

**Federal Transit Administration  
Non-Discrimination Program  
Terrebonne Council on Aging, Inc.**

**April 12, 2022**

*(NST plan expires 3 years from date approved by the board)*

## **Non-Discrimination Plan Table of Contents**

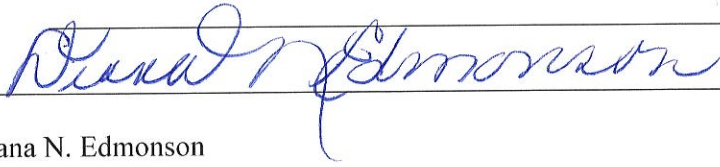
The Terrebonne Council on Aging, Inc. Non-Discrimination plan includes the following elements:

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## Section 1: Non-Discrimination Plan Approval

Non-Discrimination Plan Adopted on: 4/12/2022

Adopted by: Terrebonne Council on Aging Board of Directors

Signature(s):   
Diana N. Edmonson  
Executive Director

Date SIGNED: 4/12/22

Include documentation to show approval (i.e., minutes, resolutions, ordinance, etc.) The person given the authority to sign should be the person who actually signs the document.

## Non-Discrimination Plan Revision Log

Date Month/day/year	Section Revised	Summary of Revisions
4/12/2022	N/a	Non-Discrimination Plan Implemented (Replaces Title VI/ADA Program)

## Section 2: Non-Discrimination Policy Statement

### Policy Statement

The Terrebonne Council on Aging, Inc. assures that no person shall on the grounds of race, color, or national origin as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any programs or activities. Terrebonne Council on Aging, Inc. assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs and activities are federally funded or not (inclusive of additional Title VI Authorities and citations).

The Civil Rights Restoration Act of 1987, broadened the scope of Title VI coverage by expanding the definition of terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub-recipients, and contractor/consultants, whether such programs and activities are federally assisted or not (Public Law 100259 [S.557] March 22, 1988.)

Terrebonne Council on Aging, Inc. will be responsible for initiating and monitoring Title VI activities, preparing required reports and other responsibilities as required by 23 Code of Federal Regulation, (CFR) 200 and 49 Code of Federal Regulation 21.

  
Diana N. Edmonson, Executive Director

4/12/22  
Date

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color or national origin by the Terrebonne Council on Aging, Inc. may file a Non-Discrimination complaint by submitting the agency's Non-Discrimination Complaint Form.

For all Discrimination matters, please contact:  
Brandie Breaux, HR Manager  
995 W. Tunnel Blvd. Houma, LA 70360  
(985)868-8411 ext. 208  
info@terrebonnecoa.org

### Section 3: Notice to the Public

#### **Non-Discrimination Notice to the Public**

The Terrebonne Council on Aging, Inc.'s Notice to the Public is as follows:

#### **Notifying the Public of Rights Non-Discrimination**

#### **Terrebonne Council on Aging, Inc.**

- ✓ The Terrebonne Council on Aging, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice may file a complaint with the Terrebonne Council on Aging, Inc. and should be filed within 180 days of date of alleged discrimination.
- ✓ For more information on the Terrebonne Council on Aging, Inc.'s civil rights program, the procedures to file a complaint or to file a complaint contact (985)868-8411; email [info@terrebonnecoa.org](mailto:info@terrebonnecoa.org); or visit our administrative office at 995 W. Tunnel Blvd., LA 70360. For more information, visit [www.terrebonnecoa.org](http://www.terrebonnecoa.org).
- ✓ A complaint may also be filed directly with the:

Louisiana Department of Transportation and Development, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804 or (225) 379-1923.

Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

- ✓ If information is needed in another language, contact (985)868-7703.

The **Terrebonne Council on Aging, Inc.**'s Notice to the Public is posted in the public areas of the office and inside the transit vehicles.

