



## *Title VI Plan*

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**February, 2025 – February, 2028**

# Contents

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- Title VI Policy Statement ..... 3
- Title VI Notice to the Public..... 4
- Title VI Notice to the Public - Spanish ..... 5
- Title VI Complaint Procedures..... 6
- Title VI Complaint Procedures - Spanish .....9
- Title VI Complaint Form..... 11
- Title VI Complaint Form - Spanish ..... 14
- Title VI Investigations, Complaints, and Lawsuits.....16
- Public Participation Plan..... 17
- Limited English Proficiency Plan..... 19
- Non-elected Committees Membership Table ..... 22
- Monitoring for Subrecipient Title VI Compliance .....23
- Title VI Equity Analysis..... 24
- Board Approval for the Title VI Program ..... 25

# Title VI Policy Statement

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Horizon Health and Wellness assures full compliance with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any sponsored program or activity. There is no distinction between the sources of funding.

Horizon Health and Wellness also assures that every effort will be made to prevent discrimination through the impact of its programs, policies and activities on minority and low-income populations. Furthermore, Horizon Health and Wellness will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When Horizon Health and Wellness distributes Federal-aid funds to another entity/person, Horizon Health and Wellness will ensure all subrecipients fully comply with Horizon Health and Wellness Title VI Nondiscrimination Program requirements. The CEO has delegated the authority to the Risk Management Director to act as Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.

  
\_\_\_\_\_  
Laura Larson-Huffaker, M.C., LPC, CEO

1/28/2025  
\_\_\_\_\_  
Date



# Title VI Notice to the Public

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## Notifying the Public of Rights Under Title VI **HORIZON HEALTH AND WELLNESS**

Horizon Health and Wellness operates its programs and services without regard to race, color, national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Horizon Health and Wellness.

For more information on Horizon Health and Wellness' civil rights program, and the procedures to file a complaint, contact the Agency's Title VI Program Coordinator at 520-836-1688, extension 61849, (TTY 1-800-367-8939); email [marsha.ashcroft@hhwaz.org](mailto:marsha.ashcroft@hhwaz.org); or visit our administrative office at 625 N. Plaza Dr., Apache Junction, AZ 85120. For more information, visit [www.hhwaz.org](http://www.hhwaz.org).

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **City of Phoenix Public Transit Department**: ATTN: Title VI Coordinator, 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix AZ 85003 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact 833-431-4449. Para información en Español llame: 833-431-4449.

*The above notice is posted in the following locations:*

*625 N. Plaza Dr., Apache Junction, AZ 85120; 495 N. Pinal Pkwy., Ste. 106, Florence, AZ 85132; 22713 S. Ellsworth Rd., Bldg. A, Queen Creek, AZ 85142; and all transit vehicles.*

*This notice is posted online at [www.hhwaz.org](http://www.hhwaz.org)*



## Title VI Notice to the Public -Spanish

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### **Aviso al Público Sobre los Derechos Bajo el Título VI HORIZON HEALTH AND WELLNESS**

Horizon Health and Wellness (*y sus subcontratistas, si cualquiera*) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964. El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la Horizon Health and Wellness' programa de derechos civiles, y los procedimientos para presentar una queja, contacte Title VI Program Coordinator, 520-836-1688, (TTY 1-800-367-8939); o visite nuestra oficina administrativa en 210 E. Cottonwood Lane, Casa Grande, AZ 85122. Para obtener más información, visite [www.hhwaz.org](http://www.hhwaz.org).

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

*The above notice is posted in the following locations:*

*625 N. Plaza Dr., Apache Junction, AZ 85120; 495 N. Pinal Pkwy., Ste. 106, Florence, AZ 85132; 22713 S. Ellsworth Rd., Bldg. A, Queen Creek, AZ 85142; and all transit vehicles.*

*This notice is posted online at [www.hhwaz.org](http://www.hhwaz.org).*





# HORIZON HEALTH AND WELLNESS

## *Complaint Procedures*

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# Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Horizon Health and Wellness including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color or national origin may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted Horizon Health and Wellness will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by Horizon Health and Wellness or submitted to the State or Federal authority for guidance.
- (7) Horizon Health and Wellness will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at: 602-262-7242; email to: [phxtransiteo@phoenix.gov](mailto:phxtransiteo@phoenix.gov).

