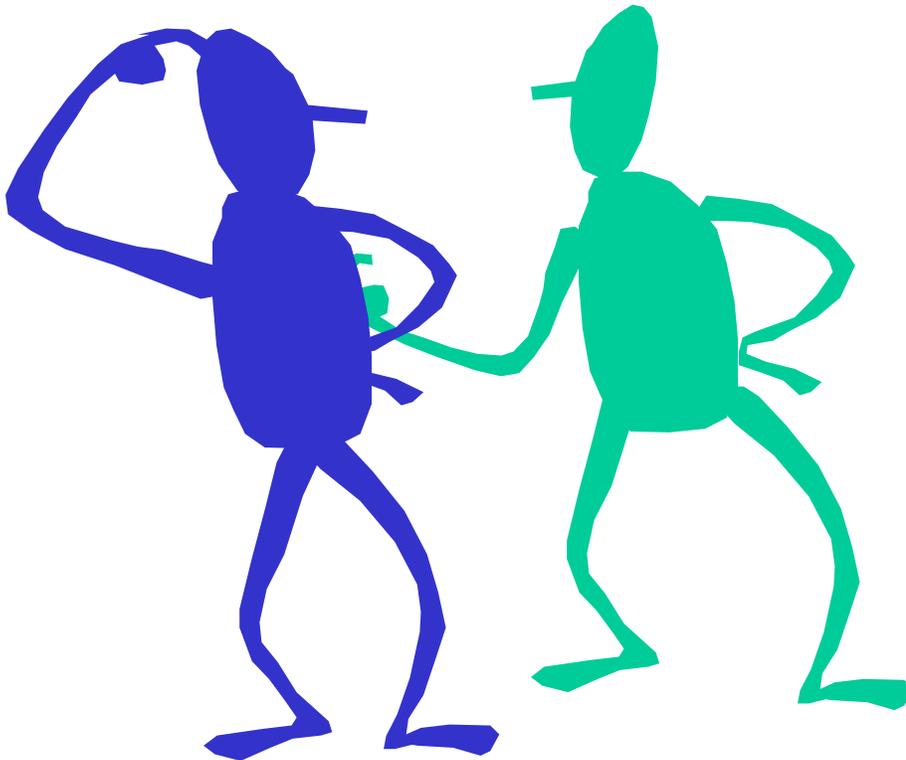


Speak Up! Guide

We can do
What?



4: Rules, Rights and Responsibilities

Published by:
STIR – Steps Toward Independence and Responsibility
and
Shifting the Power,
projects of the
Clinical Center for the Study of Development and Learning, UNC-CH
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Speak Up! Guide

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Additional Resources

Listed in this resource guide are agencies that Federal Laws mandate. These agencies can provide information and resources. Every state's agencies are listed in these directories. There is also a description of what the agencies' duties. Please take the time to look at each one. If you have a friend or relative in a different state please share the information for their state with them.

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CHAPTER FOUR: RULES RIGHTS AND RESPONSIBILITIES

LEARNING OBJECTIVES

The objective of this chapter is to expose the trainees to some of the different laws that protect the rights of people with disabilities. It will also provide resources so you can find the information you need to advocate for yourself, or others.

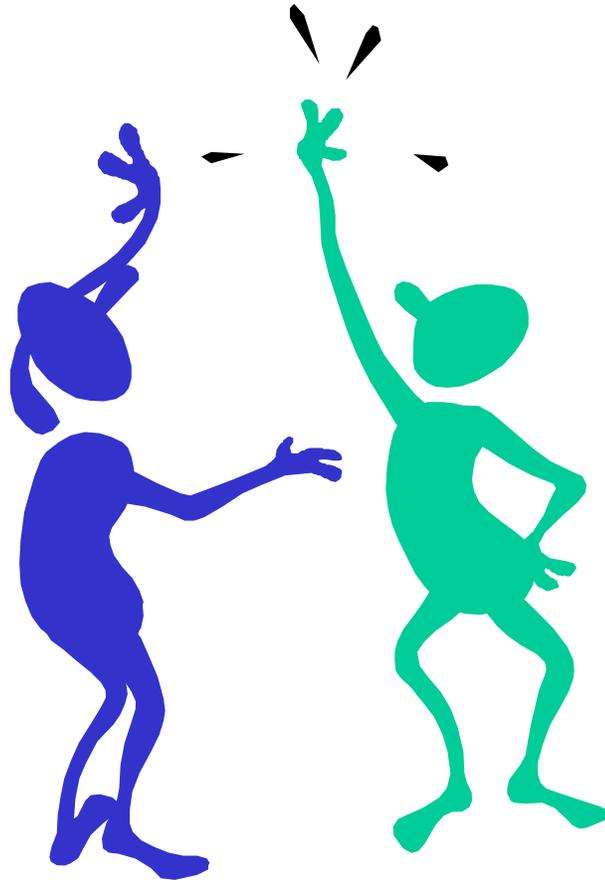
As you read and discuss the laws and information in this manual, keep in mind that laws continue to change and be updated. This manual provides you with agencies that can keep you up to date with current law. Some of the laws used in this chapter have already been updated and are used as examples.

Rules



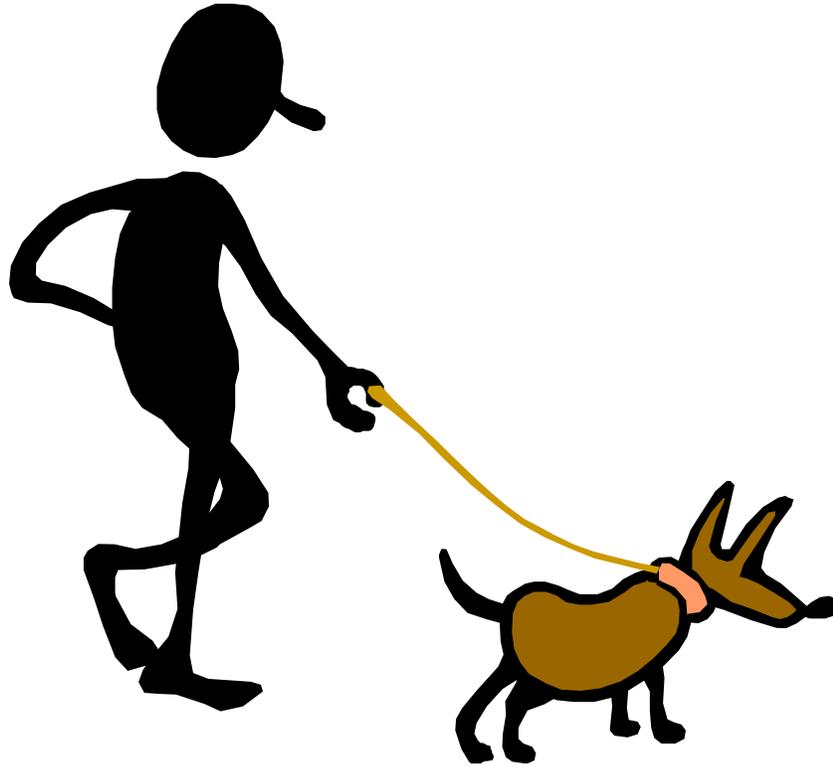
- Rules help us understand what we need to do to keep our rights.
- We all must follow rules.

Rights



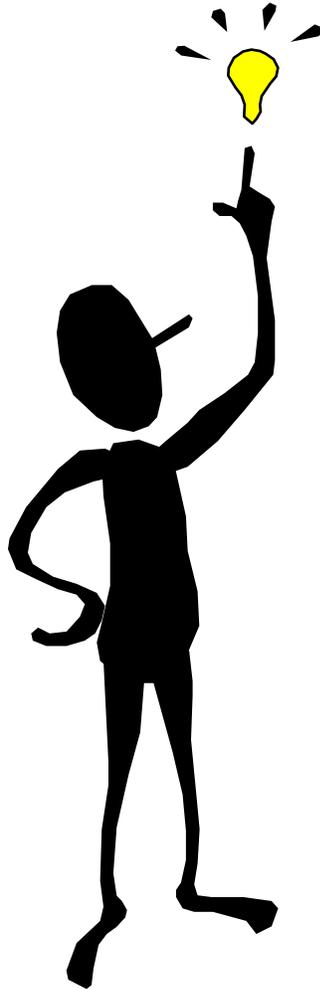
- Rights apply to everyone!
- Rights are Rules that help make people equal.

Responsibilities



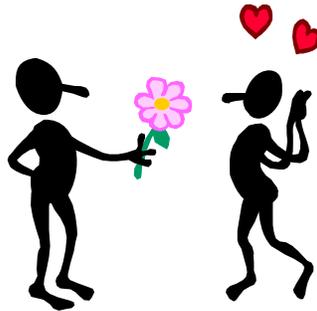
- To have our own rights respected, we must respect the rights of others.
- We must behave in a responsible way.

Rules and Laws



Rules and Laws both help us
know what our Rights and
Responsibilities are to
ourselves and others

You have the right to date



Responsibilities

- Treat other person with respect
 - Personal space issues
 - Intimacy issues
 - Say nice things
- Treat the other person kindly
- What does dating mean to you?
 - Holding hands
 - Meeting somewhere
 - Going to the dance

Role Play

Location: Group Home, where you live

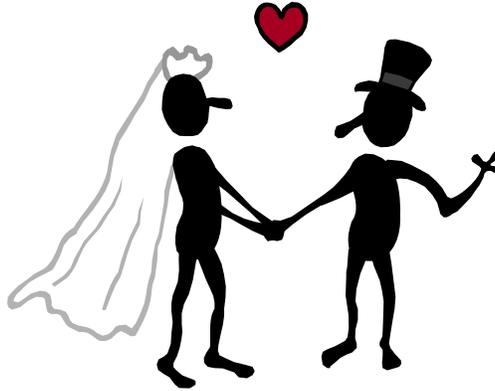
Situation: Two Friends are discussing dating after being told they have a right to date.

Role Play: What does dating mean?

How should you treat your date?

Where are you going to go and what do you want to do?

You have the right to get married



Responsibilities

- Treat spouse with respect
- Share responsibilities
 - Paying the bills
 - Household chores
 - Keeping a job
- Talk to each other about big decisions
 - Are you going to have kids?
 - Where are you going to live?
 - How are you going to spend your money?

Role Play

Location: Parents Home, where you live

Situation: A couple is discussing marriage with their parents.

Role Play: How will you support each other?

Will you share household duties?

Will you have children and when?

You have the right to have children



Responsibilities

- Take care of your child
 - Doctors appointments
 - Getting baby shots
 - Feed them and clothe them
 - Provide a place to live
 - Give them love and affection

Role Play

Location: Doctors office

Situation: A newly married couple along with their parents and doctor are discussing the responsibilities of having children.

Role Play: What things do children need to be supported ?

How they will provide supports?

Do they even want children?

You have the right to open your own mail and packages and to send other people mail



Responsibilities

- Let others know not to open your mail unless you tell them it is O.K.
- Respect other people's mail
 - Do not open others' mail
- Let others know if you need help reading or responding to your mail

Role Play

Location: Group Home, where you live

Situation: Friends talking about wanting to open and send their own mail.

Role Play: How do they bring up the subject with the staff ?

Who do you ask for help if you need help understanding your mail?

You have the right to choose your job and to receive fair pay



Responsibilities

- Show up for work (on time)
- Do the best job you can while at work
- Call in if you can not show up for work
 - Sick
 - Doctor's appointment

Role Play

Location: Workplace, workshop, ect.

Situation: Two friends are discussing what they would really like to do for employment.

Role Play: What supports will they need to help them accomplish their goals?

What new skills may they need to learn?

You have the right to decide how to spend or save your money



Responsibilities

- ❑ Come up with a budget and spend within that budget
- ❑ Ask for help if you need it
- ❑ Know how much money you have
- ❑ Use the bank if needed

Role Play

Location: Bank

Situation: You are speaking with a customer service representative about opening a savings or a checking account.

Role Play: What different types of accounts do they offer?

Is there a penalty for spending more money than you have in your checking account?

You have the right to choose where to worship and how to express your beliefs



Responsibilities

- Respect others' beliefs

Let some one know where and when you would like to worship.

Role Play

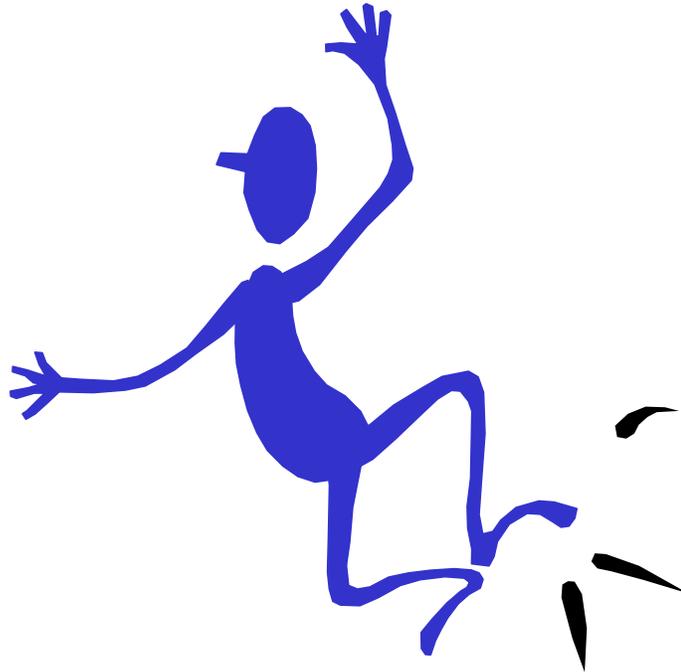
Location: Group home or where you live

Situation: You are talking to staff about were they are going to worship.

