**Appendix A to Part 92—Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement:**

**Discrimination is Against the Law**

[Name of covered entity] ܒܸܫܠܵܡܵܐ ܝܠܹܗ ܠܩܵܢܘܿܢܹܐ ܠܚܝܼܡܹܐ ܕܙܸܕܩܹܐ ܡܕܝܼܢܵܝܹܐ ܦܹܕܪܵܠܵܝܹܐ ܘܠܹܐ ܡܲܬܸܒ݂ ܦܘܼܪܫܘܼܢܝܵܐ ܒܸܢܝܵܐ ܥܲܠ ܛܘܼܗܡܵܐ، ܐܵܘ ܪܲܢܓܵܐ، ܐܵܘ ܐܲܨܠܵܐ ܐܘܼܡܬܵܢܵܝܵܐ، ܐܵܘ ܥܘܼܡܪܵܐ، ܐܵܘ ܡܥܘܼܟܘܼܬܵܐ ܐܵܘ ܓܸܢܣܵܐ. [Name of covered entity] ܠܹܐ ܡܲܪܚܸܩ ܐ݇ܢܵܫܹܐ ܐܵܘ ܦܵܠܸܚ ܥܲܡܲܝܗܝ ܒܚܕܵܐ ܐܘܼܪܚܵܐ ܦܪܝܼܫܬܵܐ ܒܣܵܒܵܒ ܕܛܘܼܗܡܵܐ، ܐܵܘ ܕܪܲܢܓܵܐ، ܐܵܘ ܕܐܲܨܠܵܐ ܐܘܼܡܬܵܢܵܝܵܐ، ܐܵܘ ܕܥܘܼܡܪܵܐ، ܐܵܘ ܕܡܥܘܼܟܘܼܬܵܐ ܐܵܘ ܕܓܸܢܣܵܐ.

  [Name of covered entity]:

* ܟܹܐ ܡܲܩܪܸܒ݂ ܡܠܘܼܐܹܐ ܡܗܲܝܸܪܵܢܹܐ ܘܚܸܠܡܲܬܹܐ ܩܵܐ ܐ݇ܢܵܫܹܐ ܕܐܝܼܬܠܗܘܿܢ ܡܥܲܘܟܘܼܬܵܐ ܗܵܕܟ݂ܵܐ ܕܐܵܢܝܼ ܡܵܨܝܼ ܕܝܵܗܒ݂ܝܼ ܘܫܵܩܠܝܼ ܥܲܡܲܢ ܒܡܲܢܬܵܝܬܵܐ، ܐܲܝܟ݂:
* ܡܬܲܪܓܡܵܢܹܐ ܡܗܝܼܪܹܐ ܒܠܸܫܵܢܵܐ ܕܪܘܼܫܡܹܐ
* ܡܲܘܕܥܵܢܘܼܬܵܐ ܟܬܝܼܒ݂ܬܵܐ ܒܐܘܼܪܚܵܬܹܐ ܐ݇ܚܹܪ݇ܢܹܐ (ܟܬܝܼܒ݂ܬܵܐ ܓܲܪܘܼܣܬܵܐ، ܐܘܼܪܚܵܐ ܩܵܠܵܝܬܵܐ، ܐܘܼܪܚܵܬܹܐ ܐܹܠܸܩܬܪܘܿܢܵܝܹܐ ܡܸܬܡܲܛܝܵܢܹܐ، ܐܘܼܪܚܵܬܹܐ ܐ݇ܚܹܪ݇ܢܹܐ).
* ܟܹܐ ܡܲܩܪܸܒ݂ ܚܸܠܡܲܬܹܐ ܕܠܸܫܵܢܵܐ ܡܲܓܵܢܵܝܹܐ ܩܵܐ ܐܵܢܝܼ ܐ݇ܢܵܫܹܐ ܕܠܸܫܵܢܲܝܗܝ ܩܲܕ݇ܡܵܝܵܐ ܠܵܐ ܝܠܹܗ ܠܸܫܵܢܵܐ ܐܸܢܓܠܸܣܵܝܵܐ، ܐܲܝܟ݂
* ܡܬܲܪܓܡܵܢܹܐ ܡܗܝܼܪܹܐ
* ܡܲܘܕܥܵܢܘܼܬܵܐ ܟܬܝܼܒ݂ܬܵܐ ܒܠܸܫܵܢܹܐ ܐ݇ܚܹܪ݇ܢܹܐ

ܐܸܢ ܣܢܝܼܩܹܐ ܝܬܘܿܢ ܠܐܲܢܹܐ ܚܸܠܡܲܬܹܐ، ܗܲܡܙܸܡܘܼܢ ܥܲܡ [Name of Civil Rights Coordinator]

