

Title VI Program

INTEGRATED RESOURCES, INC.
3776 Mountaineer Highway
Maben, West Virginia 25870

June 6, 2016

Integrated Resources, Inc. Title VI Plan

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Program Questionnaire

Public Notice Requirement	
1.	Title VI Public Notice Attached.
2.	These notices are posted in the hallways of the Billy Wayne Bailey Administrative Building and the Services building as well as the multi-passenger vehicles.
3.	The public notice is posted in all three Wyoming County newspapers annually, on the Agency website www.int-res-inc.com , and in public areas of Agency buildings.
Complaint Instructions and Forms	
4.	Integrated Resources, Inc. complaint form and procedures attached.
Complaints, Investigations and Lawsuits	
5.	There have been no Title VI complaints, investigations or lawsuits related to Integrated Resources, Inc.'s transportation services.
Public Partnership Element	
6.	Integrated Resources, Inc. is a 501(c)3 corporation that is governed by a volunteer Board of Directors. The Board of Directors is comprised of public, private and consumer (low-income or persons with disabilities) individuals. The Board Meetings are scheduled monthly and are open to the public.
7.	How do we publicize meeting notices? Verbally – First Monday of every month.
8.	The Board Meetings are held in the conference room of the Billy Wayne Bailey Administrative Building in Maben, WV.
9.	The room where the Board meeting is held and rest rooms are accessible to persons with disabilities.
10.	Board meetings are held during the day so transportation is available.
11.	Lunch is provided to clients and Board of Directors to eat together.
12.	No city or county funded is provided to the program.
13.	Integrated Resources, Inc. works with the WV Division of Rehabilitation Services, Veterans Services, workforce development organization, WV Department of Health and Human Services and local community groups and organizations to identify persons with disabilities and low-income individuals who would benefit from our services and programs. All recruitment, hiring, termination and employment practices are evaluated under the Affirmative Action Plan to insure fair and equal implementation.
Limited English Proficiency (LEP) Element	
14.	Due to the small size of the staff and limited number of clients that receive transportation services, it was not necessary to perform the LEP exposure survey. Staff has contact with persons who speak English "less than well" on a very infrequent basis (less than monthly). There are no current or pending clients that do not speak and understand English.
15.	The WV Department of Health and Human Resources, Wyoming County Office; Wyoming County Emergency Operations (9-1-1) Center; and Workforce West Virginia.

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16.	Agencies surveyed reported that they do not encounter persons who are not able to communicate in English. Workforce WV reported that they work with a very small population of persons who are deaf and require sign language services.
17.	Integrated Resources, Inc. operates a Sheltered Workshop Monday – Thursday 9:00 a.m. – 3 p.m., excluding holidays and weather-related cancellations. Other activities include field trips and work for outside organizations.
18.	Surveys have not been needed or conducted.
19.	Current employees do not speak foreign languages and are not used as translators.
20.	IRI has not translated documents into Spanish or another language.
21.	We have not used Google Translate.
22.	An effort is made to find friend/family members and local community members who are able and willing to translate if the need arises. Spanish would be the most accessible format.
23.	No formal arrangements for translation services have been made.
24.	No LEP persons have needed services. If this occurs, the staff identifying the need will make a referral to the Equal Opportunity Officer for assistance.
25.	Integrated Resources, Inc. participates in health fairs, community events and local outreach efforts to provide education regarding services and programs.
26.	The Equal Opportunity Officer will monitor the need for language assistance and make arrangements to provide this as needed.
27.	Integrated Resources, Inc. is committed to making services and information available to participants in a language that they speak and understand. The Equal Opportunity Officer will be responsible for this upon referral from drivers, other staff, or outside sources.
Planning and Advisory Boards	
28.	There are no transit-related Advisory Boards or Committees.
29.	No committees.
30.	No committees.
31.	No committees.

