1.0 Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Program

Duvall Homes, Inc. assures the Florida Department of Transportation that no person shall, on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and the Florida Civil Rights Act of 1992 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

Duvall Homes, Inc. further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the recipient’s Chief Executive Officer or authorized representative.
2. Issue a policy statement signed by the Executive Director or authorized representative, which expresses its commitment to the nondiscrimination provisions of Title VI. The policy statement shall be circulated throughout the Recipient’s organization and to the general public. Such information shall be published where appropriate in language other than English.
3. Develop a complaint process and attempt to resolve complaints of discrimination against Duvall Homes, Inc.
4. Participate in training offered on the Title VI and other nondiscrimination requirements.
5. If reviewed by FDOT or any other state or federal regulatory agency, take affirmative actions to correct any deficiencies found within a reasonable time period, not to exceed ninety (90) days.
6. Submit the information required by FTA Circular 4702.1B to the primary recipients (refer to Appendix A of this plan)

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of the agency.

Steven C. DeVane, Chief Executive Officer
Duvall Homes, Inc.
March 12, 2015
Duvall Homes, Inc. has history of a policy of non-discrimination in all aspects of its operation. Duvall Homes, Inc. does not discriminate in its hiring practices, admittance to its facilities or use of its community transit. A policy of non-discrimination on the basis of race, color, national origin, age, disability, family or religious status as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and the Florida Civil rights Act of 1992.

Duvall Homes, Inc.’s primary transportation of individuals who reside in Duvall Homes, Inc. licensed group homes and attendees of its licensed Adult Day Training Facility are of varied race, color, national origin, all have an intellectual disability, many with physical disabilities and of varied religious and family status.
4.0 Title VI Procedures and Compliance

4.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Duvall Homes, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Duvall Homes, Inc. investigates complaints received no more than 180 days after the alleged incident. Duvall Homes, Inc. will process complaints that are complete.

Once the complaint is received, Duvall Homes, Inc. will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Duvall Homes, Inc. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Duvall Homes, Inc. may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, Duvall Homes, Inc. can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two 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 violation and that the case will be closed. A 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public Duvall Homes, Inc. website at www.duvallhome.org.

4.2 Complaint Form

A copy of the complaint form in English is provided in Appendix E and on Duvall Homes, Inc. website www.duvallhome.org, by April 10, 2015

4.3 Record Retention and Reporting Policy

FTA requires that all direct and primary recipients document their compliance by submitting a Title VI Plan to their FTA regional civil rights officer once every three (3) years. Duvall Homes, Inc. will submit Title VI Programs to FDOT for concurrence on an annual basis or any time a major change in the Plan occurs. Compliance records and all Title VI related documents will be retained for a minimum of three (3) years and reported to the primary recipient annually.
# Title VI Complaint Form

## Section I:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone (Home):</th>
<th>Telephone (Work):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Electronic Mail Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
<th>TDD</th>
<th>Other</th>
</tr>
</thead>
</table>

## Section II:

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

## Section III:

I believe the discrimination I experienced was based on (check all that apply):

- [ ] Race
- [ ] Color
- [ ] National Origin
- [ ] Age
- [ ] Disability
- [ ] Family or Religious Status
- [ ] Other (explain) ____________________________

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.

________________________________________________________________________

________________________________________________________________________

**Section IV**

Have you previously filed a Title VI complaint with this agency?  

Yes  

No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  

[ ] Yes  

[ ] No

If yes, check all that apply:
## Federal Agency:

- [ ] Federal Court
- [ ] State Agency
- [ ] State Court
- [ ] Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

### Section VI

Name of agency complaint is against:

<table>
<thead>
<tr>
<th>Contact person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

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

Signature and date required below

_________________________________  ________________________
Signature                                      Date

Please submit this form in person at the address below, or mail this form to:

Duvall Homes, Inc.
Marsha A. Shankleton, COO
P.O. Box 2200036, Glenwood, FL 32722
Reasonable Modification Policy

The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act of 1973. It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Duval Homes, Inc. is committed to providing safe, reliable, efficient, and accessible service to its customers. To ensure equality and fairness, Duvall Homes, Inc. will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all of its services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others;
- Result in a fundamental alteration of the nature of the service;
- Are not necessary in order for the individual with a disability to fully utilize Duvall Homes, Inc. services

Anyone who would like to request a modification of policies or procedures to participate in a Duvall Homes, Inc. program or service should contact:

Marsha A. Shankleton  
Chief Operating Officer  
Duvall Homes, Inc.  
P.O. Box 220036 Glenwood, FL 32722  
(386) 734-2874  
mshankleton@duvallhomes.org
Reasonable Modification Request Determination

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to a question, consider what additional information is needed and how it would affect your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

Does the person making the request have a disability:  
☐ Yes  ☐ No

What change in policy is being requested:

Because of the person’s disability, is the requested change needed to fully benefit from the transportation service:

Would granting the request create a direct threat to the health or safety of others:

Would granting the request fundamentally change the nature of the transportation service? Explain:

What determination has been made regarding the request:

☐ Grant the request
☐ Deny the request

If denied, please explaining the reason for denial:

If you decide to deny the request, are there any other actions you would propose to the person to address the issue noted:

Date and method that the requestor is notified of the decision and additional actions were proposed, if any:

_________________________  __________________________
Signature                      Date