- (8) Horizon Health and Wellness has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.
- (10) A complainant dissatisfied with Horizon Health and Wellness decision may file a complaint directly with the City of Phoenix Public Transit Department (COP): Attention: Title VI Coordinator, 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix, AZ 85003, or the Federal Transit Administration (FTA) offices of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE, Washington DC 20590.
- (11) A copy of these procedures can be found online at: [www.hhwaz.org](http://www.hhwaz.org)

# Procedimientos de Quejas Bajo el Título VI

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Estos procedimientos proporcionan orientación para todas las quejas presentadas bajo el Título VI del Decreto de los Derechos Civiles de 1964, en lo que se refieren a cualquier programa o actividad que sea administrado por la Horizon Health and Wellness, incluyendo a los asesores, contratistas y proveedores. Por ley, se prohíbe la intimidación o las represalias como resultado de una queja. Además de estos procedimientos, los reclamantes se reservan el derecho de presentar una queja formal ante otras agencias estatales o federales o de solicitar asesoría privada para quejas alegando discriminación. Se hará todo lo posible para resolver las quejas al nivel más bajo posible.

- (1) Cualquier persona que crea que ha sido discriminada por motivos de raza, color, u origen nacional puede presentar una queja bajo el Título VI completando y presentando la Forma de Quejas del Título VI de la agencia.
- (2) Las quejas formales se deben presentar dentro de 180 días de calendario de la última fecha del supuesto acto de discriminación o de la fecha en la que el/los reclamante/s se haya/n enterado de la supuesta discriminación, o cuando haya habido un curso de conducta continuo, la fecha en la que la conducta haya sido suspendida o la última ocasión en la cual ocurrió la conducta.
- (3) Las quejas se deben hacer por escrito y deben ser firmadas por el/los reclamante/s y deben incluir el nombre, el domicilio y el número de teléfono del/los reclamante/s. Si es necesario, la persona de contacto del Título VI ayudará al/la reclamante a documentar las cuestiones.
- (4) Las alegaciones recibidas por fax o por correo electrónico serán admitidas y procesadas, una vez que se haya establecido la identidad del/la reclamante y la intención de proceder con la/s queja/a. Para ello, se requiere que el/la reclamante envíe por correo postal una copia original firmada del fax o de la transmisión de la nota electrónica para que la queja sea procesada.
- (5) Las alegaciones recibidas por teléfono se reducirán a un formato por escrito y se les proveerán al/la reclamante para su confirmación o revisión antes de su procesamiento. Se remitirá una forma de la queja al/la reclamante para que la complete, la firme y la devuelva para su procesamiento.
- (6) Una vez presentada, la Horizon Health and Wellness revisará la forma de la queja para determinar la jurisdicción. Todas las quejas recibirán una carta de reconocimiento informándole si la queja será investigada por la Horizon Health and Wellness o presentada a la autoridad estatal o federal para recibir su orientación.
- (7) La Horizon Health and Wellness le notificará al Coordinador del Título VI sobre todas las quejas del Título VI dentro de 72 horas por teléfono llamando al: 602-262-7242; por correo electrónico escribiendo a: [phxtransiteo@phoenix.gov](mailto:phxtransiteo@phoenix.gov)

- (8) La Horizon Health and Wellness tiene 60 días para investigar la queja. Si se necesita más información para resolver el caso, la Autoridad puede ponerse en contacto con el/la reclamante. El/la reclamante tiene 60 días hábiles a partir de la fecha de la carta para enviar la información solicitada al investigador asignado al caso. Si el investigador no es contactado por el/la reclamante o no recibe la información adicional dentro de los 30 días hábiles, la Autoridad puede cerrar el caso administrativamente. Un caso también se puede cerrar administrativamente si el/la reclamante ya no desea seguir adelante con su caso.
- (9) Después de que el investigador revise la queja, emitirá una de dos cartas al/la reclamante: una carta de cierre o una carta de hallazgo “Letter of Finding” (LOF). Una carta de cierre resume los alegatos y afirma que no hubo una infracción con respecto al Título VI y que el caso se cerrará. Una carta LOF resume las alegaciones y las entrevistas con respecto al supuesto incidente, y explica si se llevará a cabo alguna acción disciplinaria, capacitación adicional del/la miembro del personal u otra acción. Si el/la reclamante desea apelar a la decisión, tiene 30 días después de la fecha de la carta o de la LOF para hacerlo.
- (10) Un/a reclamante insatisfecho/a con la decisión de la Horizon Health and Wellness puede presentar una queja directamente con el Departamento de Transporte Público de la Ciudad de Phoenix: City of Phoenix Public Transit Department (COP), Attention: Title VI Coordinator, 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix, AZ 85003, ó con las oficinas de Derechos Civiles de la Administración Federal de Transporte: Federal Transit Administration (FTA), Offices of Civil Rights, Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (11) Una copia de estos procedimientos se puede encontrar en línea en: [www.hhwaz.org](http://www.hhwaz.org)

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# HORIZON HEALTH AND WELLNESS

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## Complaint Form



# Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
<b>Section VI:</b>		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes, please provide any reference information regarding your previous complaint.

