in exercising their rights to lodge civil rights complaints? If YES \_\_\_\_, provide a copy of the supporting document(s) and explain how it is disseminated. If NO \_\_\_\_, state what corrective measures will be taken to develop policies and procedures.
- E. Has the center had a complaint of discrimination filed against it within the past 12 months by an employee or client? If YES\_\_\_\_, list the date of the complaint, the sex and race/national origin of complainant, major allegations made in the complaint, the agency with which the complaint was registered and the finding of either cause or no cause by the investigating agency. NO\_\_\_\_

F. Does the center have a policy and procedure that allows employees and those applicants selected for employment to voluntarily disclose a handicap? YES \_\_\_\_ NO \_\_\_\_

1. Does the policy state reasonable accommodations will be provided to handicapped employees? YES \_\_\_\_ . If NO \_\_\_\_ , state the reason(s) why accommodations are not being provided.

2. List examples (if any) of reasonable accommodations requested by and provided to any handicapped employees within the past 12 months.

G. Does the center ensure programs are accessible and available to clients with hearing and visual impairments (i.e., interpreter services, tapes, Braille)? YES \_\_\_\_ . If NO \_\_\_\_ , state what corrective measures will be taken to assure access.

H. What methods were/are used to make program services accessible to the physically and/or sensory impaired? Select all that apply.

- Building constructed to meet ADA guidelines
- Building modification
- Auxiliary aids
- Visual fire alarm devices
- Program relocation to another structure
- Program relocation within structure
- Other (specify)

## II. SELF-CERTIFICATION

This is to certify that the above named facility will comply with the applicable requirements of the following major laws and codes in all human service programs it operates.

- ❖ Title VI and Title VII of the Civil rights Act of 1964
- ❖ Section 504, Rehabilitation Act of 1973
- ❖ Age Discrimination Act of 1975
- ❖ Pennsylvania Human Relations Act of 1955, as amended
- ❖ 16 PA Code, Chapter 49 (Contract Compliance Regulations)

The above named facility will not permit discrimination on the basis of race, color, religious creed, handicap, ancestry, national origin, age, sex, or sexual orientation in any aspect of service delivery to eligible beneficiaries, and will apply the principles of equal opportunity in all matters of employment and contractual agreements.

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Signature of Center Director

Date