Finalized English	Finalized Spanish
We received your renewal paperwork for Health First Colorado (Colorado's Medicaid program) or Child Health Plan Plus (CHP+)[MN1.1], but we need your signature.	
Please sign and date this signature form for the following household members: [HH Member Name], [HH Member Name] and [HH Member Name].	
Appeals If I disagree with a decision about my health coverage or benefits, I can appeal the decision. Appeal means I tell a county or state office in writing that I disagree with a decision and I want an appeal hearing. Any letter telling me about a benefit or eligibility decision will also tell me how to appeal the decision if I disagree with it. I have the right to represent myself at my appeal hearing. I may also choose a lawyer, relative, friend, or any other person to act as my authorized representative at the appeal hearing.	
Nondiscrimination The Colorado Department of Health Care Policy and Financing (HCPF) complies with applicable federal and state civil rights laws and does not discriminate against any individual based on race, color, national origin (including limited English proficiency and primary language), ancestry, age, sex (including pregnancy and sex characteristics), sexual orientation, gender identity, gender expression, religion, creed, marital status, or disability. HCPF does not discriminate in employment, admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities.	
HCPF provides individuals with the following in a timely manner and free of charge:	
• Language assistance services. HCPF will provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, services and activities. Language assistance services may include: o Electronic and written translated documents o Qualified interpreters o Qualified bilingual/multilingual staff	

• Appropriate auxiliary aids and services. HCPF will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include: o Qualified interpreters, including American Sign Language interpreters o Video remote interpreting o Information in alternate formats (including but not limited to large print, braille, and accessible electronic formats)	
• Reasonable modifications. HCPF will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, services and activities.	
If an individual believes that HCPF has failed to provide these services or discriminated in another way, a grievance can be filed with the Civil Rights Officer by mail, phone, fax, or email within 60 days of the incident. The Civil Rights Officer can also help file the grievance. Complaint forms are available at hcpf.colorado.gov/americans-disabilities-act.	
To request language assistance services, auxiliary aids and services, a reasonable modification, or to file a grievance, please contact: Civil Rights Officer Colorado Department of Health Care Policy & Financing 303 E. 17th Avenue Denver, Colorado 80203 Telephone: 303-866-6010 (State Relay 711) FAX: 303-866-2828 Email: hcpf504ada@state.co.us Civil rights complaints can also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights: Electronically: ocrportal.hhs.gov/ocr/smartscreen/main.jsf Via mail: Office for Civil Rights U.S. Department of Health and Human Services 1961 Stout Street, Rooms 08-148 Denver, CO 80294 Learn more at hcpf.colorado.gov	