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Limited English Proficiency (LEP) Element Data

West Virginia is one of the most homogeneous states in the United States. Small rural counties (such as Wyoming County) have primarily English-speaking residents. According to the 2010 United States Census, less than 1% of the population 5 years and older speak English “less than very well”. Currently, all Integrated Resources, Inc. participants speak English as the primary language. Transportation employees do not encounter persons with limited English proficiency on a daily, weekly or even monthly basis. Transportation is provided to persons with physical and intellectual disabilities and is critical to their ability to participate in the on-site programs. All transportation staff speaks English. None are fluent in a second language.

2010 Census Numbers for LEP Persons Residing within the Service Area		
Population 5 years and over by language spoken at home and ability to speak English	Wyoming County, WV	
	Number	Percentage
Population 5 years and over	22,482	94.5%
Speaks English less than “very well”	156	0.7%
Spanish	175	0.8%
Speaks English less than “very well”	90	0.4%
Other Indo-European	11	0.0%
Speaks English less than “very well”	9	0.0%
Asian and Pacific Island	0	0.0%
Speaks English less than “very well”	0	0.0%
All Other	57	0.3%
Speaks English less than “very well”	57	0.3%

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Notice to the Public

Title VI Long Notice

YOUR RIGHTS UNDER TITLE VI

Integrated Resources, Inc. operates our programs and services without regards to race, color or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under the Title VI may file a complaint with our Agency.

Any such complaint must be in writing and filed with this Agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact Integrated Resources, Inc. by any of the methods listed below:

Mail: Integrated Resources, Inc.
P.O. Box 835
Mullens, WV 25882

Phone: (304)294-5610

Fax: (304)294-5617

Email: ewalker@int-res-inc.com

If this information is needed in a language other than English, please contact our office.

Title VI Short Notice

Integrated Resources, Inc. operates our programs and services without regards to race, color or nation origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations or to file a complaint, please contact us at (304) 294-5610.

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Title VI Complaint Policy and Procedure

PURPOSE

To identify the philosophy and practices of Integrated Resources, Inc. related to non-discrimination so that no person shall, on the grounds of race, color, national origin, sex, religion, political affiliation, age, veteran status or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program funded in whole or in part by federal or state funds.

SCOPE

This policy applies to all employees and divisions operated by Integrated Resources, Incorporated (IRI).

POLICY

It is the belief and practice of Integrated Resources, Inc. that no person shall, on the grounds of race, color, national origin, sex, religion, political affiliation, age, veteran status or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or services offered.

Any person who believes that she or he has been aggrieved by an unlawful discriminatory practice under the Title VI may file a complaint with Integrated Resources, Inc. using the Title VI Complaint Form.

PROCEDURE

Filing a Complaint: Obtain a copy of the Title VI Complaint Form by the following means:

In Writing: Integrated Resources, Inc.
P.O. Box 835
Mullens, WV 25882
By Telephone: (304) 294-5610
By Facsimile: (304) 294-5617
By Email: ewalker@int-res-inc.com

Please notify the office if assistance is needed in obtaining the information in an alternate format or assistance in completing the form is required due to physical, intellectual, or cultural barriers.

A complaint may be filed up to 180 days from the date of the alleged incident. The complaint should include the following information:

- Name, address, and telephone number of person filing the complaint.
- How, why and when you believe that you were discriminated against

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- Provide as much detailed information as possible about the alleged act(s) of discrimination and any other relevant information.
- List the names of any persons that can be contacted to clarify the allegation.

Once complete it should be submitted in writing to:

Director of Operations
Integrated Resources, Inc.
P.O. Box 835
Mullens, WV 25882

Complaint Investigation: Integrated Resources, Inc. investigates complaints received within 180 days of the alleged incident. Once the completed complaint form is submitted and received by Integrated Resources, Inc., it will be reviewed to determine if the Agency has jurisdiction. Written acknowledgement will be sent to the person filing the complaint that it was received and whether the complaint will be investigated by Integrated Resources, Inc.