Role Play: You are expressing that they would like to continue worshipping at their own church.

You would like to attend a different church than what is offered / or no church.

You have the right to have a place to be alone



Responsibilities

- Respect other people's space
- Other people have the right to say "no"

Role Play

Location: Group Home or where you live

Situation: You are speaking to staff or your parents about having time to spend in privacy.

Role Play: You would like to listen to music without being disturbed.

You would like have a private place to make phone calls.

You have the right to choose your friends



Responsibilities

- How would you treat your friends?
- Where would you go to meet new friends?
 - Common interests
- How do you like to be treated by your friends?

Role Play

Location: Parents home, group home

Situation: A daughter or son speaking to parents, or resident to staff.

Situation: How do you treat your friends?

When you are with your friends do you act in a responsible way?

Where could you meet new friends?

Who is not a good friend?

You have the right to call and visit family and friends



Responsibilities

Visits

- Arrange visits ahead of time
- Respect your family and friends

Calling

- Respect other people's use of the phone
- Don't call other people too early or too late
- Let others know when you want to have privacy while on the phone

Role Play

Location: Group Home, where you live

Situation: You are talking to staff and friends.

Role Play: How are visits going to be arranged?

When is the best time for you to have phone calls or friends over?

Be a good friend and call or visit when you say you are going to.

You have the right to decide what you want to eat



Responsibilities

- Know what you can and cannot eat for health reasons such as...

Diabetes, high blood pressure, high cholesterol or if your doctor gives you a special diet

Role Play

Location: Restaurant, where you live

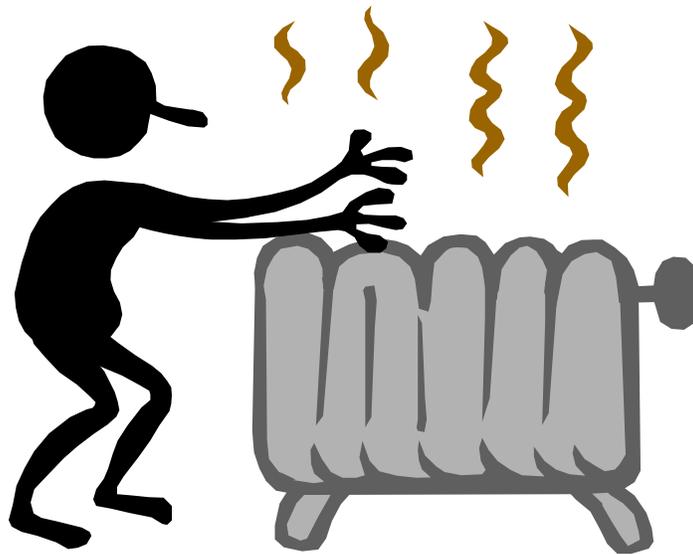
Situation: You are at a restaurant deciding what you want to eat. Or/ at home where ever you live.

Role Play: Do you have any thing you know you are not able to eat?

What would you like to eat?

Let others know what you want and like to eat.

You have the right to choose where you want to live



Responsibilities

- ❑ Choose a safe place
- ❑ Make sure your place is within your budget
- ❑ Check out the community
 - Public transportation
 - Shopping centers
- ❑ Let someone know if you want to move

Role Play

Location: Parents home, group home

Situation: You are talking about where you would like to live.

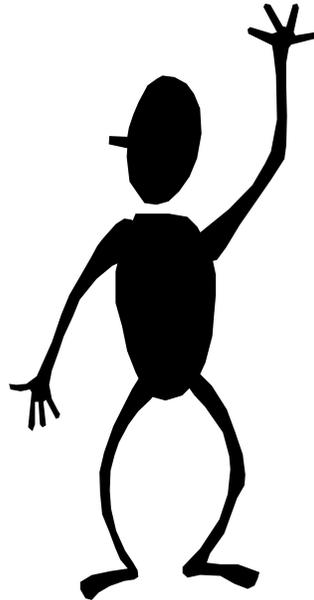
Role Play: Do you have enough money to live on your own or with a room mate?

What supports will you not need?

Where do you want to live?

Will you have transportation?

You have the right to come and go as you wish



Responsibilities

- ❑ Let others know where you are going and when you will be back
- ❑ Be back when you say you will be back or call and let someone know if you will be late

Role Play

Location: Home, where you live

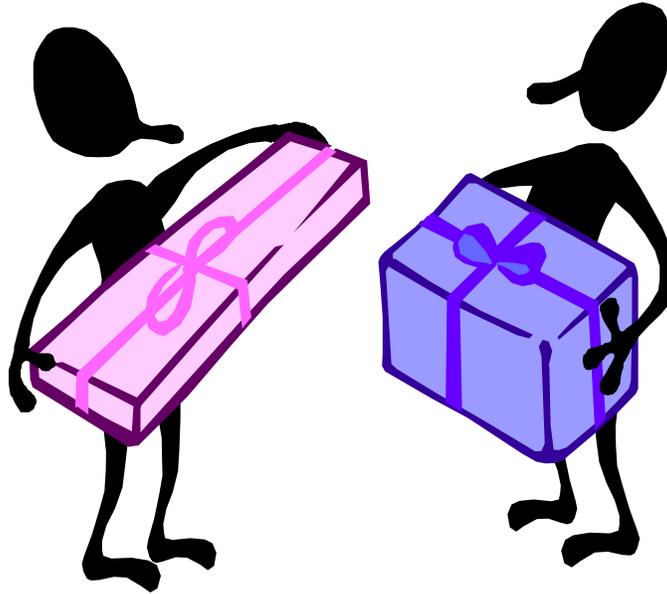
Situation: You are talking with staff or your parents about going somewhere.

Role Play: Make sure you let someone know where you are going to be, and how long you will be gone.

What you can do if you will be late?

Who you are going to be with?

You have the right to have visitors



Responsibilities

- Let others know when visitors will be coming
- Respect other people's space when you have visitors

Role Plays

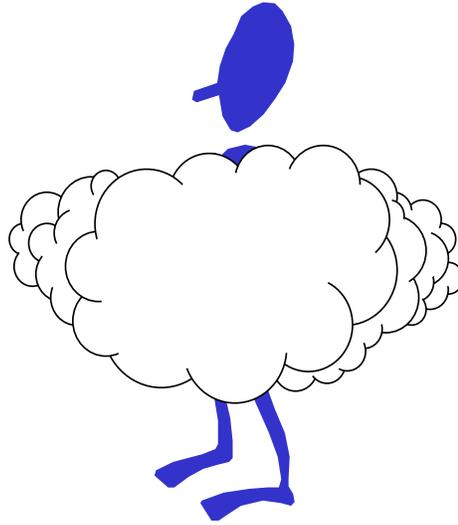
Location: Group Home, where you live

Situation: You are telling the staff or your parents that you are going to have visitors.

Role Play: Let the staff know who is coming to visit you and when you are expecting them to come.

If someone else is having company respect their privacy.

You have the right to live in a clean, furnished home



Responsibilities

- ❑ Keep your home clean
- ❑ Take care of your belongings
- ❑ Let someone know when things need to be fixed

Role Play

Location: Parents home, group home

Situation: You are moving into a new home, group home, supportive living, ect.

Role Play: How will you keep your home clean?

If when you move in, the home is dirty, how do you get help to clean it?

You have the right to privacy and to expect people to knock before entering



Responsibilities

- Respect others' rights to privacy
 - Knock before entering their home or bedroom
- Remind others to give you privacy

Role Play

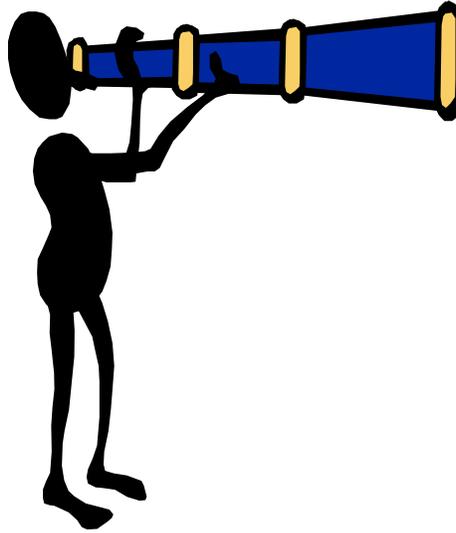
Location: Group home, parents home

Situation: You are in your room and someone just walks in without asking permission.

Role Play: How do you ask someone to please knock before entering your room?

If you are on the phone, how do you let them know you will be right with them?

You have the right to have your own belongings



Responsibilities

- Take care of your things
 - Clothes
 - Furniture
 - Jewelry

Role Play

Location: Group home, where you live

Situation: You and staff or your parents are talking about your belongings.

Role Play: You are responsible to keep your room neat and clean.

You have a right to have items that are just for you.

How do you take care of your favorite things?

You have the right to do group activities or to do things by yourself



Responsibilities

Group

- Work together with the group
- Respect others in your group

Alone

- Let others know when you would like to be alone
- Be safe when you are alone

Role Play

Location: Group home, or residence

Situation: The group is going to play basketball. Do you want to play? OR do something you want to do?

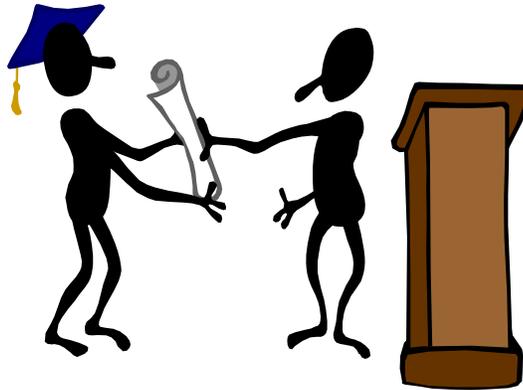
Role Play: Do you hate playing basketball?

Would you rather look at books?

Would you like to listen to your music out side in the sun?

Would you like to take a nap?

You have the right to get an Education



Responsibilities

- What classes would you like to attend?
- Make sure you complete assignments.
- How will you pay your tuition and bills?
- Follow rules in the class.

Role Play

Location: Home, group home

Situation: You are talking to your parents or staff about education.

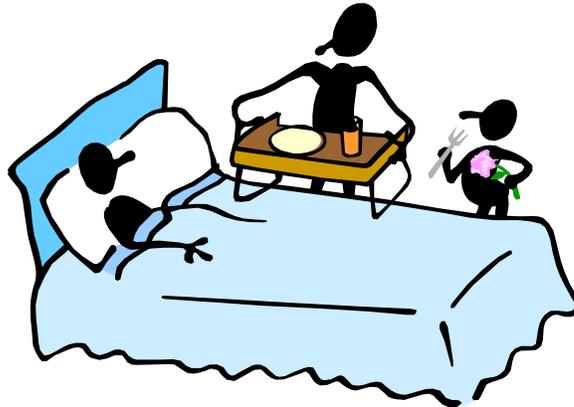
Role Play: Would you like to attend classes?

What are you interested in taking?

What rules do you need to follow?

Will you need help in class or with your assignments?

You have the right to choose your own doctors and to see the doctors when you want



Responsibilities

- Make appointments when needed
- Let someone know if you need help making appointments
- Show up for appointments
- Call your doctor if you cannot show up for your appointment
- Change your doctor if you want to
 - If you feel uncomfortable
 - If they are not helping you
 - If they are not answering your questions

Role Play

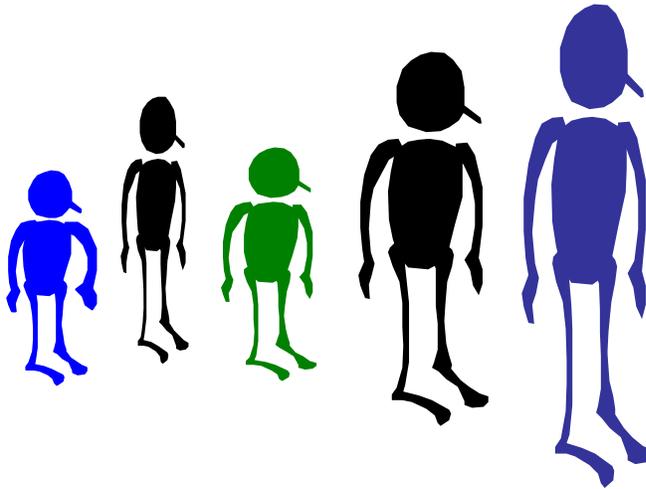
Location: Group home

Situation: You are sick and you want to go to a different doctor than you have been going to. You are talking to staff about your decision.

Role Play: How do you let staff know that you are uncomfortable with the old doctor?

How did you find the new Dr?