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes       No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_  
 Federal Court: \_\_\_\_\_       State Agency: \_\_\_\_\_  
 State Court : \_\_\_\_\_       Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Section VI:**

Name of agency complaint is against: \_\_\_\_\_  
Name of person complaint is against: \_\_\_\_\_  
Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Telephone Number (if available): \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

Horizon Health and Wellness, Risk Management Director  
625 N. Plaza Dr.,  
Apache Junction, AZ 85120  
Phone: 520-836-1688

A copy of this form can be found online at [www.hhwaz.org](http://www.hhwaz.org)

# Title VI Complaint Form - Spanish

## Forma Para Poner una Queja (De Acuerdo Al Título VI)

*Nota: La siguiente información se necesita para procesar su queja.*

### Información de la persona que está poniendo la queja:

Nombre: Dirección: \_\_\_\_\_  
Ciudad/Estado/Código Postal: \_\_\_\_\_  
Teléfono(Casa): \_\_\_\_\_  
Teléfono (Trabajo): \_\_\_\_\_

### Persona A La Que Se Discriminó (alguien que no sea la persona que está poniendo la queja)

Nombre: Dirección: \_\_\_\_\_  
Ciudad/Estado/Código Postal: \_\_\_\_\_  
Teléfono(Casa): \_\_\_\_\_  
Teléfono (Trabajo): \_\_\_\_\_

### ¿Cuál de las siguientes razones describe por lo que usted siente que se le discriminó?

Raza/Color (Especifique) \_\_\_\_\_ Nacionalidad (Especifique) \_\_\_\_\_

¿En qué fecha(s) sucedió la discriminación? \_\_\_\_\_

**Describa la presunta discriminación. Explique qué sucedió y quién cree usted que fue responsable (si necesita más espacio, agregue otra hoja).**

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**Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.**

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**¿Ha presentado esta queja con otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Marque todas las que apliquen.**

Agencia Federal \_\_\_\_\_ Corte Federal \_\_\_\_\_ Agencia Estatal \_\_\_\_\_  
Corte Estatal \_\_\_\_\_ Agencia Local \_\_\_\_\_

**Por favor proporcione información de la persona a la que presentó su queja en la agencia/corte.**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad/Estado/Código Postal: \_\_\_\_\_

Teléfono(Casa): \_\_\_\_\_

Teléfono (Trabajo): \_\_\_\_\_

**Por favor firme abajo. Puede anexar cualquier material escrito u otra información que usted crea que es relevante sobre su queja.**

\_\_\_\_\_  
Firma de la Persona que presenta la queja

\_\_\_\_\_  
Fecha

**Número de Anexos:** \_\_\_\_\_

**Someta la forma y cualquier información adicional a:**  
Horizon Health and Wellness, Risk Management Director  
625 N. Plaza Dr.,  
Apache Junction, AZ 85120  
Teléfono: 520-836-1688



# Title VI Investigations, Complaints and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin or disability)	Status	Action(s) Taken (Final findings?)
<b>Investigations</b>				
1)				
2)				
<b>Lawsuits</b>				
1)				
2)				
<b>Complaints</b>				
1)				
2)				

X- Horizon Health and Wellness has not had any Title VI complaints, investigations, or lawsuits from 2022 through 2024.



# HORIZON HEALTH AND WELLNESS

## *Public Participation Plan*

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Horizon Health and Wellness is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys. As an agency receiving federal financial assistance, Horizon Health and Wellness made the following community outreach efforts:

- 1) Public Meetings:
  - a. Horizon Health and Wellness conducts Board Meetings on a monthly basis. These meetings involve attendance by members of the Board and the general public for planning and decision-making purposes.
- 2) Horizon Health and Wellness provides brochures to the general public that describe services available to the public, including transportation.
- 3) Horizon Health and Wellness lists services on its website and utilizes social media via the agency Facebook page.

