



**McHenry County
Department of Planning and Development**

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SUBPART K REQUIREMENTS

Organization Name:

1. How does your organization identify prospective clients and make them aware your services are available to all eligible persons, including those with disabilities, on a non-discriminatory basis?
2. Does your have written policies and procedures in place to ensure that no person otherwise eligible for service shall solely by reason of their disability be excluded from participation of be denied benefits offered by your program?
3. Does your organization have written policies and procedures in place to ensure meaningful access to programs and activities for persons with Limited English Proficiency (LEP)?
4. Does your organization have a formal process for a client to file a grievance? If yes, please provide this policy.
5. Does your organization have a formal process for the termination of assistance to a client, including a process that recognizes the right of the individual(s) to a hearing?
6. Does your organization provide a terminated client the reason in writing?

I certify that the aforementioned is true and accurate.

Printed Name

Signature

Date