You have the right to agree or refuse to participate in research



Responsibilities

- ❑ Let others know when you do or do not want to participate
- ❑ If you do participate, you need to understand what the research is about.
- ❑ Make sure all of your concerns are addressed

Role Play

Location: Doctor's office

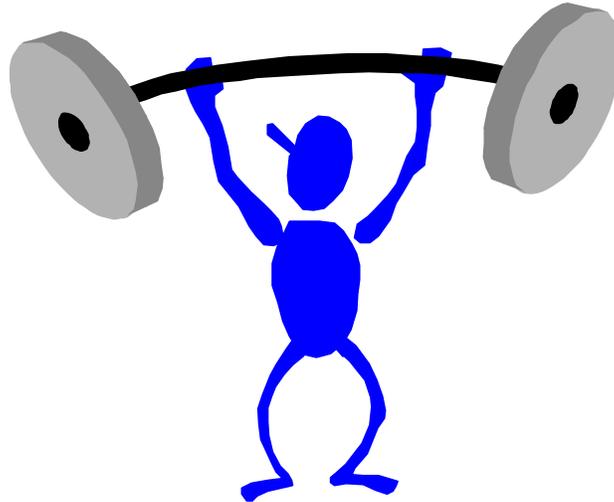
Situation: You have been asked to try a new drug they are working on for colds. It is in the testing phase and may not work.

Role Play: What information will you need before you make a decision to participate?

Could it make you sicker?

Do you understand the research?

You have the right to have, receive, or refuse regular therapy services



Responsibilities

- ❑ Let others know if you do or do not want the services
- ❑ Show up for all appointments
- ❑ Change services or providers if needed

Role Play

Location: Group home, doctors' office

Situation: You are not happy with the therapy you are receiving. You think you do not need it, or you think the therapist is not helping you.

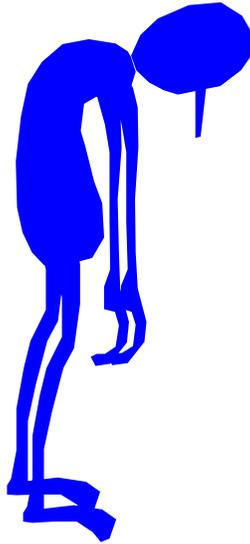
Role Play: Do you really need the therapy?

What will happen if you do not receive the therapy?

Will you find a different therapist?

How will you find a new therapist?

You have the right not to be put down by words or actions



Responsibilities

- Say “no”!
- Let others know when you feel upset
- Tell someone who can help you

Role Play

Location: School, work

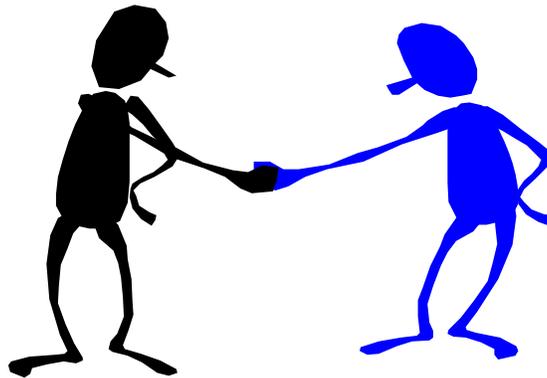
Situation: Someone just said something to you that was rude.

Role Play: What do you say back to that person?

Do you need to let someone else know about it?

How do you not take it personally?

You have the right to be treated fairly and with respect



Responsibilities

- Tell someone if you feel you are being treated unfairly
(Clients right committee)
- Treat others the same way you want to be treated

Role Play

Location: Group home

Situation: You have just moved in and one of the other house members is not being nice.

Role Play: Let the staff know how you feel.
How do you tell the person who is not being nice to stop!

How do you show respect for others and listen to how they feel?

You have the right to calm yourself down when you are upset before other means are used



Responsibilities

- Use your skills to calm yourself down
- Ask for help when you are upset
- Explain to others why you are upset

Role Play

Location: Hospital, work where you live

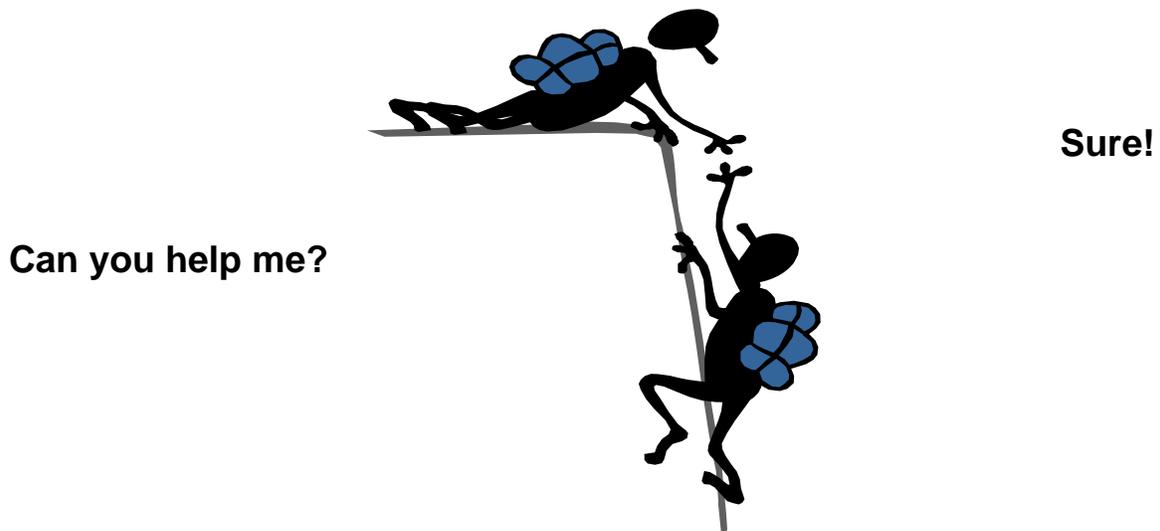
Situation: You are very upset. Someone has taken something that belongs to you.

Role Play: How can you calm yourself down before someone gives you medication to calm you down?

Will talking about it help?

Have you learned how to calm down when you need to?

You have the right to get help



Responsibilities

- Ask for help if you need it
 - Policemen
 - Firemen
 - Lawyer
 - Advocate

Role Play

Location: You are in a new environment, home, work, school, shopping area.

Situation: You are with some friends and you find you need information about where you are.

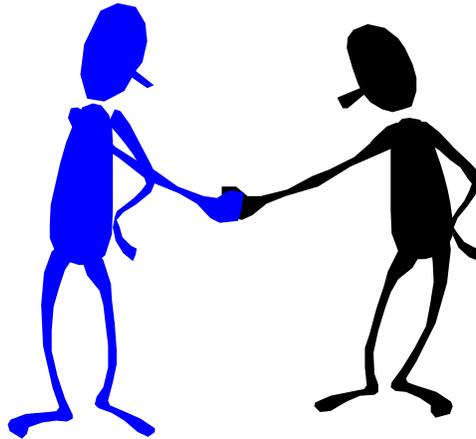
Role Play: Who could you ask for help?

How do you know who to ask for help?

What questions will you ask?

You have the right to choose an advocate

Would you be
my advocate?



Sure!

Responsibilities

- Let someone know when you need an advocate
- Let your advocate know what you need from them
- Let your advocate know when you need to see or talk to them

Role Play

Location: Where you live or work

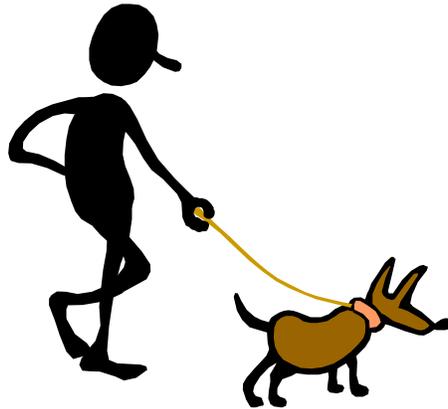
Situation: You have a problem you need help with.

Role Play: How do you find an advocate?

Will it cost you any money?

Express what your concerns are
and how you would like someone
to help you.

You have the right to expect public places to be accessible



Responsibilities

- ❑ Handicapped parking
- ❑ Braille
- ❑ Wheelchair ramps/curb cuts
- ❑ Elevators
- ❑ Accessible aisles
- ❑ Handicap restrooms
- ❑ Let others know if you need help

Role Play

Location: Restaurant, department store

Situation: You and your friend are on an outing; your friend has a guide dog.

Role Play: The restaurant manager will not let the dog come in his restaurant (it is the law, he must)

What are you going to do?

How can you change his mind?

You have the right to join community groups



Special Olympics
Bowling League

Athletic Booster
Church Group

Responsibilities

- ❑ Choose which groups you want to belong to
- ❑ Show up for scheduled meetings and/or events
- ❑ Respect others in your group

Role Play

Location: Community Center

Situation: You would like to participate in the play they are going to put on.

Role Play: Tell the director of your interests and what you like to do.

Will you need any supports to participate? (transportation, help learning your lines)

How often will they meet?

You have the right to plan and enjoy fun activities



Responsibilities

- Let others know what you would like to do
- Help plan for your activities
 - Get money if needed
 - Get equipment if needed
 - Get transportation if needed

Role Play

Location: Where you live or work

Situation: You and your friends are talking about starting a basketball team, or some other group activity.

Role Play: Who all would like to participate?

Will you need special equipment?

How often can you meet?

Will it cost anything?

You have the right to vote



Responsibilities

- ❑ Register to vote
- ❑ Learn about who you are voting for
- ❑ Do not let others tell you who to vote for
- ❑ Ask for help if you need it to understand the issues

Role Play

Location: Home, school, work

Situation: You and some of your friends would like to vote in the next election.

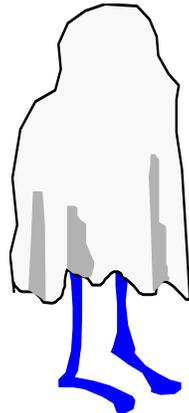
Role Play: Are you old enough to vote?

Do you understand the issues?

Is there someone who can help you understand the issues?

Will you need help getting to the voting place on election day?

You have the right to decide if you want your picture taken



Responsibilities

- Let other people know if you do not want your picture taken
- Let others know who can and cannot see your picture

Role Play

Location: Work, somewhere in the public.

Situation: Someone want to take you photo and use it in a book, new paper or on TV.

Role Play: Do you want your photo taken?

Do they need your permission to take your photo? (YES)

Will you be harmed or helped if they take your photo?

Do you hate to have you photo taken?

You have the right to get needed services



School

Case Management

Court House

Responsibilities

- ❑ Let someone know what services you need
- ❑ Give consent to release your information when needed

Role Play

Location: Group Home, parents home

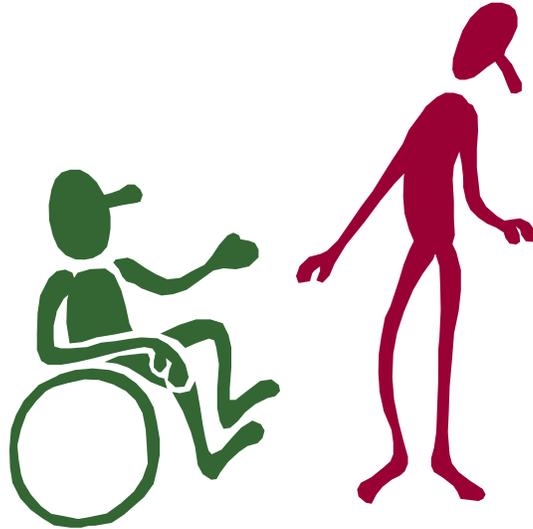
Situation: You are talking to your parents or staff, about needing some additional help.

Role Play: What type of help do you need?

Who do you think could help you get these services?

Will the services cost any money, and where will you get the money if they do?

You have the right to request a guardian



Responsibilities

- ❑ Let others know who you would like your guardian to be
- ❑ Talk to your guardian about your needs or wants
- ❑ Let other people know how you feel about your guardian

Role Play

Location: Group Home

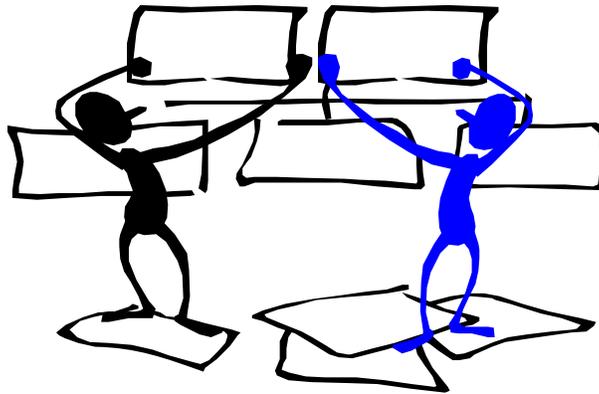
Situation: You are talking to staff. You are thinking you might benefit from the services of a guardian.

Role Play: What do you have to lose or gain from having a guardian?

Can you choose who you want?

Is there any cost involved?

