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Non-Discrimination Statement

Discrimination is Against the Law

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. NJ FamilyCare does not exclude people or treat them differently because of race, color, national origin, sex, age or disability.

NJ FamilyCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact 1-800-701-0710 (TTY: 711).

If you believe that NJ FamilyCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age or disability, you can file a grievance with the NJ FamilyCare Civil Rights Coordinator via the following: NJ Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, P.O. Box 700, Trenton, NJ 08625-0700, 1-888-347-5345 or email: DHS-CO.OLRA@dhs.nj.gov. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also electronically file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
SW, Room 509F, HHH Building
200 Independence Avenue
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

U.S. Department of Health and Human Services complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 711).



New Jersey Non-Discrimination Statement

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak **any other language**, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 711).

Spanish. NJ FamilyCare cumple con las leyes federales de derechos civiles correspondientes y no discrimina con base en la raza, el color, la nacionalidad, el sexo, la edad o la discapacidad. Si usted habla **español**, tiene a su disposición los servicios de asistencia con el idioma sin costo alguno. Llame al 1-800-701-0710 (TTY: 711).

Chinese. NJ FamilyCare 遵守适用的联邦人权法律，不会因为种族、肤色、原国籍、性别、年龄或残障而进行歧视。如果您讲中文，您可免费获得语言协助服务。请致电 1-800-701-0710 (TTY: 711)。

Korean. NJ FamilyCare는 적용되는 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 성별, 나이 또는 장애 여부에 따라 차별을 하지 않습니다. 한국어를 쓰시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-800-701-0710 (TTY: 711)으로 문의해 주십시오.

Portuguese. O NJ FamilyCare cumpre as leis federais aplicáveis de direitos civis e não discrimina com base em raça, cor, origem nacional, sexo, idade ou deficiência. Se você fala **português**, serviços linguísticos gratuitos estão à sua disposição. Ligue para 1-800-701-0710 (TTY: 711).

Gujarati. NJ FamilyCare, લાગુ પડતા ફેડરલ નાગરિક અધિકાર કાયદાઓનું પાલન કરે છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, લિંગ, વય અથવા અપંગતાને આધારે ભેદભાવ કરતું નથી. જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ તમારે માટે નિ:શુલ્ક ઉપલબ્ધ છે. ફોન કરો 1-800-701-0710 (TTY: 711).

Polish. NJ FamilyCare przestrzega wszelkich obowiązujących przepisów federalnych dotyczących praw człowieka i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie narodowe, płeć, wiek lub niepełnosprawność. Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer 1-800-701-0710 (TTY: 711).

Italian. NJ FamilyCare si attiene a tutte le leggi federali per i diritti civili e non discrimina sulla base di etnia, colore, nazionalità, genere, età o disabilità. Se lei parla **italiano**, sono a sua disposizione servizi gratuiti nella sua lingua. Chiami il numero 1-800-701-0710 (TTY: 711).

عربي
Arabic
NJ FamilyCare لا يميز على أساس العرق أو اللون أو الأصل القومي أو الجنس أو السن أو الإعاقة. إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية دون تكلفة أي تكلفة. اتصل بنا رقم 1-800-701-0710 (TTY: 711).

Tagalog. Ang NJ FamilyCare ay tumutupad sa mga angkop na Pederal na batas ukol sa mga sibil na karapatan at hindi ito nagdidiskrimina batay sa lahi, kulay, bansang pinanggalingan, kasarian, edad, o kapansanan. Kung nagsasalita ka ng **Tagalog**, makakakuha ka ng walang bayad na serbisyo ng tulong sa wika. Tumawag sa 1-800-701-0710 (TTY: 711).

Russian. Программа NJ FamilyCare действует в соответствии с федеральным законодательством о гражданских правах и не дискриминирует на основе расовой принадлежности, цвета кожи, национального происхождения, пола, возраста или инвалидности. Если вы говорите **по-русски**, то можете получить бесплатную языковую поддержку. Позвоните по номеру телефона 1-800-701-0710 (TTY: 711).

French Creole (Haitian Creole). NJ FamilyCare obeyi lwa federal konsènan dwa sivil e li pa diskrimine nonplis selon ras yo, koule pou yo, peyi kote yo sot, seks, laj, oswa pouèt yo endikape. Si w pale **kreyòl**, gen sèvis asistans lang disponib pou w gratis. Rele nan 1-800-701-0710 (TTY: 711).

Hindi. NJ FamilyCare, जातीय मूल, लिंग, वय अथवा विकलांगता का अनुपालन करता है और जाति, रंग, राष्ट्रीय मूल, लिंग, उम्र या विकलांगता के आधार पर भेदभाव नहीं करता है। यदि आप हिन्दी बोलते हैं तो, आपको भाषा सहायता सेवाएँ नि: शुल्क उपलब्ध हैं। 1-800-701-0710 (TTY: 711) पर कॉल करें।

Vietnamese. NJ FamilyCare tuân thủ theo luật dân quyền Liên Bang hiện hành và không kỳ thị dựa trên chủng tộc, màu da, nguồn gốc quốc gia, giới tính, độ tuổi hoặc khuyết tật. Nếu quý vị nói **Tiếng Việt**, hiện có các dịch vụ trợ giúp về ngôn ngữ miễn phí cho quý vị. Gọi số 1-800-701-0710 (TTY: 711).

