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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). |