You have the right to have your treatment plan written or reviewed at a meeting with you



Responsibilities

- Invite people you would like to be there
- Ask questions if you do not understand
- Show up at the scheduled time
- Give input about what you want and how you feel

Role Play

Location: Your parents home or group home

Situation: You are talking about your treatment plan with your case manager.

Role Play: You would like to participate in your treatment plan. There are things you would like to add and take off of it.

You would like a copy of your plan.

**You have the right to decide who
can see your records
and to have access to your records at all
times**



Responsibilities

- ❑ Let others know when they can or cannot look at your records (give consent)
- ❑ Ask questions if you do not understand your records
- ❑ Let others know when you would like to see your records

Role Play

Location: Group home or where you live

Situation: You are talking to staff or your parents.

Role Play: You would like to see your records.

Do you need help understanding
what some of the words mean?

You want to make sure that only
people who have your permission, or
your guardians permission, read you
records.

INTRODUCING THE CONCEPT OF BASIC HUMAN RIGHTS

Activity A: Define “rights” simply as the rules that help make people equal.

The need for agreement among lots of people in order for a right to be established can be discussed, and experiences can be recounted by individuals of attempts to take away their rights.

It can be pointed out that rights apply to everyone, by virtue of their being a human being and a citizen of their country, and they can only be taken away in very special and rare circumstances. Simply having a disability or being different is not a good enough reason on its own for a right to be denied to a person.

Activity B: Have students draw up their own list of rules that they would like to see adopted to help ensure equality between people with and without disabilities.

The list can then be reviewed to see what problems there might be in gaining general agreement to those “rights”. In the end a ‘Character of Rights’ might be drawn up, that the group is willing to work to get general agreement on and to see enforced.

To assist the group in deciding on important human rights, there are many sources of lists drawn up by others; some are declarations of the rights of everyone, some apply specifically to people with disabilities, and some apply to people in special circumstances like living in a hospital or residential establishment.

The *Self-Advocacy Workbook*, written by Nancy Gardener for the former TASA project based at the University of Kansas, gives this basic list.

- The right to life
- The right of choice
- The right to freedom
- The right to try to be happy
- The right to make up your own mind
- The right to choose the people you want to be with
- The right to be listened to
- The right to eat what you want
- The right to go to bed when you want

Playing a role in choosing the people who make decisions that affect our lives, and pass the laws that protect or restrict us, is one of the most important abilities that we have in democratic countries.

-Quote taken from “We Can Speak for Ourselves” by Paul Williams and Bonnie Shoultz

Activities A & B were taken from “We Can Speak for Ourselves”, by Paul Williams and Bonnie Shoultz, Indiana University Press, Bloomington, Copyright 1982.

DEVELOPING PERSONAL STRATEGIES FOR TACKLING INFRINGEMENTS ON RIGHTS

Activity A: Review the following strategies with students.

- Ask questions about why your rights are being limited. Keep asking questions until you understand what is happening.
- Write down the answers you are given, or get the answers on tape. Get as much information as you can. Make sure it is correct.
- Get a friend to help you if you want to. Some towns have services that can help you get a friend who knows about advocacy.
- Find out what all the choices are. Pick out the ones that are best for you.
- Decide what you think about what is happening. Decide what steps you need to take to reach your goal.
- Know who to talk to and who is in charge. Go to the person who makes the decisions.
- Know and use your rights. The main ones to remember when your rights are being limited are: the right to know all the information; the right to appeal and ask for a change in decision before you agree; the right to know what is happening all the time and why it is happening.

INTRODUCING THE CONCEPT OF RESPONSIBILITIES

Activity A: Discuss the fact that side by side with rights go responsibilities. The TASA Workbook uses the analogy that, just as we have to pay money for some things we want, we have to ‘do our duties’ to get our rights. One approach to teaching this concept might be to point out that if we wish to have our own rights respected, we must respect the rights of other people, and this involves behaving towards them in a responsible way. We must also not waste our rights by using them carelessly or without adequate preparation or information.

Examples in the *Workbook* include the responsibility to register as a voter ahead of time and to know who the candidates are, before exercising the right to vote; the responsibility to come to work every day, to be on time and to do the job as well as you can, when exercising the right to work and make money; and the responsibility to learn to wait at the right bus stop, have the money for the fare, and know how to get where you need to go, before exercising the right to use the public bus.

Responsibilities can also include more general aspects of behavior such as courtesy and consideration for others, and following rules of meetings.

Activity B: Have students generate their own list of responsibilities in relation to rights they wish to pursue. You may use the “Charter of Rights” developed in a previous activity.



Knowledge is Power!

It has often been said that “knowledge is power”. This equation has even greater meaning for individuals with disabilities who are striving towards self-determination and empowerment.

Passage of the American with Disabilities Act, as well as recent amendments to the Individuals with Disabilities Education Act and the rehabilitation Act of 1973, all symbolize our country’s commitment to empowerment and equality. To ensure the individuals with disabilities are afforded due process and protection under the law, it is critical that students understand the major provisions of these acts.



This section focuses on empowering students with disabilities by providing them with information on basic human rights, as well as other rights under the law. It contains information and materials on various disabilities rights legislation (e.g. A.D.A., IDEA, and Rehab. Act of 1973) and includes specific information on rights in the mental health system and guardianship for person with cognitive impairments. This section contains information on voting and telephone rights, and addresses the fact that hand in hand with rights go responsibilities.



UNDERSTANDING YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

Activity A: Distribute the **Americans with Disabilities Act Fact Sheet** and the article **What you should know About Disability Laws: An Interview with David Capozzi**. Review ADA's provisions for equal opportunity for individuals with disabilities in the areas of employment, public accommodations, transportation, state and local government services and telecommunications.

Activity B: Review the **Questions and Answers About the ADA** taken from "The Americans with Disabilities Act: Your Employment Rights as an Individual with a Disability".

Activity C: Review the importance of telling the employer about the need for an accommodation.

The ADA employment section states that all people must be considered for a job based on their qualifications. It says that the employer cannot refuse to hire a qualified person with a disability.

To make the ADA work, students must be prepared to do two very important things when they apply for a job:

1. Prove that they are the most qualified person.

Reinforce with the students that this is the same for everyone whether or not they have a disability.

2. Ask for a reasonable accommodation if they have a disability and think they will need one.

The employer is required to accommodate a disability only if they know about it. So, students will need to tell the employer if they need one. If students do not know what they need, they should work together with the employer to find the best accommodation.

Activities B & C were taken from "A Student's Guide to the Americans with Disabilities Act", Hospital Industries Program, Department of Rehabilitation Medicine at Maine Medical Center, Portland, Maine.

A Guide to Disability Rights Laws

The following section is provided

By the

U.S. Department of Justice

Civil Rights Division

Disability Rights Section

For persons with disabilities, this document is available in large print,
Braille, audiotape, and computer disk.

Reproduction of this document is encouraged
May 2000

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination on the basis of disability in employment. State and local government, public accommodations, commercial facilities transportation, and telecommunications. It also applies to the United States Congress.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment. The ADA does not specifically name all the impairments that are covered.

ADA Title I: Employment

Title I requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made and it requires that employers make reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship. Religious entities with 15 or more employees are covered under title I.

Title I complaints must be filed with the U.S. Equal Employment Opportunity Commission (EEOC) within 180 days of the date of discrimination, or 300 days if the charge is filed with a designated State or local fair employment practice agency. Individuals may file a lawsuit in Federal court only after they receive a "right-to-sue" letter from the EEOC.

Charges of employment discrimination on the basis of disability may be filed at any U. S. Equal Employment Opportunity Commission field office. Field offices are located in 50 cities throughout the U.S. and are listed in most telephone directories under "U.S. Government." For the appropriate EEOC field office in your geographic area, contact:

(800) 669-4000 (voice) (800) 669-6820 (TTY)

[www. eeoc.gov](http://www.eeoc.gov)

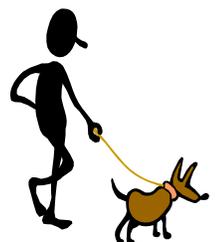
Publications and information on EEOC-enforced laws may be obtained by calling:

(800) 669-3362 (voice) (800) 800-3302 (TTY)

For information on how to accommodate a specific individual with a disability, contact the Job Accommodation Network at:

(800) 526-7234 (voice/TTY)

<http://janweb.icdi.wvu.edu/english>



ADA Title II: State and Local Government Activities

Title II covers all activities of State and local governments regardless of the government entity's size or receipt of Federal funding. Title II requires that State and local governments give people with disabilities and equal opportunity to benefit from all of their programs, services, and activities (e.g. public education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings).

State and local governments are required to follow specific architectural standards in the new construction and alteration of their buildings. They must also relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities. Pubic entities are not required to take actions that would result in undue financial and administrative burdens. They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

Complaints of title II violations may be filed with the Department of Justice within 180 days of the date of discrimination. In certain situations, cases may be referred to a mediation program sponsored by the Department. The Department may bring a lawsuit where it has investigated a matter and has been unable to resolve violations. For more information, contact:

Disability Rights Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66738
Washington, D.C. 20035-6738

www.usdoj.gov/crt/ada/adahom1.htm

(800) 514-0301 (voice)
(800) 514-0383 (TTY)

Title II may also be enforced though private lawsuits in Federal Court. It is not necessary to file a complaint with the Department of Justice (DOJ) or any other Federal Agency, or to receive a “right – to – sue” letter, before going to court.



ADA Title II: Public Transportation

The transportation provisions of title II cover public transportation services, such as city buses and public rail transit (e.g. subways, commuter rails, Amtrak). Public transportation authorities may not discriminate against people with disabilities in the provision of their services. They must comply with requirements for accessibility in newly purchased vehicles, make good faith efforts to purchase or lease accessible used buses, remanufacture busses in an accessible manner and unless it would result in an undue burden, provide paratransit where they operate fixed-route bus or rail systems. Paratransit is a service where individuals who are unable to use the regular transit system independently (because of physical or mental impairment) are picked up and dropped off at their destinations. Questions and complaints about public transportation should be directed to:

Federal Transit Administration
U.S. Department of Transportation
400 Seventh Street, S.W.
Washington, D.C. 20590

www.fta.dot.gov/office/civ.htm

(888) 446-4511 (voice/relay)
(202) 366-2285 (voice)
(202) 366-0153 (TTY)



ADA Title III: Public Accommodations

Title III covers business and nonprofit services providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease to, or operate facilities such as restaurants, retail stores, hotels, movies theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by title III.

Public Accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources.

Courses and examinations related to professional, educational or trade-related applications, licensing, certifications, or credentialing must be provided in a place and manner accessible to people with disabilities, or alternative accessible arrangements must be offered.

Commercial facilities, such as factories and warehouses, must comply with the ADA's architectural standards for new construction and alterations.

Complaints of title III violations may be filed with the Department of Justice. In certain situations, cases may be referred to a mediation program sponsored by the Department. The department is authorized to bring a lawsuit where there is a pattern of practice of discrimination in violation of title III, or where an act of discrimination raised an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), to receive a "right to sue" letter, before going to court. For more information, contact:

Disability Right Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66738
Washington, D.C. 20035-6738

www.usdoj.gov/crt/ada/adahom1.htm

(800) 514-0301 (voice)

(800) 514-0383 (TTY)

ADA Title IV: Telecommunications Relay Services

Title IV addresses telephone and television access for people with hearing and speech disabilities. It requires common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week. TRS enables callers with hearing and speech disabilities who use telecommunications devices for the deaf (TDD's), which are also known as teletypewriters (TTY's) and callers who use voice telephones to communicate with each other through a third party communications assistant. The Federal Communications Commission (FCC) has set minimum standards for TRS services. Title IV also requires close captioning of federally funded public service announcements. For more information about TRS, contact the FCC at:

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

www.fcc.gov/cib/dro

(888) 225-5322 (voice)
(888) 835-5322 (TTY)



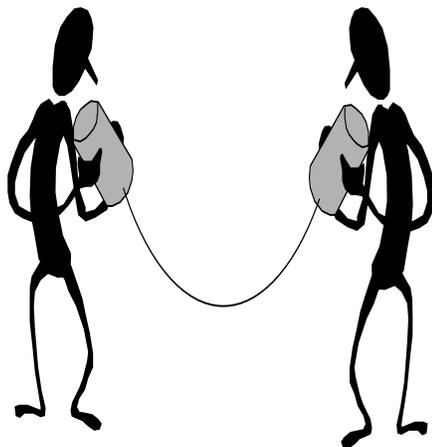
Telecommunications Act

Section 255 and Sections 251(a)(2) of the Communications Act of 1934, as amended by the Telecommunications Act of 1996, requires manufacturers of telecommunication equipment and providers of telecommunications services to ensure that such equipment and services are accessible to and usable by persons with disabilities if readily achievable. These amendments ensure that people with disabilities will have access to a broad range of products and services such as telephones, cell phones, pagers, call waiting, and operator services, that often inaccessible to many users with disabilities. For more information contact:

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

www.fcc.gov/cib/dro

(888) 225-5322 (voice)
(888) 835-5332 (TTY)



Fair Housing Act

The Fair Housing Act, as amended in 1988, prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and notional origin. Its coverage includes private housing, housing that receives Federal financial assistance, and State and local government housing. It is unlawful to discriminate in any aspect of selling or rent in housing or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising.