  ܐܸܢ ܒܸܚܫܵܒ݂ܵܐ ܝܬܘܿܢ ܩܵܐ ܕ[Name of covered entity] ܠܵܐ ܡܘܼܢܬܹܐ ܠܹܗ ܒܡܲܩܪܲܒ݂ܬܵܐ ܕܐܲܢܹܐ ܚܸܠܡܲܬܹܐ ܐܵܘ ܡܘܼܬܸܒ݂ܠܹܗ ܦܘܼܪܫܘܼܢܝܵܐ ܒܚܕܵܐ ܐܘܼܪܚܵܐ ܐ݇ܚܹܪ݇ܬܵܐ ܒܢܝܼܬܵܐ ܥܲܠ ܛܘܼܗܡܵܐ، ܐܵܘ ܪܲܢܓܵܐ، ܐܵܘ ܐܲܨܠܵܐ ܐܘܼܡܬܵܢܵܝܵܐ، ܐܵܘ ܥܘܼܡܪܵܐ، ܐܵܘ ܡܥܘܼܟܘܼܬܵܐ ܐܵܘ ܓܸܢܣܵܐ، ܡܵܨܝܼܬܘܿܢ ܕܡܲܩܪܸܒ݂ܝܼܬܘܿܢ ܚܕܵܐ ܩܒ݂ܵܠܬܵܐ ܩܵܐ: [Name and Title of Civil Rights Coordinator]، [Mailing Address]، [Telephone number ]، [TTY number—if covered entity has one]، [Fax]، [Email]. ܡܵܨܝܼܬܘܿܢ ܕܡܲܩܪܸܒ݂ܝܼܬܘܿܢ ܠܵܗ ܩܒ݂ܵܠܬܵܘܟ݂ܘܿܢ ܦܲܪܨܘܿܦܵܐܝܼܬ ܒܓܵܢܵܘܟ݂ܘܿܢ ܐܵܘ ܒܒܲܪܝܼܕܵܐ، ܐܵܘ ܒܦܵܟܣ ܐܵܘ ܒܐܘܼܪܚܵܐ ܕܐܝܼܡܵܝܠ. ܐܸܢ ܣܢܝܼܩܹܐ ܝܬܘܿܢ ܠܗܲܝܲܪܬܵܐ ܒܡܲܩܪܲܒ݂ܬܵܐ ܕܚܕܵܐ ܩܒ݂ܵܠܬܵܐ، [Name and Title of Civil Rights Coordinator] ܗܕܝܼܪܵܐ ܝܠܹܗ ܕܗܲܝܸܪܵܘܟ݂ܘܿܢ.

 ܐܵܦ ܡܵܨܝܼܬܘܿܢ ܕܡܲܩܪܸܒ݂ܝܼܬܘܿܢ ܚܕܵܐ ܩܒ݂ܵܠܬܵܐ ܕܙܸܕܩܹܐ ܡܕܝܼܢܵܝܹܐ ܩܵܐ ܡܲܟ݂ܬܒ݂ܵܐ ܕܚܸܠܡܲܬܹܐ ܕܨܵܚܘܼܬܵܐ ܘܐ݇ܢܵܫܵܝܹܐ ܕܐܘܼܚܕܵܢܹܐ ܡܚܲܝܕܹܐ (U.S. Department of Health and Human Services)، ܡܲܟ݂ܬܒ݂ܵܐ ܕܙܸܕܩܹܐ ܡܕܝܼܢܵܝܹܐ (Office for Civil Rights)، ܒܐܘܼܪܚܵܐ ܐܹܠܸܩܬܪܘܿܢܵܝܬܵܐ ܕܬܲܪܥܵܐ ܕܡܲܟ݂ܬܒ݂ܵܐ ܕܩܵܐ ܩܒ݂ܵܠܝܵܬܹܐ ܕܙܸܕܩܹܐ ܡܕܝܼܢܵܝܹܐ (Office for Civil Rights Complaint Portal) ܥܲܠ ܫܵܘܦܵܐ <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> ܐܵܘ ܒܒܲܪܝܼܕܵܐ ܐܵܘ ܒܬܹܠܝܼܦܘܿܢ ܩܵܐ:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-868-1019, 800-537-7697 (TDD)

ܦܸܬܩܹܐ (ܦܘܿܪܝܼܡܹܐ) ܕܩܒ݂ܵܠܝܵܬܹܐ ܡܵܨܝܵܐ ܕܦܵܝܫܝܼ ܩܸܢܝܹܐ ܡܸܢ ܥܲܠ ܫܵܘܦܵܐ http://www.hhs.gov/ocr/office/file/index.html