A close up of a logo

Description generated with very high confidence

# **Americans with Disabilities Act**

# **Accessibility Agreement for On-Site Meal Programs**

## Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In keeping with the American with Disabilities Act (ADA) and The Emergency Food Assistance Program (TEFAP) requirements, we have evaluated the accessibility of our agency to persons with disabilities. Reasonable accommodations must be made to serve all individuals with disabilities who are eligible for our service.

1. **Accessibility by persons with physical disabilities: (check one)**

\_\_\_Our agency is accessible to people with physical disabilities, including people using   
wheelchairs.

\_\_\_Our agency is not accessible to some people with physical disabilities. It would be a financial hardship to make space accessible, so we will make the following accommodations:

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1. **Accessibility by persons who have learning or visual disabilities:**

If requested, we will have a staff person read forms and other materials to people who have a learning or visual disability, or we will provide forms and other materials in alternate formats such as larger print or Braille.

(Note: Your Regional Independent Living Center and the Minnesota Department of Human Services Office of Economic Opportunity can provide information and/or access for Brailing materials if necessary).

1. **Accessibility by persons who have hearing or speech disabilities:**

If our agency does not have a TTY/TDD device, we will use the Minnesota Relay Service, which is a telephone communication service designed for people who have hearing or speech disorders.

Minnesota Relay Service: 1-800-627-3529

If a person requests, we will try to provide a sign language interpreter. If that is not possible, we will use written notes to communicate.

We understand the need to serve all individuals who are eligible, and are committed to making these and any other appropriate and reasonable accommodations in order to make our services accessible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date TEFAP Provider Staff

Please post this document at your agency and in plain view of participants. Keep a copy of this form for your files. It will be reviewed during Minnesota Department of Human Services Office of Economic Opportunity, Hunger Solutions Minnesota and/or regional food bank monitoring visits.

For any questions, please contact:

Courteney Roessler Amy Doyle

MN DHS OEO MN DHS OEO

TEFAP

[courteney.roessler@State.mn.us](mailto:courteney.roessler@state.mn.us) amy.doyle@state.mn.us

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.  Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture   
   Office of the Assistant Secretary for Civil Rights   
   1400 Independence Avenue, SW   
   Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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