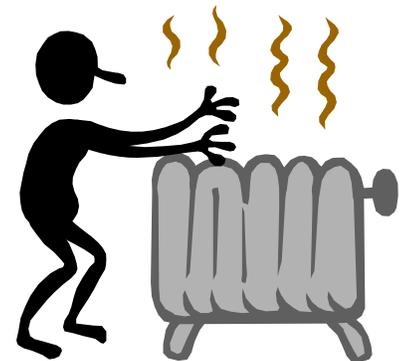
The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disability equal housing opportunities. For example, a landlord with a “no pets” policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog in the residence. The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications to their private living space, as well as to common used spaces. (The landlord is not required to pay for the changes.) The Act further requires that new multifamily housing with four or more units be designed and built to allow access for persons with disabilities. This includes accessible common use areas, doors that are wide enough for wheel chairs, kitchens and bathrooms that allow a person using a wheel chair to maneuver, and other adaptable features within the units.

Complaints of Fair Housing Act violations may be filed with the U.S. Department of Housing and Urban Development. For more information or to file a complaint, contact:

Office of Program Compliance and Disability Rights
Office of Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 7th Street, S.W. (Room 5242)
Washington, D.C. 20140

www.hud.gov/fhe/fheo.html

(800) 669-9777 (voice) (800) 927-9275 (TTD)



For questions about the Fair Housing Act, you may call the Office of Fair Housing and Equal opportunity at:

(202) 708-2333 (voice) (202) 401-1247 (TTY)

For publications, you may call the Housing and Urban Development Customer Service Center at:

(800) 767-7468 (voice) (800) 877-8339 (TTY)

Additionally, the Department of Justice can file cases involving a pattern of practice of discrimination. The Fair Housing Act may also be enforced through private lawsuits.

Air Carrier Access Act

The Air Carrier Access Act prohibits discrimination in air transportation by domestic and foreign air carriers against qualified individuals with physical or mental impairments. It applies only to air carriers that provide regularly scheduled services for hire to the public. Requirements address a wide range of issues including boarding assistance and certain accessibility features in newly built aircraft and new or altered airport facilities. People may enforce rights under the Air Carrier Access Act by filing a complaint with the U.S. Department of Transportation, or by bringing a lawsuit in Federal court. For more information or to file a complaint, contact:

Aviation Consumer Protection Division
U.S. Department of Transportation
400 Seventh Street, S.W.
Room 4107, C-75
Washington, D.C. 20590

www.dot.gov/airconsumer

(202) 366-2220 (voice)
(202) 755-7687 (TTY)



Voting Accessibility for the Elderly and Handicapped Act

The Voting Accessibility for the Elderly and Handicapped Act of 1984 generally requires polling places across the United States to be physically accessible to people with disabilities for federal elections. Where no accessible location is available to serve as a polling place, a political subdivision must provide an alternate means of casting a ballot on the day of elections. This law also requires states to make available registration and voting aids for the disabled and elderly voters, including information by telecommunications devices for the deaf (TDDs) which are also known as teletypewriters (TTYs). For more information contact:

Voting Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66128
Washington, D.C. 20035-6128

(800) 253-3931 (voice/TTY)

National Voter Registration Act

The National Voter Registration Act of 1993, also known as the “Motor Voter Act” makes it easier for all Americans to exercise their fundamental right to vote. One of the basic purposes of the Act is to increase the historically low registration rates of minorities and persons with disabilities that have resulted from discrimination. The Motor Voter Act requires all offices of State funded programs that are primarily engaged in providing services to persons with disabilities to provide all program applicants with voter registration forms, to assist them in completing the forms, and to transmit completed forms to the appropriate State official. For more information, contact:

Voting Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66128
Washington, D.C. 20035-6128

www.usdoj.gov/crt/voting

(800) 253-3931 (voice/TTY)



Civil Rights of Institutionalized Person Act

The Civil Rights of Institutionalized Persons Act (CRIPA) authorizes the U. S. Attorney General to investigate conditions of confinement at State and local government intuitions such as prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and intuitions for people with psychiatric or developmental disabilities. Its purpose is to allow the Attorney General to uncover and correct widespread deficiencies that seriously jeopardize the health and safety of residents of intuitions. The Attorney General does not have the thought under CRIPA to investigate isolated incidents or to represent individual institutionalized persons.

The Attorney General may initiate civil law suits where there is reasonable cause to believe that conditions are “egregious or flagrant” that they are subjecting residents to “grievous harm,” and that they are part of a “pattern of practice” of residence to resident’ full enjoyment of constitutional or Federal rights, including title II of the ADA and section 504 of the Rehabilitation Act. For more information or to bring a matter to the Department of Justice’s attention, contact:

Special Litigation Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66400
Washington, D.C. 20035-6400

www.usdoj.gov/crt/split/index/.html

(202) 514-6255 (voice/TTY)



Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) (formerly called P.L. 94-142 of the Education for all Handicapped Children act of 1975) requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs.

IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP's) for each child. The specific special education and related services outlined in each IEP reflects the individualized needs of each student.

IDEA also mandates that particular procedures be followed in the development of the IEP. Each student's IEP must be developed by a team of knowledgeable persons and must be at least reviewed annually. The team includes the child's teacher; the parents, subject to certain limited exceptions; the child, if determined appropriate; and agency representative who is qualified to provide or supervise the provision of special education; and other individuals at the parents or agency's discretion.

If parents disagree with the proposed IEP' they can request a due process hearing and a review from the State educational agency if applicable in that state. They also can appeal the State agency's decision to State or Federal court. For more information, contact:

Office of Special Education Programs
U.S. Department of Education
330 C Street, S.W. (room 3086)
Washington, D.C. 20202

www.ed.gov/offices/OSERS/OSEP.index.html

(202) 205-8824 (voice/relay)



Rehabilitation Act

The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in title I of the Americans with Disabilities Act.

Section 501

Section 501 requires affirmative action and nondiscrimination in employment by Federal agencies of the executive branch. To obtain more information or to file a complaint, employees should contact their agency's Equal Employment Opportunity Office.

Section 503

Section 503 requires affirmative action and prohibits employment discrimination by Federal government contractors and subcontractors with contracts of more than \$10,000. For more information on section 503, contact:

Office of Federal Contracts Compliance Programs
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

www.dol.gov/dol/esa/public/ofcp-org.htm

(202) 693-0106 (voice/relay)

Section 504 of the Rehabilitation Act

Section 504 states that “ no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subject to discrimination under” any program of activity that either receives Federal financial assistance or is conductive by any Executive agency of the United States Postal Service.

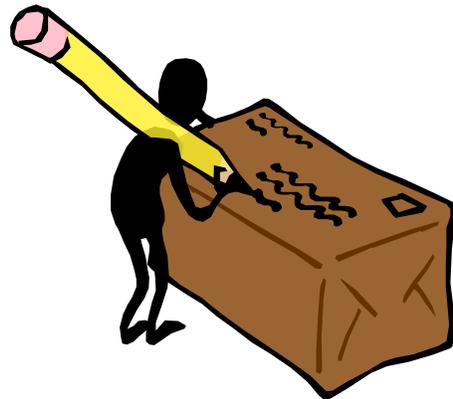
Each Federal agency has its own set of section 504 regulations that apply to it own programs. Agencies that provide Federal financial assistance also have section 504 regulations covering entities that receive Federal aid. Requirements common to these regulations include reasonable accommodations of employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations. Each agency is responsible for enforcing it own regulations. Section 504 may also be enforced through private law suites. It is not necessary to file a complaint with Federal agency to receive a “ right to sue” letter before going to court.

For information on how to file 504 complaints with the appropriate agency, contact

Disability Rights Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66738
Washington, D.C. 20035-6738

www.usdoj.gov/crt/ada/adahom1.htm

(800) 514-0301 (voice)
(800) 514 0383 (TTY)



Section 508 of the Rehabilitation Act

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides out put only in visual format may not be accessible to people with visual impairments and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessible-related software or peripheral devices in order to use the system that complies with section 508. For more information on section 508, contact:

GSA Office of Government Wide Policy
Center for IT Accommodations (CITA)
1800 Street, N. W.
1801 Room 1234, MC: MKC
Washington, D.C. 204-0001

[Hppt://www.itpolicy.gasa.gov/cita](http://www.itpolicy.gasa.gov/cita)

(202) 501-4906 (voice)
(202) 501-2010 (TTY)

U.S. Architectural and Transportation
Barriers Compliance Board
1331 F Street, N.W. Suite 1000
Washington, D.C. 20004-1111

<http://www.aces-board.gov>

(800) 872-2253 (voice)
(800) 993-2822 (TTY)

Architectural Barriers Act

The Architectural Barriers Act (ABA) requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities. Facilities of the U.S. Postal Service are covered by the ABA. For more information or to file a complaint, contact:

The U.S. Architectural and Transportation
Barriers Compliance Board
1331 F Street, N.W. (Suite 100)
Washington, D.C. 20004-111

www.access-board.gov

(800) 872-2253 (voice)

(800) 993-2822 (TTY)

General Sources of Disability Rights Information

ADA Information Line

(800) 514-0301 (voice)

(800) 514-0383 (TTY)

www.usdoj.gov/crt/ada/adahom1.htm

Regional Disability and Business

Technical Assistance Centers

(800) 949-4232 (voice/TTY)

www.adata.org



Statute Citations

Air Carriers Access Act of 1986

49 U.S.C. § 41705

Implementing Regulation:

14 CFR Part 382

Americans with Disabilities Act of 1990

42 U.S.C. § § 12101 et seq.

Implementing Regulation:

29 CFR Parts 1630,1602 (Title I, EEOC)

28 CFR Part 35 (Title II, Department of Justice)

49 CFR Parts 27,37,38 (Title II, III, Department of Transportation)

28 CFR Part 36 (Title III, Department of Justice)

47 CFR § § 64.601 et seq. (Title IV, FCC)

Architectural Barriers Act of 1986

42 U.S.C. § § 4151 et seq.

Implementing Regulations:

41 CFR Subpart 101-19.6

Civil Rights of Institutionalized Persons Act

42 U.S.C. § § 1997 et seq.

Fair Housing Amendments Act of 1988

42 U.S.C. § § 3601 et seq.

Implementing Regulation:

24 CFR Parts 100 et seq.

Individuals with Disabilities Education Act

20 U.S.C. § § 1400 et seq.

Implementing Regulation:

34 CFR Part 300

National Voter Registration Act of 1993

42 U.S.C. § § 1973gg et seq.

Section 501 of the Rehabilitation Act of 1973, as amended

29 U.S.C. § 791

Implementing Regulation:

29 CFR § 1614.203

Section 503 of the Rehabilitation Act of 1973, as amended

29 U.S.C. § 793

Implementing Regulation:

41 CFR Part 60-741

Section 504 of the Rehabilitation Act of 1973, as amended

29 U.S.C. § 794

Over 20 Implementing Regulations for federally assisted programs, including:
34 CFR Part 104 (Department of Education)
45 CFR Part 84 (Department of Health and Human Services)
28 CFR § § 42.501 et seq.

Over 95 Implementing Regulations for federally conducted programs, including:
28 CFR Part 39 (Department of Justice)

Section 508 of the Rehabilitation Act of 1973, as amended
29 U.S.C § 794d

Telecommunications Act of 1996

47 U.S.C. § § 255, 251(a)(2)

**Voting Accessibility for the Elderly and Handicapped Act of
1984**

42 U.S.C. § § 1973ee et seq.

The Americans with Disabilities Act Fact Sheet

Editor's Note: The following information on the Americans with Disabilities Act was provided to LDA by the National Organization on Disability, Washington, DC and is reprinted here with their very kind permission. Although not all of the information given here may apply to all individuals with learning disabilities, it is important for readers to understand the broad parameters of the Act. Therefore the entire Fact Sheet is reproduced here.

The Americans with Disabilities Act (ADA) furthers the goal of full participation of people with disabilities by giving civil rights protections to individuals with disabilities that are provided to individuals on the basis of race, sex, national origin and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services and telecommunications. President Bush signed the ADA into law on July 26, 1990. Highlights of the Act as set forth by the US Department of Justice are:

Employment

- Employers may not discriminate against an individual with a disability in hiring or promotion if the person is otherwise qualified for the job.
- Employers can ask about one's ability to perform a job but cannot inquire if someone has a disability or subject a person to tests that tend to screen out people with disabilities.
- Employers will need to provide *reasonable accommodations* to individuals with disabilities. This includes such steps as job restructuring and modification of equipment.
- Employers do not need to provide accommodations that impose *undue hardship* on business operations.
- Employers may reject applicants or fire employees who pose a direct threat to the health and safety of other individuals in the workplace.
- Applicants and employees who are current users of drugs have no rights to claim discrimination on the basis of their illegal drug use under the ADA. Drug testing is not prohibited by the ADA.
- Employers may not discriminate against a qualified applicant or employee because of the known disability of an individual with whom the applicant or employee is known to have a relationship or association.
- Religious organizations may give preference in employment to their own members and may require applicants and employees to conform to their religious tenets.
- ADA provides the remedies available under Title VII of The Civil Rights Act of 1964. They include back pay and court orders to stop discrimination.
- Complaints may be filed with the US Equal Employment Opportunity commission.