## **Notificación al público de derechos bajo el no discriminación**

- El Terrebonne Council on Aging, Inc. opera sus programas y servicios sin distinción de raza, color y origen nacional, según el no discriminación. Cualquier persona que cree o que ha sido perjudicada por una práctica discriminatoria ilegal bajo el Título VI o no discriminación puede presentar una queja con el Terrebonne Council on Aging, Inc..
- Para obtener más información sobre el programa de derechos civiles de Terrebonne Council on Aging, Inc., o para obtener más información sobre los procedimientos para presentar una queja llame al (985)868-8411, [info@terrebonnecoa.org](mailto:info@terrebonnecoa.org) o visite nuestra oficina administrativa en 995 W. Tunnel Blvd. Houma, LA 70360.
- Un demandante puede presentar una queja directamente a la el Departmet de Transporte del estado de Louisiana, llame al (225) 379-1923. Email [Cynthia.douglas@la.gov](mailto:Cynthia.douglas@la.gov),
- Un demandante puede presentar una queja directamente a la Administración Federal de tránsito, Oficina de Derechos Civiles, Atención: Coordinadora del Programa Título VI, edificio este, 5 piso-TCR, 1200 New Jersey Ave., se Washington, DC, 20590.
- Si se necesita información en otro idioma, comuníquese con (985)868-8411.



#### **Section 4: Non-Discrimination Complaint Procedure**

The Terrebonne Council on Aging, Inc.'s Non-Discrimination Complaint Procedure is made available in the following location: Terrebonne Council on Aging, Inc. Operations Center, located at 995 W. Tunnel Blvd. Houma, LA 70360 or online at [www.terrebonnecoa.org](http://www.terrebonnecoa.org).

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin or disability by the Terrebonne Council on Aging, Inc. may file a non-discrimination complaint by completing and submitting the agency's non-discrimination Complaint Form. File initial complaint with Brandie Breaux, HR Manager at Terrebonne Council on Aging, Inc.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with the Terrebonne Council on Aging, Inc. no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, the Terrebonne Council on Aging, Inc. will review it to determine if our office has jurisdiction. (A copy of each non-discrimination complaint received will be forwarded to the Louisiana Department of Transportation and Development within ten (10) calendar days of receipt.) The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Terrebonne Council on Aging, Inc. has 45 days to investigate the complaint. If more information is needed to resolve the case, the Terrebonne Council on Aging, Inc. may contact the complainant.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI or other discriminatory violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 180 days after the date of the letter or the letter of finding to do so. A person may also file a complaint directly with the: Louisiana Department of Transportation, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804.

LADOTD will analyze the facts of the case and will issue its conclusion to the appellant within 60 days of the receipt of the appeal.

If information is needed in another language, then contact (985)868-8411.

## Procedimiento de Queja no discriminación

El formulario de queja del no discriminación del Terrebonne Council on Aging, Inc. esta disponible en las siguientes ubicaciones:

- Pagina web de la agencia
- Copia impresa localizada en la oficina central

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Cualquier individuo, grupo de individuos o entidad que crea que ha sido objeto de discriminacion por motivos de raza, color, nacionalidad o discapacidad por el Terrebonne Council on Aging, Inc. puede presentar una queja del no discriminación al completar y enviar el formulario de queja del no discriminación correspondiente a la agencia. Este documento debeni de ser enviado a la direccion indicada en el formulario de queja. Presente la queja inicial con Brandie Breaux, HR Manager en Terrebonne Council on Aging, Inc..

Cualquier individuo que haya presentado una queja o participe en la investigacion de alguna queja no debera ser sujeto a ninguna forma de intimidacion o represalias. Aquel individuo que considere que ha sido sujeto de intimidacion o de represalias puede llenar un formulario de queja para represalias siguiendo el mismo procedimiento que para una queja de descriminacion.

