# **HAYSMED**

# Hospice Community Memory Tree

A brass dove ornament will be engraved with the name of the person you are honoring or remembering and will be placed on the tree. The tree will be displayed at HaysMed.

| Donor Name                                                      | Phone Number |          |     |
|-----------------------------------------------------------------|--------------|----------|-----|
| Address                                                         | City         | State    | Zip |
| Enclosed is my donation of \$                                   |              |          |     |
| (Minimum suggested donation is \$20 per dove)                   |              |          |     |
| Please engrave the dove ornament(s) with the following name(s): |              |          |     |
| Name:                                                           | In Memory    | In Honor |     |
| (print clearly)                                                 |              |          |     |
| Name:                                                           | In Memory    | In Honor |     |
| (print clearly)                                                 |              |          |     |
| Name:                                                           | In Memory    | In Honor |     |
| (print clearly)                                                 |              |          |     |

For over 30 years, Hospice at HaysMed has lit the community and the surrounding area with hope, comfort and understanding for the terminally ill and their families. Donations enhance the resources available for education, support the volunteer and bereavement programs in their entirety and cover patient-related expenses not paid for by insurances. Hospice cares for people regardless of insurance coverage or ability to pay. Your support of Hospice at HaysMed is truly appreciated. For questions about our Hospice please call our office at 785.623.6200 or 1.800.990.0731. Proceeds to benefit Hospice at HaysMed, which provides services in Ellis, Russell, Rush and Rooks counties.

Contributions are tax deductible to the extent allowed by law.

Please make check payable to:

Hospice at HaysMed

Please mail check and form to:

HaysMed Foundation 2220 Canterbury Drive Hays, KS 67601

Thank You!

#### Discrimination is Against the Law

Hays Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Hays Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hays Medical Center provides free 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)

Hays Medical Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Director of Clinical Care Coordination at 785.623.5297, or the Operator at 785.623.5000.

If you believe that Hays Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Chief Legal Officer Hays Medical Center 2220 Canterbury Drive Hays, Kansas 67601

Telephone Number: 785.650.2759

TTY/TDD or State Relay Number: 800.766.3777 (V/T); or Dial 711

Fax: 785.623.5524

Email: joannah.applequist@haysmed.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joannah Applequist, Chief Legal Officer, is available to help you.

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 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.

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge. Call 1–855-429-7633 (TTY: 1–800-766-3777).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-429-7633 (TTY: 1-800-766-3777).

# VIETNAMESE

 $CHÚ \ \acute{Y}: N \acute{e}u \ bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-429-7633 (TTY: 1-800-766-3777).$ 

# CHINESI

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 1-855-429-7633 (TTY: 1-800-766-3777)。

# GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1–855-429-7633 (TTY: 1–800-766-3777).

# KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-429-7633 (TTY: 1-800-766-3777)

# LAOTIAN

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1–855-429-7633 (TTY: 1–800-766-3777).

# ARABIC

. (777: 1-800-766-3777). 1-85-429-763 بسرقم اتصل بالمجان لك تتوافسر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا إملحوظة

# TAGALOG

PAUNAWA: Kung nagsasalita kang Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777) (Tagana serbisyo ng tulong sa wika nang walang bayad. Tumawag sa tumawag s

# BURMESE

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာကေား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်

# စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1–855-429-7633 (TTY: 1–800-766-3777 ) သို့ ခေါ် ဆိုပါ။

# FRENCH

ATTENTION: Si vous parlez français, des services d'aide linquistique vous sont proposés gratuitement. Appelez le 1-855-429-7633 (TTY: 1-800-766-3777).

# JAPANESE

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます1-855-429-7633 (TTY: 1-800-766-3777)まで、お電話にてご連絡ください。

# RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1–855-429-7633 (телетайп: 1–800-766-3777).

# HMONG

 $LUS\ CEEV: Yog\ tias\ koj\ hais\ lus\ Hmoob, cov\ kev\ pab\ txog\ lus, muaj\ kev\ pab\ dawb\ rau\ koj.\ Hu\ rau\ 1-855-429-7633\ (TTY:\ 1-800-766-3777).$ 

# PERSIAN (FARSI)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با ( 777-768-1 TTY: (TTY: -603-768-1 تماس بگیرید

# SWAHILI

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-855-429-7633 (TTY: 1-800-766-3777).