Who needs to comply?

- Employers with 25 or more employees must comply effective July 26, 1992.
- Employers with 15-24 employees must comply effective July 26, 1994.
- Regulations are due from the US Equal Employment Opportunity Commission by July 26, 1991.

Transportation

Public Bus Systems

- New buses ordered on or after August 26, 1990 must be accessible to individuals with disabilities.
- Transit authorities must provide comparable paratransit or other special transportation services to individuals with disabilities who cannot use fixed-route bus services unless an undue burden would result.
- New bus stations must be accessible. Alterations to existing stations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered area (and the bathrooms, telephones and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations.
- Individuals may file complaints with The US Department of Transportation or bring private lawsuits.
- ADA provides the remedies available under Section 505 of the Rehabilitation Act of 1973.

Public Rail Systems

- New rail vehicles ordered on or after August 26, 1990 must be accessible.
- Existing rail systems must have one accessible car per train by July 26, 1995.
- New rail stations must be accessible. As with new bus stations, alterations to existing rail stations must be made in an accessible manner.
- Existing *key stations* in rapid rail, commuter rail and light rail systems must be made accessible by July 26, 1992 unless an extension of up to 20 years is granted (30 years, in some cases, for rapid and light rail).
- Existing intercity rail stations (Amtrak) must be accessible by July 26, 2010.
- Individuals may file complaints with the US Department of Transportation or bring private lawsuits.

Privately Operated Bus and Van Companies:

- New over-the-road buses ordered on or after July 26, 1996 (July 26, 1997 for small companies) must be accessible. After completion of a study the President may extend the deadline by one year, if appropriate.
- Other new vehicles, such as vans, must be accessible, unless the transportation company provides service to individuals with disabilities that is equivalent to that operated for the general public.
- Individuals may file complaints with the US Attorney General or bring private lawsuits under the public accommodations procedures.

The ADA requirements for privately operated bus and van companies becomes effective on:

- January 26, 1992 generally.
- January 26, 1996 (January 26, 1997 for small companies) for purchase of new over-the-road buses.
- August 26, 1990 for purchase or lease of certain new vehicles (other than over-the-road buses).
- Regulations are due from the US Department of Transportation by July 26, 1991.

Public Accommodations

- Public accommodations such as restaurants, hotels, theaters, doctors offices, pharmacies, retail stores, museums, libraries, parks, private schools, and day care centers may not discriminate, on the basis of disability, effective January 26, 1992. Private clubs and religious organizations are exempt.
- Reasonable changes in policies, practices, and procedure must be made to avoid discrimination.
- Auxiliary aids and services must be provided to individuals with vision or hearing impairments or other individuals with disabilities, unless an undue burden would result.
- Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing the services must be offered, if those methods are readily achievable.
- All new construction in public accommodations, as well as in *commercial facilities* such as office buildings, must be accessible. Elevators are generally not required in buildings under three stories or with fewer than 3,000 square feet per floor, unless the building is a shopping center, mall, or professional office of a health care provider.
- Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered area (and the bathrooms, telephones, and drinking fountains that serve that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations.
- Entities such as hotels that also offer transportation generally must provide equivalent transportation service to individuals with disabilities. New fixed-route vehicles ordered on or after August 26, 1990 and capable of carrying more than 126 passengers, must be accessible.
- Public accommodations may not discriminate against an individual or entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or association.
- Individuals may bring private lawsuits to obtain court orders to stop discrimination. But money damages cannot be awarded.
- Individuals can also file complaints with the US Attorney General who must file lawsuits to stop discrimination and obtain money damages and penalties.
- Regulations are due from the US Department of Justice on July 26, 1991 based on standards issued by the US Architectural and Transportation Barriers Compliance Board.

State and Government Operations

- State and local governments may not discriminate against qualified individuals with disabilities. All government facilities, services, and communications must be accessible consistent with the requirements of Section 504 of the Rehabilitation Act of 1973.
- Individuals may file complaints with federal agencies to be designated by the US Attorney General or bring private lawsuits.
- Regulations are due from the US Department of Justice on July 26, 1991.

Telecommunications

- Companies offering telephone service to the general public must offer telephone relay services to individuals who use telecommunications devices for the deaf (TDDs) or similar devices.
- Individuals may file complaints with the Federal Communications Commission.
- Regulations are due from the Federal Communication Commission on July 26, 1991.

All of the above information is available from the US Department of Justice in the following accessible formats: Braille, large print, audiotape, and electronic file on computer disk and electronic bulletin board. The electronic bulletin board phone number is (202) 514-6193.

The information on this Fact Sheet is taken from two US Department of Justice documents: **ADA Requirements Fact Sheet** and **ADA Statutory Deadlines**.

These documents are available at no cost from:

US Department of Justice
Civil Rights Division
Coordination and Review Section
P.O. Box 66118
Washington, DC 20035-6118
Phone: 11:00 A.M. – 4:00 P.M. Eastern Time
(202) 514-0301 (voice)
(202) 514-0381 (TDD)
(202) 514-0383 (TDD)

For additional information and answers to questions, contact the US Department of Justice at the address and telephone numbers above. Copies of the full 90-page Americans with Disabilities Act of 1990 may be obtained, at no cost, from:

US Senate Subcommittee on Disability Policy
113 Senate Hart Office Building
Washington, DC 20510
Phone:(202) 224-6265 (voice)
(202) 224-3457 (TDD)

WHAT YOU SHOULD KNOW ABOUT DISABILITY LAWS

An Interview with David Capozzi*

Ordinarily, you probably think of laws as rules telling you what you *can't* do: You can't drive through a red light, you can't help yourself to cookies in a grocery store without paying for them, you can't fudge your income on your federal tax return. But for young people with disabilities, some of the most important laws specify what you *can* do. In recent years, the federal government has passed a number of laws specifically aimed at benefiting people with disabilities. According to Mr. Capozzi, some of the most important are the IDEA, the ADA, the Rehabilitation Act of 1973, and the Air Carrier Access Act.

The IDEA (Individuals with Disabilities Education Act)

This is a new name for an old law: The Education for All Handicapped Children Act of 1975 (Public Law 94-142). If you have ever received physical therapy, occupational therapy, speech-language therapy, or any other special education service through your school, you have probably at least heard of this law. You may not be aware, however, of exactly what the IDEA means to you. Basically, it means that students with disabilities are entitled to receive a "free, appropriate education" in the "least restrictive environment". Furthermore, an "Individualized Education Program" (IEP) must be designed to meet each student's unique learning needs. Here's what these important provisions mean:

Free, Appropriate Education

The "free" in this expression means exactly what it sounds like. Students with disabilities are entitled to receive a public school education at no cost to themselves or their parents. If there is no public school available that can serve their needs, then the public school system must pay for them to attend a private school. The "appropriate" in this expression is a little harder to understand. Two common misunderstandings are: 1) that it means that students with disabilities are entitled to receive the best possible education; or 2) that students with disabilities should receive an education that is as good as students without disabilities receive. Unfortunately, neither of these things is true. What "appropriate" really means is that you must receive an education that is reasonable certain to give you some benefit. Fortunately, students and their parents have some say in determining what kind of education is appropriate and will provide them some benefit. This is where the concepts of least restrictive environment and the individualized education program came in. (See below.)

*David M. Capozzi is the Director of the Office of Technical and Information Services for the U.S. Architectural and Transportation Barriers Compliance Board. He has testified in support of the Americans with Disabilities Act (ADA) before the House Committee on Public Works and Transportation and was a member of the ADA "legal team" for the disability community that helped craft the legislative history and the final bill. As a member of a Federal Advisory Committee, he also helped negotiate regulations to implement the Air Carrier Access Act of 1986.

Least Restrictive Environment

This provision of the law requires that students with disabilities be mainstreamed as much as possible with non-disabled students. This means that if a student with a physical disability is capable of mastering the subjects taught in a regular classroom, he must be permitted to take his classes there. It also means that the school may have to make alterations to a classroom or provide special services to enable students with disabilities to be mainstreamed. For example, if a student with spina bifida wants to play trumpet in the band, but the band room is inaccessible to him because of the way the risers are placed, the school might have to build ramps. Or if someone who uses sign language to communicate is capable of learning calculus, but the only calculus teacher in the school can't understand sign language, the school would be required to find some way to allow the student to participate in class. The bottom line is that students with physical disabilities who have varying intellectual abilities cannot all be warehoused in the same classroom simply because other parts of the school building would require modification to be accessible.

Individualized Education Program

You are probably familiar with the basic elements of an IEP. To review, they include:

1. a description of your present level of achievement;
2. short-term and long-term goals of your educational program;
3. the specific educational services you will receive;
4. the date services will start and how long they will last;
5. the methods (such as tests) that will be used to determine whether you are meeting your goals;
6. the extent to which you will be mainstreamed.

After you reach sixteen, your IEP must also include a plan for helping you make the transition to work or college after graduation. This is a fairly new requirement, so you may find yourself asking for specific kinds of transition help that your school does not yet routinely provide. Types of transition services your school may be required to provide, if appropriate, include vocational training, training in independent living skills, and assistance in preparing for and making the transition to college. You, your parents, and school personnel should *jointly* decide what transition services you should receive, based on what you want to do after high school.

This brings up an important point: Transition planning is not the only way you can be involved in designing your IEP. Provided your parents consent you can take part in every annual meeting held to discuss your education program. You can tell the school staff *in person* about any problems you are having in school and also suggest strategies for solving those problems. Sometimes the IEP meeting may appear to be an adversarial process, because schools are cutting back on funding. But if you can give a good argument about why you *need* a particular service for example, a reader, a note taker, occupational therapy, or additional speech-language therapy – you just might get it. What if you or your parents request a particular service, but you are turned down? If you can show that this means you are not receiving an appropriate

education, you can fight the decision. The easiest way to resolve a dispute like this is for you and your parents to request a meeting with the IEP team, then try to work out a compromise. If the school staff won't budge you can request a due process hearing. During a due process hearing, both you and the school are given the chance to present your side of the story before an impartial hearing officer. You can bring witnesses (doctors, teachers, therapists), show the hearing officer medical records, hire a lawyer to argue your case, or otherwise try to convince the hearing officer that you need the educational program you are requesting. After both you and the school have presented your side, the hearing officer will decide which side has the stronger case. To request a due process hearing, one of your parents can send a letter to your school district's Special Education Director, briefly explaining the nature of the dispute.

The ADA (Americans with Disabilities Act)

After the IDEA, the Americans with Disabilities Act of 1990 is probably the single most important piece of disability legislation ever passed. Its purpose is to knock down virtually all remaining barriers that prevent people with disabilities from participating fully in their communities. There are provisions aimed at eliminating discrimination in employment, "public accommodations," telecommunications, and public transportation. Briefly, this is what these provisions cover:

Employment

As of July 26, 1992, companies with 25 or more employees are prohibited from discriminating against qualified individuals with disabilities. As of July 26, 1994, companies with 15 or more employees may not discriminate. This means that if you are qualified to do a particular job, an employer cannot refuse to hire you, train you, or give you a promotion simply because you have a disability. Furthermore, employers are required to make "reasonable accommodation" to permit you to do the job properly, unless it would cause them "undue hardship." "Reasonable accommodation" means taking steps to remove barriers that make it difficult or impossible for you to do the job. Reasonable accommodation might include making the workplace more accessible to you, modifying office equipment so you can use it, changing some job responsibilities that require more physical strength or agility than you have, or providing an interpreter.

Public Accommodations

This provision of the ADA prohibits discrimination by *any* business or facility that is open to the general public. Restaurants, hotels, theaters, parks, grocery stores, health clubs, hospitals, shopping centers, museums, bowling alleys – almost any business you can think of – must be open to individuals with disabilities under the same terms as they are open to individuals without disabilities. For example, a health club could not bar you from joining just because its locker room is not wheelchair accessible. (Instead, it might have to *make* the locker room accessible.) Or a restaurant could not refuse to let you use its dance floor because they think your wheelchair might get in the way of other dancers. Unless it would impose an unreasonable cost, every business that is open to the public must allow people with disabilities to use their facilities on an equal footing with others.

Telecommunications

By July 26, 1993, all telecommunications companies must make their services accessible to individuals with speech or hearing impairments. What this boils down to is that people who use a Telecommunications Device for the Deaf (TDD) must be able to communicate via telephone with people who do not have a TDD. The telecommunications companies will accomplish this via relay services. In addition, people with disabilities will not be charged any more to use telecommunications systems than people without disabilities.

Public Transportation

This provision of the ADA is designed to ensure that all types of public transportation will be accessible to people with disabilities. As of August 26, 1990, public bus and rail systems cannot buy new vehicles unless they are accessible. (Unfortunately, public school buses can still segregate students with disabilities from able-bodied students. We expect people with disabilities to enter mainstream society as adults, yet we still separate them on school buses as children and young adults. It doesn't make much sense.)