Esta queja debera ser presentada a traves de la Oficina de Programas de Cumplimiento del Terrebonne Council on Aging, Inc. en un periodo de no mas de 180 dias despues de lo siguiente:

1. La fecha del presunto acto de discriminacion; o
2. La fecha en la que la persona (s) se percataron del presunto acto de discriminacion; o
3. Cuando se ha detectado que el acto de discriminacion se ha convertido en una conducta repetitiva. En estos casos se incluire la fecha del ultimo acontecimiento.

Una vez que se reciba la queja, el / la Coordinador del no discriminación del Terrebonne Council on Aging, Inc. lo revisara para detenninar si nuestra oficina tiene jurisdiccion. El demandante recibira una carta de notificacion en la cual se le hara saber si la queja sera investigada por nuestra oficina.

El/ La coordinador del no discriminación del Terrebonne Council on Aging, Inc. tendra 45 dias para investigar la queja. Si se necesita mas informacion para resolver el caso, el (la) Coordinador (a) del no discriminación podria contactar al demandante.

Despues de que el/ la Coordinador del no discriminación revise la queja, emitira una de dos (2) cartas al demandante: una carta de cierre o una carta de hallazgo.

- Una carta de cierre resumiendo las alegaciones del caso en la cual indicara que no hubo una violacion del no discriminación y por tal motivo el caso sera cerrado.
- Una carta de hallazgo resumiendo las alegaciones y las entrevistas sobre el supuesto incidente en esta misma carta se le explicara al demandante si se llevara a cabo alguna accion disciplinaria, entrenamiento adicional al personal o se tomara alguna otra accion necesaria.

Si el demandante desea apelar la decision, el tendra 180 dias despues de la fecha marcada en la carta de cierre o de la carta de hallazgo para hacerlo. El/ La Coordinador, Cynthia Douglas (225)379-1923, del Titulo VI / ADA analizara los hechos del caso y emitira su conclusion al apelante en un periodo de 60 dias despues de haber recibido la apelacion.



## Section 5: No discriminaci3n Complaint Form

The Terrebonne Council on Aging, Inc.'s non-discrimination Complaint Procedure is made available in the following locations: Terrebonne Council on Aging, Inc. Operations Center, located at 995 W. Tunnel Blvd. Houma, LA 70360 or online at [www.terrebonnecoa.org](http://www.terrebonnecoa.org).

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe 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"/> Disability				
Date of Alleged Discrimination (Month, Day, Year) _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
<b>Section IV</b>				
Have you previously filed a non-discrimination complaint with this agency?			Yes	No
<b>Section V</b>				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply:				

<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below

Signature	Date

If information is needed in another language, contact (985)868-8411.  
 Please submit this form in person at the address below, or mail this form to:

**Terrebonne Council on Aging, Inc.**  
**Brandie Breaux, HR Manager**

**Physical Address:**  
**995 W. Tunnel Blvd.**  
**Houma, LA 70360**

**Mailing Address:**  
**P.O. Box 8036**  
**Houma, LA 70361**

<b>Formato de Reclamo del no discriminación del Terrebonne Council on Aging, Inc.</b>	
<b>Sección I:</b>	
Nombre: _____	
Dirección: _____	
Teléfono (Casa/Celular): _____	Teléfono (Trabajo): _____
Dirección de correo electrónico: _____	
<b>Sección II:</b>	
¿Está usted presentando esta queja en su propio nombre: <b>Sí</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
* Si usted contestó "sí" a esta pregunta, pase a la Sección III.	
Si su respuesta es "no", por favor escribe el nombre y la relación de la persona que está presentando la queja en contra:	<b>Nombre:</b> _____ <b>Relación:</b> _____
Si usted está presentando una queja de parte de otra persona, por favor, explica porqué en el siguiente espacio:	
¿Se ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero: <b>Sí</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Sección III:</b>	
Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda): <input type="checkbox"/> <b>Raza</b> <input type="checkbox"/> <b>Color</b> <input type="checkbox"/> <b>Origen Nacional</b> <input type="checkbox"/> <b>Discapacidad</b>	
Fecha de la discriminación alegada (Mes, Día, Año): _____	<b>Date:</b> _____
Explique, lo más claramente posible, lo que sucedió y porqué usted cree que fue discriminado. Describe todas las personas quien estuvieron involucradas. Incluye el nombre y la información de contacto de la persona (s) que discriminó (si se conoce), así como los nombres e información de contacto de cualquier testigo. Si necesita más espacio, adjunte hojas adicionales a este formulario:	
<b>Sección IV</b>	
Ha previamente presentado una queja del no discriminación con el Terrebonne Council on Aging, Inc.? <b>Sí</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	