In the upcoming year Horizon Health and Wellness will make the following community outreach efforts:

- 1) Public Meetings:
  - a. Horizon Health and Wellness will conduct Board Meetings on a monthly basis. These meetings will involve attendance by members of the Board and the general public for planning and decision-making purposes.
- 2) Public meetings are held in locations accessible to people with disabilities.
- 3) Horizon Health and Wellness will provide brochures to the general public that describe services available to the public, including transportation.
- 4) Horizon Health and Wellness lists services on its website and utilizes social media via the agency Facebook page.

Horizon Health and Wellness may submit to the City of Phoenix annually an application for funding. Part of the annual application is a public notice, which includes a 30-day public comment period.

# HORIZON HEALTH AND WELLNESS

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*Limited English Proficiency Plan*

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Horizon Health and Wellness has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Horizon Health and Wellness services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining Horizon Health and Wellness' extent of obligation to provide LEP services, Horizon Health and Wellness undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the Horizon Health and Wellness service area who may be served or likely to encounter by Horizon Health and Wellness program, activities, or services;
- 2) The frequency with which LEP individuals come in contact with Horizon Health and Wellness services.
- 3) The nature and importance of the program, activities or services provided by Horizon Health and Wellness to the LEP population; and
- 4) The resources available to Horizon Health and Wellness and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

A statement in Spanish will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested. Identified staff at each agency location act as certified Spanish translators. Horizon Health and Wellness contracts with a translating company to provide translation services in other requested languages, including sign language, and in Spanish if a certified Spanish translator is not available on site. Individuals requiring translation services will be identified during the Intake process and signage will be posted at each facility notifying clients that translation services will be made available upon request.

### **Safe Harbor Provision**

Horizon Health and Wellness complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Title VI Notice
- (2) Complaint Procedures
- (3) Complaint Form

In addition, Horizon Health and Wellness will conduct its marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Public Hearings

# Non-elected Committees Membership Table

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A subrecipient who selects the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

<b>BODY</b>	<b>CAUCASIAN</b>	<b>LATINO</b>	<b>AFRICAN AMERICAN</b>	<b>ASIAN AMERICAN</b>	<b>NATIVE AMERICAN</b>
POPULATION					
BOARD OF DIRECTORS	60%	10%	10%	10%	10%

Excerpt from the Corporate By-Laws:

The Board of Directors shall attempt to recruit new Board members on a catchment area basis and in a manner which ensures that minorities and individuals with disabilities are strongly encouraged to apply. The Board shall make reasonable accommodation to the needs of applicants with disabilities and shall ensure that applicable equipment is available and that meeting places are accessible.



# Monitoring for Subrecipient Title VI Compliance

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X- Horizon Health and Wellness does NOT monitor subrecipients for Title VI compliance.

Horizon Health and Wellness currently has no subrecipients.

# Title VI Equity Analysis

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A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

***Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.***

Horizon Health and Wellness has no current or anticipated plans to develop new transit facilities covered by these requirements. The Agency has not previously been involved in developing or constructing facilities covered by these requirements.



# Board Approval for the Title VI Program

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See the attached Corporate Resolution, showing approval by the Board of Directors of Horizon Health and Wellness for the Agency's Title VI program.



CORPORATE RESOLUTION

BOARD OF DIRECTORS

Robert Huddleston President Casa Grande, AZ

Mike Farber President-Elect Gold Canyon, AZ

Himanshu Patel Treasurer Florence, AZ

Michael Pooley Secretary Apache Junction, AZ

Quindia Palmer Casa Grande, AZ

Brent Billingsley Florence, AZ

Michael Morales Casa Grande, AZ

William Pearlman Mesa, AZ

Tim Mechlinski Chandler, AZ

Jeanne Golden-Burke Glendale, AZ

WHEREAS, at a duly held and conducted meeting of the Board of Directors of Horizon Health and Wellness on Tuesday, January 28, 2025, and in response to a request from the Federal Transit Administration (FTA) Section 5310 Grant for approval of a Title VI Plan, the Board of Directors has determined it to be in the best interest of the Company to renew the Title VI Plan for 2025-2028.

NOW THEREFORE, be it resolved that the membership did review and hereby approve the Title VI Plan for 2025-2028 as presented.

RESOLVED FURTHER that the proper officers of Horizon Health and Wellness are each hereby authorized and directed in the name of and on behalf of Horizon Health and Wellness to take any and all actions necessary to implement this resolution.

IN WITNESS WHEREOF, I have hereunto signed on the 28th day of January, 2025.

Handwritten signature of Robert Huddleston

Robert Huddleston, President, Board of Directors

Subscribed and sworn before me this 28th day of January, 2025.

Handwritten signature of Notary Public

Notary Public

My Commission Expires: March 16, 2028