French. NJ FamilyCare respecte les lois applicables aux États-Unis en matière de droits civiques et ne pratique aucune discrimination fondée sur la race, la couleur, l'origine nationale, le sexe, l'âge ou le handicap. Si vous parlez le **français**, vous pouvez bénéficier de services d'assistance linguistique gratuits. Appelez le 1-800-701-0710 (TTY: 711).

Urdu
Urdu
NJ FamilyCare، نسل، رنگ، قومی، نژاد، جنس، عمر یا مذہبی کی بنیاد پر امتیاز نہیں کرتا۔ اگر آپ کوئی اور زبان بولتے ہیں تو زبان سے متعلق مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ کال کیجیے 1-800-701-0710 (TTY: 711)۔

Your Right to a Fair Hearing

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If you do not agree with the decision listed on this notice, you have the Right to Request a Fair Hearing before an Administrative Law Judge. You must request a Fair Hearing within 60 days of the date of this letter.

To request a Fair Hearing, fill out the information below and return this notice and a copy of your Explanation of Eligibility Determination letter within 60 days to:

Division of Medical Assistance and Health Services
Attn: Fair Hearing Unit
P.O. Box 712
Trenton, NJ 08625
or fax to: 609-588-2435

I disagree with the decision because: _____

If you are requesting a fair hearing because your eligibility was terminated, your benefits will continue until a final agency decision has been made. (Your benefits are continued at this time under temporary authority provided to New Jersey by the federal government.)

If you are appealing an initial application for benefits that was denied, you may choose to reapply while your fair hearing request is pending.

Signature: _____
(Applicant or Representative*)

Address: _____
(If different from first page)

E mail Address: _____ Phone Number: _____

*A Designation of Authorized Representative Form can be found online here:
[http://www.state.nj.us/humanservices/dmahs/news/NJ Medicaid Designation of Authorized Representative.pdf](http://www.state.nj.us/humanservices/dmahs/news/NJ_Medicaid_Designation_of_Authorized_Representative.pdf)

You have the right to:

- Present your own case or authorize a relative, friend or attorney to do it.
- Examine your own case file or records, including your application, in advance of your Fair Hearing, or at the time of your Fair Hearing.
- Submit any evidence about your case or bring any witnesses you choose to the Fair Hearing.

For Legal Help:

You may hire an attorney to appear at your Fair Hearing. If you cannot afford to pay for the services of an attorney, there are private, non-profit legal services organizations that provide free legal counsel in every county. In addition, you may call 1-888-576-5529 (toll free) to consult with Legal Services of New Jersey's Health Care Access Project.

Su derecho a una Audiencia Imparcial

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Si no está de acuerdo con la decisión indicada en este aviso, tiene derecho de solicitar una Audiencia Imparcial ante un Juez de Derecho Administrativo. Debe solicitar la Audiencia Imparcial a más tardar 60 días a partir de la fecha de esta carta.

Para solicitar una Audiencia Imparcial, llene la información solicitada abajo y envíe este aviso y una copia de su carta de Explicación de la Determinación de Elegibilidad (Explanation of Eligibility Determination) en un plazo de 60 días a:

Division of Medical Assistance and Health Services
Attn: Fair Hearing Unit
P.O. Box 712
Trenton, NJ 08625
o envíela por fax a: 609-588-2435

Estoy en desacuerdo con la decisión porque: _____

Si está solicitando una audiencia imparcial porque su elegibilidad se dio por terminada, sus beneficios continuarán vigentes hasta que la agencia tome la decisión final. (Sus beneficios continúan vigentes en este momento en virtud de la autoridad temporal que el gobierno federal otorgó a New Jersey.)

Si está apelando una solicitud inicial de beneficios que le fue denegada, puede optar por volver a solicitarla mientras está pendiente su solicitud de audiencia imparcial.

Firma: _____
(Solicitante o representante*)

Dirección: _____
(Si es distinta de la que aparece en la primera página)

Dirección de correo electrónico: _____ Número telefónico: _____

*El formulario de Designación de un representante autorizado (Designation of Authorized Representative Form) puede encontrarse en línea aquí:

[http://www.state.nj.us/humanservices/dmahs/news/NJ Medicaid Designation of Authorized Representative.pdf](http://www.state.nj.us/humanservices/dmahs/news/NJ_Medicaid_Designation_of_Authorized_Representative.pdf)

Usted tiene derecho a:

- Presentar su propio caso o autorizar a un pariente, abogado o amistad a que lo haga.
- Examinar el registro o expediente de su propio caso, incluida su solicitud, antes de su Audiencia Imparcial, o en el momento de su Audiencia Imparcial.
- Presentar ante la Audiencia Imparcial toda evidencia que desee sobre su caso y a todo testigo que usted elija.

Para obtener ayuda legal:

Puede contratar a un abogado para que se presente en su Audiencia Imparcial. Si no puede costear los servicios de un abogado, en cada condado hay organizaciones privadas de servicios legales sin afán de lucro que proporcionan asesoramiento legal gratis. Además, puede llamar al 1-888-576-5529 (sin costo) para consultar con Health Care Access Project de Legal Services of New Jersey.