

# KidsCare

## Civil Rights Compliance Parent Awareness Form

**Directions: Please print and complete all information.**

Student's Name \_\_\_\_\_ Program Location \_\_\_\_\_

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

- To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, handicap, ancestry, national origin, age, or sex.
- To file a complaint of discrimination if you have been discriminated against on the basis of your race, color, religious creed, handicap, ancestry, national origin, age, or sex.

Complaints of discrimination may be filed with any of the following:

**KidsCare**

1456 Ferry Road, Suite 700  
Doylestown, PA 18901

**Department of Public Welfare  
Bureau of Equal Opportunity**

Room 521, Health and Welfare Building  
PO Box 2675  
Philadelphia, PA 17105-2675 *(must be filed within 90 day of incident(s))*

**U.S. Department of Health and Human Services  
Office of Civil Rights - Suite 372**

Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111 *(must be filed within 180 day of incident(s))*

**Pennsylvania Human Relations Commission**

711 State Office Building  
1400 Spring Garden Street  
Philadelphia, PA 19130 *(must be filed within 180 day of incident(s))*

**Department of Public Welfare**

Bureau of Equal Opportunity  
Southeast Field Office - Room 1105B  
1400 Spring Garden Street  
Philadelphia, PA 19130 *(must be filed within 90 day of incident(s))*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date