**Sección V**

¿Ha presentado esta queja con cualquier otro federal, estatal o local, o ante cualquier tribunal federal o estatal? **Sí** ☐ **No** ☐

En caso afirmativo, marque el nombre de todas las que correspondan:

- ☐ Agencia Federal: \_\_\_\_\_  
☐ Tribunal Federal: \_\_\_\_\_  
☐ Agencia Estatal: \_\_\_\_\_  
☐ Tribunal Estatal: \_\_\_\_\_  
☐ Agencia local : \_\_\_\_\_

Sírvanse proporcionar información acerca de una persona de contacto en la corte / entidad donde se presentó la queja.

Nombre: \_\_\_\_\_

Título: \_\_\_\_\_

Agencia: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

**Sección VI**

Nombre de la agencia/compañía de queja es contra: \_\_\_\_\_

Persona de contacto: \_\_\_\_\_

Título: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Por favor, envíe este formulario en persona en la dirección indicada más abajo:

**Terrebonne Council on Aging, Inc.**  
**Brandie Breaux, HR Manager**

**Physical Address:**  
**995 W. Tunnel Blvd.**  
**Houma, LA 70360**

**Mailing Address:**  
**P.O. Box 8036**  
**Houma, LA 70361**

## Section 6: List of Transit Related Non-Discrimination Investigations, Complaints and Lawsuits

The Terrebonne Council on Aging, Inc. maintains a list or log of all non-discrimination investigations, complaints and lawsuits, pertaining to its transit-related activities.

### Check One:

  x   There have been no investigations, complaints and/or lawsuits filed against us since the last plan submission.

       There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
<b>Investigations</b>				
1.				
2.				
<b>Lawsuits</b>				
1.				
2.				
<b>Complaints</b>				
1.				
2.				

## Section 7: Public Participation Plan

### Strategies and Desired Outcomes

To promote inclusive public participation, the Terrebonne Council on Aging, Inc. will employ the following strategies, as appropriate (make these determinations based on a demographic analysis of the population(s) affected, type of plan, program and/or service under consideration, and the resources available):

- ✓ Provide for early, frequent and continuous engagement by the public.
- ✓ Select accessible and varied meeting locations and times
- ✓ Use social media in addition to other resources as a way to gain public involvement
- ✓ Use radio, television or newspaper ads on stations and in publications that serve LEP populations.
- ✓ Outreach to LEP populations through community center and churches.

### Public Outreach Activities

The public outreach and involvement activities conducted by the Terrebonne Council on Aging, Inc. since the last Non-Discrimination Program submission are summarized in the table below.

Enter specific Public Participation activities in the table below.

Event Date	Terrebonne Council on Aging, Inc. Staffer(s)	Activity	Communication Method (Public Notice, Posters, Social Media)	Notes
4/21/2022	Transportation Supervisor	Updated Flyers placed in all TCOA buses, TCOA Offices, and Senior Centers	Flyers/Poster	

## Section 8: Language Assistance Plan

### Plan Components

As a recipient of federal US DOT funding, the Terrebonne Council on Aging, Inc. is required to take reasonable steps to ensure meaningful access to our programs and activities by limited-English proficient (LEP) persons.

