



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Office for Civil Rights (OCR)  
 Civil Rights Information Request  
 For Medicare Certification**



**Instructions:** Healthcare providers applying for participation in the Medicare Part A program must receive a civil rights clearance from OCR. Complete all fields and return this form, with the required polices and procedures, to your State Health Department, along with your other Medicare application materials.

<b>I. Healthcare Provider Information</b>			
CMS Medicare Provider Number: _____			
Name of Facility: _____			
Address: _____			
_____ <i>Street Number and Name</i>		_____ - _____	
_____ <i>City or Town</i>		_____ <i>State or Province</i>	_____ <i>Zip Code</i>
Administrator's Name: _____		Contact Person: _____	
Telephone: ( ) - _____		TDD: ( ) - _____	
FAX: ( ) - _____		E-mail: _____	
Type of Facility: _____		Number of employees: _____	
Corporate Affiliation: _____		Initial Medicare or Change of Certification Ownership	

<b>II. Documents Required for Submission</b>	
<b>Additional guidance is available at:</b> ( <a href="http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html">http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html</a> )	
1.	<b><u>Assurance of Compliance form, HHS 690 completed, signed and dated</u></b>
2.	<b>Nondiscrimination Policy that provides for admission and services without regard to race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 (<a href="#">see sample policy</a>). <a href="#">Learn more about regulatory requirements</a></b>
3.	<b>Description of methods used to disseminate your nondiscrimination policies/notices:</b> a) Describe where you post your Nondiscrimination Policy; b) Include brochures, websites, pamphlets, postings, or ads with general information about your services.
4.	<b>Facility admissions policy that describes eligibility requirements for your services.</b>
5.	<b>A description/explanation of any policies or practices restricting or limiting your facility's admissions or services on the basis of age. In certain narrowly defined circumstances, age restrictions are permitted. <a href="#">Learn more about regulatory requirements</a></b>
6.	<b>For healthcare providers with 15 or more employees: copy of your procedures used for handling disability discrimination grievances along with the name/title and telephone number of the Section 504 coordinator (<a href="#">see sample policy</a>). <a href="#">Learn more about regulatory requirements</a>.</b>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0243. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



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Table with 2 columns: Question number and Description. Contains items 7, 8, and 9 regarding LEP procedures, communication for deaf/hard of hearing/blind, and program accessibility.

III. Certification

I certify that the information provided to the Office for Civil Rights is true, complete, and correct to the best of my knowledge.

Signature lines for Name and Title of Authorized Official, Signature, and Date.