

If you, or someone you're helping, have questions about CareSource® PASSE, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

**ARABIC**

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource PASSE، يحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، يرجى الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

**AMHARIC**

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource PASSE ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። እባክዎን በመታወቂያ ካርድዎ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

**BURMESE**

CareSource PASSE အကူအညီပေးသည့် သင် သို့မဟုတ် သင်အကူအညီပေးနေသည့် တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပုံရိပ်သဘာဝဘဏ်ကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ သင်၏ အသင်းဝင် သက်သေခံတံဆိပ်ပြားရှိ အသင်းဝင် ဝန်ဆောင်မှု နံပါတ်သို့ ကျေးဇူးပြု၍ခေါ်ဆိုပါ။

**CHINESE**

如果您或者您在帮助的人对 CareSource PASSE 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

**CUSHITE – OROMO**

Isin yookiin namni biraa isin deeggartan CareSource PASSE irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo fi deeggarsa argachuuf mirga ni qabdu. Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatii bilbilaa.

**DUTCH**

Als u, of iemand die u helpt, vragen heeft over de CareSource PASSE, dan heeft u het recht om hulp en informatie in te winnen in uw taal zonder verdere kosten. Bel het ledenservicenummer dat op uw kaart staat.

**FRENCH (CANADA)**

Des questions au sujet de CareSource PASSE? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Veuillez appeler le numéro indiqué sur votre carte de membre.

**GERMAN**

Wenn Sie oder eine Person, der Sie helfen, eine Frage zu CareSource PASSE haben, haben Sie das Recht auf kostenfreie Hilfe und Informationen in Ihrer eigenen Sprache. Wenden Sie sich dazu über die auf Ihrer Mitglieder-ID-Karte aufgeführten Telefonnummer an den Mitgliederservice.

**GUJARATI**

જો તમને, અથવા તમે સહાય કરી રહ્યાં છો એવી વ્યક્તિને, CareSource PASSE વિશે પ્રશ્નો હોય, તો તમારી પાસે વિના મૂલ્યે તમારી ભાષામાં સહાય અને માહિતી મેળવવાનો અધિકાર છે. કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર આપેલ સભ્ય સેવાઓ નંબર પર કોલ કરો.

**HINDI**

अगर आप, या कोई ऐसा व्यक्ति आप जिसकी मदद कर रहे हैं, वे CareSource PASSE को लेकर कोई प्रश्न पूछना चाहते हैं, तो आपको बिना किसी शुल्क के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। कृपया अपने सदस्य आईडी कार्ड पर दिए गए सदस्य सेवा नम्बर पर कॉल करें।

**ITALIAN**

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource PASSE, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete chiami il numero dei servizi ai soci riportato sulla tessera di iscrizione.

**JAPANESE**

ご本人様、または身の回りの方で、CareSource PASSE に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

**KOREAN**

가입자 본인이나 가입자가 돕고 있는 사람이 CareSource PASSE에 대해 궁금한 점이 있으시면, 원하시는 언어로 별도 비용 없이 도움 및 정보를 받으실 수 있습니다. 가입자 ID 카드에 나와 있는 가입자 서비스 부서 번호로 전화하십시오.

**PENNSYLVANIA DUTCH**

Wann du, adder ebber as du an helfe bischt, Kwestschens hoscht weech CareSource PASSE, hoscht du's Recht fer Hilf griege in dei Schprooch, unni as es dich ennich ebbes koschte zellt. Duh die Member Services Number uffrufe uff dei Member ID Card.

**RUSSIAN**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource PASSE, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Пожалуйста, позвоните по номеру Службы поддержки участников на Вашей идентификационной карте участника.

**SPANISH**

Si usted o alguien a quien ayuda tiene preguntas sobre CareSource PASSE, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

**UKRAINIAN**

Якщо у Вас або в особи, котрій Ви допомагаєте, виникли питання про CareSource PASSE, Ви маєте право безкоштовно отримати допомогу та інформацію Вашою рідною мовою. Звертайтеся за номером відділу обслуговування учасників, вказаному на Вашій ідентифікаційній картці учасника.

**VIETNAMESE**

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource PASSE bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

CareSource PASSE complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource PASSE does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource PASSE provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource PASSE provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource PASSE has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource PASSE  
Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSourcePASSE.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of 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  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.