Limited English Proficient (LEP) refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

The Terrebonne Council on Aging, Inc.'s Language Assistance Plan includes the following elements:

- Item #1: The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
- Item #2: A description of how language assistance services are provided by language
- Item #3: A description of how LEP persons are informed of the availability of language assistance service
- Item #4: A description of how the language assistance plan is monitored and updated
- Item #5: A description of how employees are trained to provide language assistance to LEP persons

### Four Factor Analysis Methodology

To determine if an individual is entitled to language assistance and what specific services are appropriate, the Terrebonne Council on Aging, Inc. has conducted a *Four Factor Analysis* of the following areas: 1) LEP Demography, 2) Contact Frequency, 3) Importance of Service, and 4) Resources and Costs.

**Factor 1: The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.** In addition to the number or proportion of LEP persons served, the Terrebonne Council on Aging, Inc.'s will identify:

- (a) How LEP persons interact with the recipient's agency;
- (b) Identification of LEP communities, and assessing the number or proportion of LEP persons from each language group to determine the appropriate language services for each language;
- (c) The literacy skills of LEP populations in their native languages, in order to determine whether translation of documents will be an effective practice; and
- (d) Whether LEP persons are underserved by the recipient due to language barriers.

**Factor 2: The frequency with which LEP persons come into contact with the program.** Identifies and assesses the frequency Terrebonne Council on Aging, Inc.'s staff comes into contact with LEP persons. Examples of contact could include:

- (a) Use of bus service;
- (b) Participation in public meetings;
- (c) Customer service interactions;
- (d) Ridership surveys;

**Factor 3: The nature and importance of the program, activity, or service provided by the program to people's lives.** Generally speaking, the more important the program, the more frequent the contact and the likelihood that language services will be needed.



This section discusses how the Terrebonne Council on Aging, Inc.'s program and services impact the lives of person's within the community. The Terrebonne Council on Aging, Inc. will specify the community organizations that serve LEP persons, if available.

**Factor 4: The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.** Resource and cost issues can often be reduced by technological advances, reasonable business practices, and the sharing of language assistance materials and services among and between recipients, advocacy groups, LEP populations and Federal agencies. Large entities and those entities serving a significant number of LEP persons should ensure that their resource limitations are well substantiated before using this factor as a reason to limit language assistance.

The summary below discusses the low cost methods the Terrebonne Council on Aging, Inc. uses to provide outreach to LEP persons as well as train staff (and transit provider/lessee, if applicable) on Title VI and LEP principles.

Item #1 – Results of the Four Factor Analysis <i>(including a description of the LEP population(s) served)</i>
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**Factor 1: The number or proportion of LEP persons eligible to be served or likely to be encountered.**

The Terrebonne Council on Aging, Inc.'s staff reviewed the American Community Survey data <https://www.census.gov/programs-surveys/acs> and determined that 8.1% persons in Terrebonne Parish speak a language other than English. In Terrebonne Parish, of the 8,429 persons with limited English proficiency, 2,987 (2.9%) speak Spanish.

**Factor 2: The frequency with which LEP persons come into contact with the program.**

Terrebonne Council on Aging, Inc. assessed the frequency with which staff and drivers have, or could have, contact with LEP persons. Terrebonne Council on Aging, Inc. provides approximately 25,000+ passenger trips per year. If an individual has speech limitations, the dispatcher or driver will work with the Transit Manager and the LADOTD, if needed, to ensure the individual receives access to the transit services.

**Factor 3: The nature and importance of the program, activity, or service provided by the program to people's lives.**

All of Terrebonne Council on Aging, Inc.'s programs are important; however, those related to safety, public transit, nondiscrimination and public involvement are among the most important. The Terrebonne Council on Aging, Inc. is committed to providing meaningful access and will provide written translation for any of its documents, when reasonable, effective and with the available resources. In other cases, the Terrebonne Council on Aging, Inc. will strive to provide alternative but meaningfully accessibility. Moreover, the Terrebonne Council on Aging, Inc. continually evaluates its programs, services, and activities to ensure that persons who may be LEP are always provided with meaningful access. The Title VI policy, complaint form, and LEP policy are available in Spanish upon request.

