

Non-Discrimination in Services Form

To the Parents of: _____

Parent Signature: _____

Director's Signature: _____

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent or child (and/or their legal guardian) who believed they have been discriminated against, may file a complaint of discrimination with the following:

GEARS Kids Center
Elizabethtown Area Recreation and Community Services
600 E. High Street
Elizabethtown, PA 17022

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health and Welfare Bldg.
P.O. Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street - 8th Fl
Harrisburg, PA 17101

U.S. Dept. of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

