



DEPARTMENT OF
DISABILITY & AGING

CIVIL RIGHTS ACT OF 1964
TITLE VI SELF-SURVEY

JULY 1, 2023 - JUNE 30, 2024 (DUE AUGUST 1, 2024)

Title VI of the Civil Rights Act of 1964 protects individuals from discrimination on the basis of race, color, or national origin in any program or activity that receives Federal financial assistance. As a sub recipient of Federal financial assistance you are required to comply with the provision of State and Federal Non-Discrimination Laws, including Title VI of the Civil Rights Act of 1964.

Please complete this survey in its entirety. Once complete, please send to both: (1) DIDD.OCR@tn.gov & (2) Simone.Cuarino@tn.gov

Agency / Business Name	Non-Profit/For-Profit/Other	Ownership Characteristics
Street Address	City	State Zip
Agency Title VI Coordinator	Phone	Address
DIDD Services Offered		

1. Demographics

*All agencies contracted with DIDD/DDA to provide services [including but not limited to: 1915(c) Waiver services, Katie Beckett, TEIS, MAPs, Family Support, etc.] must report this data. However, **for providers of TEIS services**, if this information has already been provided through the TEIDS system, then this information does not need to be provided below, as it has already been reported to DDA. If you have any questions, please contact DIDD.OCR@tn.gov.*

Total number of Persons Supported receiving DIDD/DDA services by RACE*:

*[*In 2024, the federal government revised its Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity. This table conforms to those changes. If you have questions about these changes, please contact DIDD.OCR@tn.gov]*

American Indian/ Alaskan Native	Asian	Black or African- American	Hispanic or Latino	Middle Eastern or North African	Hawaiian/Other Pacific Islander	White	Other (including 2 or more races)	TOTAL

2. Title VI Notification

Title VI requires agencies to make certain that eligible persons who have previously or traditionally been deprived of equal opportunity receive notification and are adequately encouraged to participate fully in agency programs and services.

i) Describe your agency's programs and services

ii) Please describe and/or attach you agency's complaint procedures and non-discrimination policy(ies):



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2. Title VI Notification *Continued from Page 1.*

Is documentation of information about Title VI maintained as part of the comprehensive record for each person supported [see Section 10.5 of the Provider Manual]? Yes No

Is a document containing Title VI information prominently displayed in your agency? Yes No

If **Yes**, please note the locations of signage in your agency.

3. Title VI Complaints *Please attach a copy of any way [form, policy, etc.] persons are made aware that they can file a Title VI complaint with your organization and provided direction on how to file a Title VI complaint.*

Number of Title VI complaints filed with your agency during the survey period _____

Number of Title VI investigations conducted during the survey period _____

Number of Title VI complaints resolved during the survey period _____

4. LEP Assessment

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are considered to have limited English proficiency (LEP).

How many individuals either received and/or sought services from your organization who had limited English proficiency during the survey period? What percentage of the total population of individuals who received or sought services from you had limited English proficiency?

	Number	Percentage		Number	Percentage
a. Spanish	_____	_____	f. Arabic	_____	_____
b. Chinese	_____	_____	g. Korean	_____	_____
c. Tagalog	_____	_____	h. Russian	_____	_____
d. Vietnamese	_____	_____	i. German	_____	_____
e. French	_____	_____	j. Other	_____	_____

If **Other**, please provide which additional languages not listed above were supported and/or encountered:

Please indicate your agency's contact with LEP individuals seeking assistance

No Contact **Infrequent Contact** (*5 times or less / month*) **Frequent Contact** (*more than 5 times / month*)

Does your agency have a contract for language interpreter services? Yes No

If **Yes**, please provide the name of the contractor providing language interpretation services:

Approximately how much did your agency spend on interpretation/translation services during the survey period (July 1 - June 30)? _____



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5. Title VI Policies

As a sub-recipient of Federal financial assistance, DIDD/DDA service providers are required to develop methods of administration that ensure program accessibility.

Does your agency have a written policy stating that individuals with limited English proficiency will have access to interpretation and translation services and that said services are **free of charge?** (ATTACH POLICY) Yes No

If **No**, please explain:

Do employees' Human Resources files contain acknowledgement of training and penalties for non-compliance? Yes No

If **No**, please explain:

6. Training

- i) Total number of EMPLOYEES who received Title VI training (Relias, web-based and classroom) during the survey period _____
- ii) Percentage of EMPLOYEES who received Title VI training (Relias, web-based and classroom) during the survey period _____
- iii) Total number of EMPLOYEES employed by the agency as of June 30, 2024 _____
- iv) Do you retain records of employees' acknowledgment of training? Yes No

7. Representation

Please list any advisory boards, councils, board of directors, advisory boards and/or committees for your agency. If your agency does not have any boards/councils/committees, then state "none" below and skip to Section 8 of the Self Survey.

For each board/council/committee identified above, please identify the racial (i.e., *African-American, Native American, Asian, Hispanic, etc.*) composition of each board/council/committee.

How are the members of each advisory board or committee selected or appointed and by whom?

Please describe how information about vacancies on each board/council/committee vacancies is disseminated to individuals receiving services, their legal representatives, and the community:



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8. Declaration of Respondent

I declare that I have completed the data in this Title VI Self-Survey to the best of my knowledge and belief it is true, correct and complete.

Signature

Date

Printed Name

Position of Individual Completing this Survey

*If you have any questions, please contact **DIDD.OCR@tn.gov**.*

Please return this survey to the following email addresses: (1) DIDD.OCR@tn.gov & (2) Simone.Cuarino@tn.gov