**Factor 4: The resources available for LEP outreach, as well as the costs associated with that outreach.**

The Terrebonne Council on Aging, Inc. makes every effort to make its programs, services, and activities, accessible to LEP individuals. The Terrebonne Council on Aging, Inc. will use available resources, both internal and external to accommodate reasonable requests for translations.

Item # 2 – Description of how Language Assistance Services are Provided, by Language
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The Terrebonne Council on Aging, Inc. has identified, developed, and uses the following:

- a) Individuals who have contact with the public are provided with "I Speak" language cards to identify language needs in order to match them with available services. Language cards verified and distributed by the Transportation Supervisor as needed.

- b) The Terrebonne Council on Aging, Inc. has a contract with Language Marketplace to assist with LEP responsibilities.

**Item # 3 - Description of how LEP Persons are Informed of the Availability of Language Assistance Service**

In order to ensure that LEP individuals are aware of Terrebonne Council on Aging, Inc.'s language assistance measures, Terrebonne Council on Aging, Inc. provides the following:

- Title VI Program is made available on website and hard copy in central office.
- Drivers and dispatchers are provided "I Speak" language cards to identify language needs in order to match them with available services.

**Item # 4 – Description of how the Language Assistance Plan is Monitored and Updated**

Terrebonne Council on Aging, Inc. will continue to update the LEP plan as required by U.S. DOT. At a minimum, the plan will continue to be reviewed and updated every three (3) years in conjunction with the Title VI submission, or when data from the 2020 U.S. Census is available, or when it is clear that the concentrations of LEP individuals are present in the Terrebonne Council on Aging, Inc. service area. Updates will continue to include the following:

- The number of documented LEP person contacts encountered annually.
- How the needs of LEP persons have been addressed.
- Determination of the current LEP population in the service area.
- Determination as to whether the need for translation services has changed.
- Determine whether local language assistance programs have been effective and sufficient to meet the need.
- Determine whether Terrebonne Council on Aging, Inc.'s financial resources are sufficient to fund language assistance resources needed.
- Determine whether Terrebonne Council on Aging, Inc. has fully complied with the goals of this LEP Plan.
- Determine whether complaints have been received concerning Terrebonne Council on Aging, Inc.'s failure to meet the needs of LEP individuals

**Item # 5 - Description of how Employees are Trained to Provide Language Assistance to LEP Persons**

The following training will continue to be provided to Terrebonne Council on Aging, Inc. staff:

- Information on the Terrebonne Council on Aging, Inc. Title VI Procedures and LEP responsibilities.
- Description of language assistance services offered to the public.
- Use of "I Speak" language cards (used to identify language preference).
- Documentation of language assistance requests.
- Use of web-based interpreter services (over the phone interpretation provider).
- How to handle a potential Title VI / LEP complaint.

## Limited English Proficient (LEP) Resource Materials:

### LEP Policy

Terrebonne Council on Aging, Inc. shall provide for communication for limited English proficient riders to ensure them equal opportunity to benefit from services. Family members or friends of limited English proficient riders will not be used as translators unless specifically requested by that individual. Arrangements have been made with Language Marketplace to obtain translators. The agency will also utilize web based translator programs if available.

**If you need help with English, please call (985)868-8411.**

Terrebonne Council on Aging, Inc. proporcionará comunicación para jinetes competentes inglés limitados para asegurarles igualdad de oportunidades para beneficiarse de los servicios. Miembros de la familia o amigos de jinetes habilidades inglesas limitadas no se utilizará como traductores a menos que pedido específicamente por ese individuo. Han establecido acuerdos con la Agencia para obtener traductores. La agencia también utiliza programas de traductor basado en web si está disponible.

