

Adult Services CIVIL RIGHTS COMPLIANCE CHECKLIST

Case Name: _____

1) Civil Rights Pamphlet provided and explained to client:

Face to Face Mailed

(Check One)

2) Need for special services? (Check all that apply)

Illiterate Vision Hearing Mobility Other: _____

3) a) Explained the reason for asking ethnic origin and primary language.

Ethnicity: _____ Language: _____

b) Needs bilingual services (Check One) Yes No

Did client choose to provide their own interpreter? (Check One) Yes No

The accuracy of the above is verified by: _____ _____
(Signature) (Date)

4) ANNUAL PROVISION OF CIVIL RIGHTS PAMPHLET

FF Mailed _____ _____ FF Mailed _____ _____
(Initials) (Date) (Initials) (Date)

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