Making the ADA Work for You

The ADA is still relatively new, so it is difficult to tell how successful this law will be in creating a barrier-free society. In the meantime, what's the best way to use the ADA when you run up against a barrier? Mr. Capozzi suggests that you first make the manager or other person in charge aware of your problem in a nonthreatening way. For example, if there are steps leading into a restaurant where a ramp could easily be installed, politely tell the manager that this is a problem for people in wheelchairs. Second, tell him or her about the ADA. Explain that it is good business practice to make his restaurant accessible, because you and your family would like to spend your money here. And by not having a ramp, his business is excluding 43 million people with disabilities who could potentially be customers. Tell the manager that it is the right thing to do. You could also let him know that there are tax incentives for businesses that make themselves more accessible. As of 1992, a business that removes barriers to comply with the ADA can take a tax deduction of up to \$15,000 a year.

A number of agencies in the federal government can answer specific questions about the provisions of the ADA.

The Rehabilitation Act of 1973

Before the ADA was passed, discrimination against individuals with disabilities was only outlawed in certain instances. For example, section 504 of the Rehabilitation Act of 1973 prohibited discrimination by federally funded programs only. This law is still in effect. It requires that any program or activity that receives federal funds make itself accessible so that people with disabilities can participate. Federally funded agencies include not only federal agencies, but also many job-training programs, schools and universities, transportation systems, recreation programs, and housing programs.

This law will become increasingly important to you as you graduate from high school and move on to college. For example, if a college class you are scheduled to take is on the second floor, but there is no elevator, the school must make the classroom accessible either by moving the class downstairs or by installing some type of lift.

Air Carrier Access Act of 1986

This Act states in general that airlines may not discriminate against people with disabilities. In 1990, more specific regulations were created to give airlines and people with disabilities guidance. Now airlines cannot require a passenger with a disability to travel with an attendant. In addition, passengers with folding wheelchairs must be permitted to store them on board in the coat closet. If you do encounter a problem while traveling by plane, ask for the complaint resolution official with the airline for help resolving the problem. If you are still dissatisfied, you can file a formal complaint with the Department of Transportation. The address for Air Carrier Access Act complaints is: Consumer Affairs Department, U.S. Department of Transportation, 400 7th St., S.W., Washington, DC 20590.

Questions and Answers About the ADA

Q. Is an employer required to provide reasonable accommodation when I apply for a job?

A. Yes. Applicants, as well as employees, are entitled to reasonable accommodation. For example, an employer may be required to provide a sign language interpreter during a job interview for an applicant who is deaf or hearing impaired, unless to do so would impose an undue hardship.

Q. Should I tell my employer that I have a disability?

A. If you think you will need a reasonable accommodation in order to participate in the application process or to perform essential job functions, you should inform the employer that an accommodation will be needed. Employers are required to provide reasonable accommodation only for the physical or mental limitations of a qualified individual with a disability of which they are aware. Generally, it is the responsibility of the employee to inform the employer that accommodation is needed.

Q. Do I have to pay for a needed reasonable accommodation?

A. No. The ADA requires that the employer provide the accommodation unless to do so would impose an undue hardship on the operation of the employer's business. If the cost of providing the needed accommodation would be an undue hardship, the employee must be given the choice of providing the accommodation or paying for the portion of the accommodation that causes the undue hardship.

Q. Can an employer lower my salary or pay me less than other employees doing the same job because I need a reasonable accommodation?

A. No. An employer cannot make up the cost of providing a reasonable accommodation by lowering your salary or paying you less than other employees in similar positions.

Q. Does an employer have to make non-work areas used by employees, such as cafeterias, lounges, or employer-provided transportation accessible to people with disabilities?

A. Yes. The requirement to provide reasonable accommodation covers all services, programs, and non-work facilities provided by the employer. If making an existing facility accessible would be an undue hardship, the employer must provide a comparable facility that will enable a person with a disability to enjoy benefits and privileges of employment similar to those enjoyed by other employees, unless to do so would be an undue hardship.

Q. If an employer has several qualified applicants for a job, is the employer required to select a qualified applicant with a disability over other applicants without a disability?

A. No. The ADA does not require that an employer hire an applicant with a disability over other applicants because the person has a disability. The ADA only prohibits discrimination on the basis of disability. It makes it unlawful to refuse to hire a qualified applicant with a disability because he is disabled or because a reasonable accommodation is required to make it possible for this person to perform essential job functions.

Q. Can an employer refuse to hire me because he believes that it would be unsafe, because of my disability, for me to work with certain machinery required to perform the essential functions of the job.

A. The ADA permits an employer to refuse to hire an individual if she poses a direct threat to the health or safety of herself or others. A direct threat means a significant risk of substantial harm. The determination that there is a direct threat must be based on objective, factual evidence regarding an individual's present ability to perform essential functions of a job. An employer cannot refuse to hire you because of a slightly increased risk or because of fears that there might be a significant risk sometime in the future. The employer must also consider whether a risk can be eliminated or reduced to an acceptable level with a reasonable accommodation.

Q. Can an employer offer a health insurance that excludes coverage for pre-existing conditions?

A. Yes. The ADA does not affect pre-existing condition clauses contained in health insurance policies even though such clauses may adversely affect employees with disabilities more than other employees.

Q. If the health insurance offered by my employer does not cover all of the medical expenses related to my disability, does the company have to obtain additional coverage for me?

A. No. The ADA only requires that an employer provide employees with disabilities equal access to whatever health insurance coverage is offered to other employees.

Q. I think I was discriminated against because my wife is disabled. Can I file a charge with the EEOC?

A. Yes. The ADA makes it unlawful to discriminate against an individual, whether disabled or not, because of a relationship or association with an individual with a known disability.

Q. Are people with AIDS covered by the ADA?

A. Yes. The legislative history indicates that Congress intended the ADA to protect persons with AIDS and HIV disease from discrimination.

UNDERSTANDING YOUR RIGHTS UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Activity A: Distribute the preceding article **What you Should Know About Disability Laws: An Interview with David Capozzi** and review the major provisions of **IDEA**.

Activity B: Distribute the handouts on the **Transition Amendments to the Individuals with Disabilities Education Act** and the **Connecticut Transition Legislation**. Discuss the impact of IDEA on the provision of transition services for students with disabilities, and emphasize the importance of student participation in the transition planning process.

Transition Amendments to the Individuals with Disabilities Education Act

PUBLIC LAW 101-476, THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) – FORMERLY KNOWN AS P.L. 94-142 – WAS ENACTED IN 1990. A TRANSITION AMENDMENT WAS INCLUDED IN THE LAW AND WILL HAVE NATIONAL IMPACT ON THE PROVISION OF TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES.

IDEA defines transition as:

“...A coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student’s needs, taking into account the student’s preference and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and vocational objectives.”

IDEA further specifies that the Individual Education Program (IEP) shall include:

“...A statement of the needed transition services for students beginning no later than age 16 and annually thereafter (and when determined appropriate, a statement of the interagency responsible or linkages (or both) before the student leaves the school setting.”

And

“In the case where a participating agency, other than the educational agency, fails to provide agreed upon services, the educational agency shall reconvene the IEP team to identify alternative strategies to meet the transition objectives.

IDEA also requires that each statement of needed transition services or transition plan include 1) instruction, 2) community experiences, and 3) development of employment and other post-school living objectives, or specify why a given area of service is not needed. Additionally the statement or plan needs to address daily living skills (if appropriate), functional vocational evaluation (if appropriate), and linkages with adult services providers (if appropriate).

Transition Amendments to the Individuals with Disabilities Education Act (continued)

With regard to participants in meetings, IDEA states that:

“If a purpose of the meeting is the consideration of transition services for a student the public agency shall invite:

- i) The student and
- ii) A representative of any other agency that is likely to be responsible for providing or paying for transition services.

If the student does not attend, the public agency shall take other steps to ensure that the student’s preferences and interests are considered; and

If an agency invited to send a representative to a meeting does not do so, the public agency shall take other steps to obtain the participation of any other agency in the planning of an transition services.”

IN CONNECTICUT LEGISLATION REQUIRES THAT INTEGRATING TRANSITION GOALS AND ACTIVITIES IN THE IEP/ITP BEGIN NO LATER THAN AT THE ANNUAL REVIEW MEETING FOLLOWING A CHILD’S FIFTEENTH BIRTHDAY, THEREFORE CONNECTICUT LAW WILL SUPERSEDE THE FEDERAL AGE REQUIREMENT OF SIXTEEN. HOWEVER, IF IT IS DEEMED APPROPRIATE, TRANSITION GOALS AND ACTIVITIES SHOULD BE DEVELOPED AT AGE FOURTEEN OR YOUNGER.

CONNECTICUT TRANSITION LEGISLATION

P.A. 87-324

AN ACT CONCERNING INDIVIDUAL TRANSITION PLANS FOR STUDENTS REQUIRING SPECIAL EDUCATION

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 10-76d of the general statutes is repealed and the following is substituted in lieu thereof:

(a) In accordance with the regulations and procedures established by the commissioner and approved by the state board of education, each local or regional board of education shall provide the professional services requisite to identification of school age children requiring special education, identify each such child within its jurisdiction, determine the eligibility of such children for special education pursuant to sections 10-76a to 10-76H, inclusive, prescribe suitable educational programs for eligible children, maintain a record thereof and make such reports as the commissioner may require. COMMENCING WITH THE 1988-1989 SCHOOL YEAR AND IN EACH SCHOOL YEAR THEREAFTER, AN INDIVIDUAL PLAN SHALL BE DEVELOPED FOR THE TRANSITION OF THE CHILD FROM SCHOOL TO ANOTHER PROGRAM OR COMMUNITY SETTING WHICH SHALL INCLUDE A STATEMENT OF THE NEEDED TRANSITION SERVICES FOR A CHILD REQUIRING SPECIAL EDUCATION. SUCH PLAN SHALL BE DEVELOPED NOT LATER THAN AT THE ANNUAL REVIEW OF THE PRESCRIBED EDUCATIONAL PROGRAM NEXT FOLLOWING SUCH CHILD'S FIFTEENTH BIRTHDAY AND SHALL BE INCLUDED AS PART OF SUCH PRESCRIBED EDUCATIONAL PROGRAM. TRANSITION SERVICES MAY BE INCLUDED AS PART OF SUCH PROGRAM PRIOR TO THE CHILD'S FIFTEENTH BIRTHDAY. SUCH STATEMENT SHALL IDENTIFY, WHERE APPROPRIATE, INTERAGENCY RESPONSIBILITIES BEFORE THE CHILD LEAVES THE SCHOOL SETTING. IF A PARTICIPATING AGENCY, OTHER THAN AN EDUCATIONAL AGENCY, FAILS TO PROVIDE AGREED UPON SERVICES, THE PLANNING AND PLACEMENT TEAM SHALL RE-CONVENE TO REVIEW THE INDIVIDUALIZED EDUCATION PROGRAM AND IDENTIFY ALTERNATIVE STRATEGIES TO MEET THE TRANSITION OBJECTIVES.

In the case of any meeting conducted by a planning and placement team established in accordance with the regulations issued by the state board of education, the parent or Guardian of a child for whom such meeting is conducted shall be given at least three school days prior notice of such meeting and shall have the right to be present at and participate in and to have advisors of their own choosing and at their own expense at and to participate in all portions of such meeting at which an educational program for such child is discussed, developed or written. Immediately upon the formal identification of any child as a child requiring special education, the responsible local or regional board of

education shall inform the parent or guardian of such child of the laws relating to special education.

Section 2. This act shall take effect July 1, 1987.

Amendments to this Act, published in the February 1992, Connecticut Education Laws, and incorporated federal transition requirements as defined in the P.L. 101-476 – The Individuals with Disabilities Education Act (IDEA).

Connecticut law has also incorporated the federal definition of “transition services” as specified in IDEA:

“Transition services means a coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment, continuing and adult education, adult services, independent living, or community participation.”

UNDERSTAND YOUR RIGHTS UNDER THE REHABILITATION ACT AMENDMENTS OF 1992 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

Activity A: Distribute the summary of the **Rehabilitation Act Amendments of 1992** and the article titled **ADA is Cornerstone of New Rehabilitation Act**. Review and discuss the key changes in provisions related to employment, and discuss the Rehabilitation Act's focus on empowerment. Discuss Connecticut's new **Order of Selection** as it pertains to eligibility for services through the Bureau of Vocational Rehabilitation.

Activity B: Distribute **A Summary of Section 504 of the Rehabilitation Act of 1973** and **A Guide to Section 504**. Discuss Section 504, explaining its implications (particularly for students in postsecondary education), and asking questions to make sure students understand it.

Rehabilitation Act Amendments of 1992

Purpose:

The purposes of the Act are to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society.

Policies:

The policies include:

- Respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based upon the informed choice of individuals with disabilities
- Respect for the privacy, rights, and equal access of individuals with disabilities;
- Inclusion, integration, and full participation of individuals with disabilities;
- Support for the involvement of the family, advocates or authorized representatives, if desired or requested by the individual with a disability; and
- Support for individual and systemic advocacy and community involvement.

Title 1 – Vocational Rehabilitation Services Summary of Selected Sections

Determinations of Eligibility

A. Eligibility Criteria (See Connecticut’s rules for Order of Selection)

- The individual meets the definition of an “individual with a disability”, i.e.,
an
individual who has a physical or mental impairment which constitutes or results
in a substantial impediment to employment and can benefit in terms of an
employment outcome from vocational rehabilitation services, and
- The individual requires vocational rehabilitation services to prepare for,
enter,
engage in, or retain gainful employment.