Integrated Resources, Inc. will make every attempt to complete the investigation within 30 days of receipt, but no later than 90 days without written notification to complainant specifying more information or time is needed. Requests for additional information will be submitted in writing and the complainant will have ten (10) days to respond to the designated party unless otherwise specified. The case may be administratively closed by the Agency if the information is not received in the specified timeframe or the Complainant no longer wishes to pursue the case.

Once the investigation is complete, Integrated Resources, Inc. will issue a written response to the complainant that summarizes the results of the investigation, including findings and actions to be taken as a result of the investigation. If the complainant disagrees with Integrated Resources, Inc. determination, he/she may request reconsideration by submitting a request in writing to Integrated Resources, Inc. Director of Operations within seven (7) days after the date the letter is received and must specify the basis for the reconsideration request. The Director of Operations will notify the complainant of the decision to accept or reject the reconsideration request within 10 days. If reconsideration is granted, the Director of Operations will issue a determination letter to the complainant upon completion of the reconsideration review.

Any person may also file a complaint directly with the Federal Transit Administration at:

FTA Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

If information is needed in another language or format, please contact Integrated Resources, Inc. at (304) 294-5610.

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1.	Complainant's Name:		
a.	Address:		
b.	Home Number: ()	Mobile Number: ()	
c.	Email Address:		
2.	Accessible Format of Form Needed? <input type="checkbox"/> Yes (Mark all that Apply) <input type="checkbox"/> No	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape	<input type="checkbox"/> Other, specify: _____ _____
3.	Are you filing this complaint on your own behalf?		
	<input type="checkbox"/> Yes, go to Question 7	<input type="checkbox"/> No, continue with Question 4	
4.	If you answered no to Question 3 above, please provide the following information:		
a.	Complainant Name:		
b.	Address:		
c.	Home Number: ()	Mobile Number: ()	
d.	Email Address:		
5.	What is your relationship to the person for whom you are filing the complaint?		
6.	Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party.		
	<input type="checkbox"/> Yes, I have permission	<input type="checkbox"/> No, I do not have permission	
7.	I believe that the discrimination I experienced was based on (check all that apply):	<input type="checkbox"/> Race <input type="checkbox"/> Color	<input type="checkbox"/> National Origin <input type="checkbox"/> Other, specify: _____ _____
8.	Date of the alleged discrimination (Month/Day/Year):		
9.	Where did the alleged discrimination take place?		
10.	Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is needed.</i>		
11.	Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>		

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12.	What type of corrective action would you like to see taken?		
13.	<p>Have you filed a complaint with any other Federal, State or local agency or with any Federal or State Court?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">▪ Yes, Check all that apply</td> <td style="width: 50%; border: none;">▪ No, Go to signature</td> </tr> </table> <ul style="list-style-type: none"> ▪ Federal Agency, Specify: _____ ▪ Federal Court, Location: _____ ▪ State Court ▪ State Agency, Specify: _____ ▪ County Court, Specify: _____ ▪ Local Agency, Specify: _____ 	▪ Yes, Check all that apply	▪ No, Go to signature
▪ Yes, Check all that apply	▪ No, Go to signature		
14.	<p>Please provide contact person's information at the agency/court where the complaint was filed:</p> <p>Name: _____ Title: _____</p> <p>Agency: _____ Phone: () _____</p> <p>Address: _____</p> <p>_____</p>		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required for processing.

Signature Date

If you completed questions 4, 5, and 6, your signature and date is required.

Signature Date

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Outside Organization Limited English Proficiency Survey Form

Organization Name: _____

Address: _____

Telephone Number: (____)_____ Contact Person: _____

Identify any language assistance needs that you encounter: _____

What languages are spoken by persons with language assistance needs? _____

What language assistance efforts are you undertaking to assist persons with language assistance needs? _____

When necessary, can we use these services? _____

Would you like more information on transportation services? _____