**Si usted necesita ayuda con el inglés, por favor llame (985)868-8411.**

## “I Speak” Language Identification Card

Mark this Box if you speak...	Language Identification Chart	Language
<input type="checkbox"/>	Mark this box if you read or speak English	English
<input type="checkbox"/>	Marque esta casilla si lee o habla español	Spanish
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob	Hmong
<input type="checkbox"/>	如果说中国在方框内打勾	Chinese
<input type="checkbox"/>	Xin ñaùnh daáu vaøo oâ naøy neáu quyù vô bieát ñoïc vaø noùi ñöôïc Vieät Ngöô.	Vietnamese
<input type="checkbox"/>	당신이한국어말할경우이 상자를 표시	Korean
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	Tagalog
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen	German
<input type="checkbox"/>	Отметить этот флажок, если вы говорите по-русски	Russian
<input type="checkbox"/>	Означите ову кућицу ако говорите српски	Serbian
<input type="checkbox"/>	आप हिंदी बोलते हैं तो इस बक्से को चिह्नित करें	Hindi
<input type="checkbox"/>	پر نشان لگائیں تو اس باکس بولتے ہیں اردو اگر آپ	Urdu

**Note:** For additional languages visit the US Census Bureau website <http://www.lep.gov/ISpeakCards2004.pdf>

## Log of LEP Encounters

Date	Time	Language Spoken By Individual (if available)	Name and Phone Number of Individual (if available)	Service Requested	Follow Up Required	Staff Member Providing Assistance	Notes

## Section 9: Minority Representation Information

Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.

### A. Minority Representation Table

**Table Depicting Membership of Board, Committees, Councils, Broken Down by Race**

Body	Caucasian	Hispanic	African American	Asian American	Native American	Two or More Races
Population	70.7%	5.1%	19.2%	1.1%	6.2%	2.7%
Board of Directors	80%		10%		10%	
Advisory Council	100%					

### B. Efforts to Encourage Minority Participation

To encourage participation from its board, committee, and council members, the Terrebonne Council on Aging, Inc. conducts an annual membership drive in November of each year, inviting members to participate in the selection and election of the agency's Board of Directors. The public is invited to attend monthly board meetings which allows them the opportunity to address the board about any concerns or issues they may have during the public comments portion of the meeting.

## Section 10: Providing Assistance to and Monitoring Subrecipients

1. Does agency provide funding to subrecipients?

☒ No, the agency does not have subrecipients.

☐ Yes. If yes, list the subrecipient names:

## Section 11: Equity Analysis

1. Has the agency built a facility?

☒ No, the agency has not built a facility.

☐ Yes, the agency has built a facility and completed a equity analysis to compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.

## Section 12: Requirements for Metropolitan Planning Organizations (MPOs)

☒ NA

All MPOs must complete Part Three; in addition to the requirements specified in Part One.

MPO Requirements (Ref: FTA Circular 4702.1B Chapter VI)	Status
1) Does the plan contain a demographic profile of the metropolitan area that includes identification of the locations of minority populations in the aggregate?	<input type="checkbox"/> Y <input type="checkbox"/> N
2) A description of the procedures by which the mobility needs of minority populations are identified and considered within the planning process?	<input type="checkbox"/> Y <input type="checkbox"/> N
3) Demographic maps that overlay the percent minority and non-minority populations as identified by Census or American Community Survey (ACS) data, at the Census tract or block group level, and charts that analyze the impacts of the distribution of State and Federal funds in the aggregate for public transportation purposes, including federal funds managed by the MPO as a designated recipient?	<input type="checkbox"/> Y <input type="checkbox"/> N
4) Analysis of disparate impacts on the basis of race, color, or national origin, and, if so, determines whether there is a substantial legitimate justification for the policy that resulted in the disparate impacts, and if there are alternatives that could be employed that would have a less discriminatory impact.	<input type="checkbox"/> Y <input type="checkbox"/> N
Comments:	