

# Want to make a difference?

PerformCare is looking for consumer representatives to give input into the decisions about grievances and complaints filed by fellow PerformCare members.

## Who can be a consumer representative?

- Adult PerformCare members who have received services in the past or who are currently receiving services.
- Parents/guardians of PerformCare members who have received services in the past or who are currently receiving services.

## What we will do for you:

- Provide you with the needed training to get you started.
- Work around your availability.
- Reimburse you with an hourly stipend for your time.

## What we ask of you:

- Participate in initial trainings and annual refresher trainings.
- Review the materials provided to you to prepare for the review meeting.
- Attend and participate in meetings as a part of the Complaint and Grievance Review Committee.

## For more information:

Contact the Complaints and Grievances department:

- By phone: Capital Area **1-888-722-8646**  
Franklin/Fulton **1-866-773-7917**
- By email: [performcarecg@performcare.org](mailto:performcarecg@performcare.org)



### Member Services

Capital Area  
Cumberland, Dauphin, Lancaster,  
Lebanon, and Perry counties  
**1-888-722-8646**

North Central Region  
Franklin and Fulton counties  
**1-866-773-7917**

Members can call Member Services 24 hours a day, seven days a week. Usted puede llamar a Servicios al Miembro las 24 horas del día, los 7 días de la semana.

For Members who are deaf or hard of hearing and use a TTY/TTD for communication, call the PA Telecommunications Relay Service at 711 or **1-800-654-5984** (TTY) and call the PerformCare number you want.

This information is also available in Spanish. Contact us at **1-888-722-8646** to request a copy. Esta información está disponible en español. Contacte con nosotros en **1-888-722-8646** para solicitar una copia.

## Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare:

- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides no-cost language services to people whose primary language is not English, such as:
  - Qualified interpreter services.
  - Information written in other languages.

If you need these services, contact the PerformCare Member Services number for your county.

Capital Area (Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties)

Member Services: **1-888-722-8646**

TTY/TDD: **1-800-654-5984** or PA Relay 711

North Central Area (Franklin and Fulton counties)

Member Services: **1-866-773-7917**

TTY/TDD: **1-800-654-5984** or PA Relay 711

We are available 24 hours a day, 7 days a week.

If you believe that PerformCare has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with PerformCare and send it to us at:

- PerformCare, 8040 Carlson Road, Harrisburg, PA 17112.
- You can file a complaint by mail, fax, or phone. If you need help filing a complaint, PerformCare Member Services is available to help you. Call the Member Services number for your county located above or fax to PerformCare at **717-671-6555**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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, DC 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

Multi-language interpreter services

**English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-722-8648 (1-800-654-5984 (TTY))/PA Relay 711).**

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Arabic:

انتباه: إذا كنت تتحدث العربية، فإن خدمات مساعدة اللغة، مجاناً، متوفرة لك. اتصل بالرقم: **(1-800-654-5984 (TTY))/PA Relay 711) 1-888-722-8646**

Nepali: ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरू, नि: शुल्क, तपाईंलाई उपलब्ध छ। सम्पर्क गर्नु: **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**।

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711** 번으로 전화해 주십시오.

Cambodian/Khmer: ការប្រុងប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរឆ្លើយភាសាគីតកគីតក្តែស្រប្រាប់អ្នក។ ទូរស័ព្ទ: **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Burmese: အထူးဂရုပြုရန်: သင်အင်္ဂလိပ်ထက်အခြားဘာသာစကားတစ်ခုကိုမပြောတတ်လျှင်, တာဝန်ခံအခမဲ့ဘာသာစကားအကူအညီများဝန်ဆောင်မှုများ, သင်တို့အားရရှိနိုင်ပါသည်။ ခေါ်ဆို: **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Bengali: সতর্কতা: যদি আপনি বাঙালি, বিনামূল্যে ভাষা সহায়তা সেবা, আপনার জন্য উপলব্ধ। কল করুন: **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.

Gujarati: સાવધાન: જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ મફતમાં ઉપલબ્ધ છે. કોલ કરો: **1-888-722-8646 (1-800-654-5984 (TTY))/PA Relay 711**.