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| **DEPARTMENT OF HEALTH SERVICES**  F-00165A (12/2021) | | **STATE OF WISCONSIN** | |
| **RECIPIENT CONTACT INFORMATION** | | | |
| Name of Recipient | | Date this Form was Completed | |
|  | |  | |
| Street Address | | | |
|  | | | |
| City | | State | Zip Code |
|  | |  |  |
| Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions | | | |
|  | | | |
| Address | | | |
|  | | | |
| Phone Number | Email Address | | |
|  |  | | |
| Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities | | | |
|  | | | |
| Address | | | |
|  | | | |
| Phone Number | Email Address | | |
|  |  | | |
| Name and title of Recipient-Authorized Representative Making Assurances | | | |
|  | | | |
| Address | | | |
|  | | | |
| Phone Number | Email Address | | |
|  |  | | |
| **Instructions for completing Recipient Contact Information** | | | |
| Fill in all the blanks on this form.  Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers.  The individuals designated above can be (but don’t have to be) same person (e.g., the Authorized Representative). | | | |