B. Social Security Presumption

An individual who has a disability or is blind as determined under title II or XVI of the Social Security Act, is to be presumed eligible for the purposes of the Vocational Rehabilitation Services.

C. Determination by Other Agencies

- Determination by other agencies, particularly education agencies, regarding whether an individual satisfies one or more factors relating to the determination that an individual is an “individual with a disability” or an “individual with a severe disability” are to be used to the extent appropriate, available and consistent with the requirements of the Act.

D. Presumption of Benefits

- The amendments make it clear that there is a presumption that an individual can benefit in terms of an employment outcome from vocational rehabilitation services. Thus all applicants for VR services are presumed to meet the second criteria for program eligibility unless the state agency can rebut this presumption.
- Prior to determining that an individual is incapable of benefiting from services due to the severity of the disability, the designated state agency must first conduct an extended assessment (evaluation).

E. Timelines

The state agency must make eligibility determinations:

- Within a reasonable period of time, not to exceed 60 days after the individual has submitted an application for services.
- Unless exceptional and unforeseen circumstances exist that are beyond the control of the state agency and the individual concurs with the extension, or an extended evaluation is required to determine eligibility.

Individual Written Rehabilitation Programs (IWRP's)

A. Joint Development and Agreement

The amendments require that an IWRP must be jointly developed (and amended, as appropriate), agreed upon, and signed by the individual with a disability or, as appropriate, a parent, family member, advocate or authorized representative and the counselor.

B. Contents

The IWRP must reflect:

- An employment objective consistent with the unique strengths, priorities, and capabilities of the individual;
- A statement of goals and intermediate rehabilitation objectives which are:
 - Based on the assessment determining eligibility and vocational rehabilitation needs, including the assessment of career interests, and

- To the maximum extent appropriate, include placement in integrated settings
- The specific services to be provided along with the projected dates for initiation and anticipated duration of each service, including:
 - If appropriate, a statement of the specific rehabilitation technology services;
 - If appropriate, a statement of the specific on-the-job and related personal assistance services, and, if appropriate and desired by the individual, training in managing, supervising and directing personal assistance services;
 - An assessment of the need for post-employment services or, if appropriate, extended services;
 - A re-assessment of the need for post employment services or, if appropriate, extended services prior to the point of successful closure;
 - A statement, if appropriate, as to how such post-employment or extended services will be provided or arranged through cooperative agreements with other service providers;
 - Objective criteria and an evaluation procedure and schedule to determine if the IWRP objectives are being achieved;
 - The terms and conditions under which goods and services are to be provided in the most integrated settings;
 - The identification of the entity or entities that will provide the services and the process used to provide or procure such services;
 - A statement by the individual in the individual's own words describing how he or she was informed about and involved in choosing among alternative goals, objectives, services, entities providing services, and methods used to provide or procure such services;
 - A description of the rights and remedies available to the individual;
 - A description of the availability of the Client Assistance Program (CAP); and
 - Information identifying other services and benefits from other programs to enhance the capacity of the individual to achieve the IWRP's objectives.

Vocational Rehabilitation Services for Individuals

The amendments clarify that services under Title I include:

- On-the-job training or other related personal assistance services provided while an individual is receiving services;
- Transition services that promote or facilitate the accomplishment of long-term rehabilitation goals and objectives;
- Maintenance payments only for additional costs incurred while participating in rehabilitation;
- Supported employment services; and
- Post employment services to assist individuals with disabilities to advance in employment as well as to maintain or regain employment.

ORDER OF SELECTION

Order of Selection establishes the priority ranking by which eligible individuals are to be served in the event that case service funds are insufficient to meet the needs of all eligible individuals. All eligible individuals determined to have the most severe disabilities will receive the highest priority for services. (For a complete copy of the rules for Order of Selection, contact the Bureau of Rehabilitation Services at 298-2000.)

Policy

1. Individuals with disabilities shall be served in the following order of priority:
 - i. All eligible individuals determined to have a most severe disability.
 - ii. All eligible individuals determined to have a severe disability.
 - iii. All other eligible individuals.
2. All individuals shall be placed in the highest priority level for which they qualify.
3. Every individual within a higher priority level shall be served before individuals in the next lowest priority level are served.
4. Should funds become limited, the agency may need to limit services within a priority group. If this becomes necessary, services will be provided first to public safety officers in that group. The remaining individuals will be served chronologically on the basis of the date of eligibility determination (or, when applicable, the date of certification for established evaluation).
5. All eligible individuals, once under an Individualized Written Rehabilitation Program (IWRP), will continue to receive those services necessary, including Post Employment Services, until the attainment of their vocational goal and/or closure of their case.
6. The Bureau will periodically assess its ability to serve eligible individuals entering the system and declare what level in the Order of Selection the Bureau has the capacity to serve. All individuals who are in status 10 prior to June 30, 1994, and who are severely disabled, shall have their Employment Plans (IWRP's) developed and implemented. Individuals who are determined eligible on or after July 1, 1994, who are not in a priority group that is being served, will remain on a waiting list in Status 10 (or such other waiting list mechanism the Bureau may devise) until such time as the Bureau may be able to serve them. Individuals who choose not to wait may be closed in Status 30, Reason 11, "did not meet order of selection priority."

ORDER OF SELECTION (CONTINUED)

Requirements

1. All applicants must be informed of the Order of Selection at the initial interview.
2. Applicants, including individuals in extended evaluation, shall receive services necessary to determine their eligibility for VR services without regard to the order of selection, the extent that funds are available.
3. Each individual found eligible shall concurrently be placed in the appropriate priority level. The counselor is required to provide prompt written notice to the individual of both the eligibility decision and the priority ranking. Such notice shall include the right to appeal and the availability of the Client Assistance Program. Individuals shall have the opportunity to present additional functional information which may qualify them for a higher priority ranking. A priority ranking may be changed at any time based on new information or changes in functional limitations.

Definitions

Severe Disability:

An individual is considered to have a severe disability if:

(i) He/she has a severe physical or mental impairment which seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

AND

(ii) His/her vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.

(Per Sec. 7(15)(A) of the Rehabilitation Act of 1973, as amended in 1992)

ORDER OF SELECTION (CONTINUED)

Most Severe Disability:

An individual is considered to have a most severe disability if:

- (i) He/she meets the definition of severe disability

AND

- (ii) a. He/she has serious limitations in a total of three or more functional areas (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome

OR

b. Will require significant ongoing disability-related services on the job in order to maintain employment following VR closure from time-limited services.

Public Safety Officer:

Public safety officers are those individuals whose disability arose from an impairment sustained in the line of duty while performing as a public safety officer, and the immediate cause of the impairment was a criminal act, apparent criminal act, or a hazardous condition resulting directly from the officer's performance of duties in direct connection with the enforcement, execution, and administration of law, fire prevention, fire fighting, or related public safety activities.

It includes a person serving the United States, a State, or a unit of local government, with or without compensation, and any activity pertaining to:

- (i) the enforcement of the criminal laws, including highway patrol, or the maintenance of city peace by the National Guard or the Armed Forces,
- (ii) a correctional program, facility, or institution where the activity is potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers, or parolees,
- (iii) a court having criminal or juvenile delinquent jurisdiction where the activity is potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers, or parolees,

OR

- (iv) fire fighting, fire prevention, or emergency rescue missions

ADA IS CORNERSTONE OF NEW REHABILITATION ACT NEW REHABILITATION ACT FOCUSES ON EMPOWERMENT

On October 29, 1992, former President George Bush signed into law the Rehabilitation Act Amendments of 1992 (P.L. 102-569). The new law, which was enacted following two years of intensive involvement by people with disabilities, their advocates, and families, is built on the foundation of the Americans with Disabilities Act (ADA).

John Halliday, Director of the Bureau of Rehabilitation Services in Connecticut's Dept. of Social Services, said, "The Act brings us into a new level of partnership with individuals with disabilities and organizations as we move the system to its next phase. Philosophically, there is real meeting between the new Act and the ADA."

P.L. 102-569 begins with a new section, which lays out the purpose and policy intent of the Act. This section states in part, "Disability is part of the human experiences and is no way diminishes the right of individuals to live independently, enjoy self-determination, make choices, contribute to society, pursue meaningful careers, and enjoy full inclusion and integration in the...mainstream of American society...[A purpose] of this Act is to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, inclusion and integration into society."

Major changes have been made in both the independent living and employment-oriented sections of the Act. Some key changes in provisions related to employment are highlighted below.

Presumption of Ability

John Halliday observed, "People with disabilities have shown that they can work and participate in society." Under the new laws, the rehabilitation system's energies and resources will be focused on the strengths and needs of the individual and on providing or arranging for necessary services and supports.

The reauthorized Act changes the emphasis in accessing the system from the old "evaluation of rehabilitation potential" to an assessment of eligibility and rehabilitation needs. The law abandons "employability" and "feasibility" tests and focuses instead of serving people with severe disabilities who need rehab services.

John Halliday said, "We should be seeing a much smoother and shorter period of eligibility determination."

ADA IS CORNERSTONE OF NEW REHABILITATION ACT NEW REHABILITATION ACT FOCUSES ON EMPOWERMENT (CONTINUED)

Transition from School

P.L. 102-569 recognizes that many students with disabilities will require support from the rehabilitation system after they complete school. While the new law does not shift the responsibility for transition planning away from the education system, the Act does require state rehabilitation and education agencies to coordinate their policies so there is no gap in service for eligible students.

Rehabilitation Services

The scope of services available has been expanded and clarified in P.L. 102-569. Services specifically addressed in the new Act include rehabilitation technology, personal assistance services, and supported employment.

Rehabilitation Technology:

The 1986 reauthorization of the Rehabilitation Act placed considerable emphasis on the provision of technology services to assist individuals with disabilities in entering and maintaining employment. The new Act continues the emphasis with requirements that the technology needs of individuals must be addressed in Individual Written Rehabilitation Plans (IWRP) and that the rehabilitation system must provide technology services and devices to individuals who need them to achieve their rehabilitation goals. A broad range of rehabilitation technology services must be available across the state to people in all states of the rehabilitation process, and vocational rehabilitation counselors and other personnel must be provided with training in rehabilitation technology.

Personal Assistance:

P.L. 102-569 recognizes that without the availability of personal assistance services, a significant number of people with severe disabilities will be unable to maintain employment. Under the new law, the IWRP must include a statement of specific on-the-job and related personal assistance services to be provided.

Supported Employment:

With respect to supported employment, the reauthorized Act focuses on the importance of flexible, individually-designed services and on making supported employment available to those people who have the most severe disabilities. P.L. 102-569 acknowledges that supported employment can benefit a variety of individuals who have different types of disabilities and who need very different types of services and supports, including natural supports.

ADA IS CORNERSTONE OF NEW REHABILITATION ACT NEW REHABILITATION ACT FOCUSES ON EMPOWERMENT (CONTINUED)

Although supported employment services provided by state rehab agencies should be time-limited, it will be possible for a person to begin supported employment before a source of extended support is named, as long as there is a reasonable expectation that extended support will become available.

Additionally, state rehabilitation agencies will be able to provide supported employment services for a longer time than 18 months, when the person with a disability and his or her rehabilitation counselor agree to such an arrangement.

Empowerment and Choice

The Rehabilitation Act of 1992 is designed to increase the choice and control of individuals with disabilities over rehabilitation services, both individually and systematically. On an individual level, the IWRP will be jointly developed by the individual and his or her rehab counselor and must be consistent with the person's priorities, choices, strengths, and capabilities. Also, the new law empowers individuals to select their own services and service providers, as long as the services are part of the IWRP.

On a systemic level, the Act requires each state to establish a State Rehabilitation Advisory Council and a Statewide Independent Living Council. A majority of the members of both Councils must be people with disabilities.

Client Assistance Program

Under the reauthorized Act, the Client Assistance Program is given a stronger mandate to do individual and systemic advocacy. Additionally, State Rehabilitation Agencies will be required to inform people they serve about the availability of the CAP.

Next Steps

The federal government soon will be drafting regulations for P.L. 102-569. John Halliday advises, "Look for the federal regulations. It is very important to pay attention to the draft regulations and take the time to read and comment on them."

Effective October 1, 1993, states will be required to have developed a strategic plan for expanding and improving rehabilitation services. You are encouraged to watch for opportunities for public input while Connecticut's plan is being prepared.

A SUMMARY OF SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 requires equal access to all programs and activities for all handicapped people and states that access should be offered in the most integrated and appropriate way. The handicaps included under Section 504 are mobility and sensory impairments, major physiological illness, emotional and psychological illnesses, learning disabilities, mental retardation, and chemical dependency. These conditions must be serious enough to reduce the quality of one's life.

Section 504 says: "No otherwise qualified handicapped individual shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

What this means for students: Any postsecondary institution receiving any type of federal assistance is required to ensure the rights of all handicapped students who enter postsecondary schools or risk losing all federal funding.

These regulations affect admissions, employment, student and staff services, and the curriculum. In postsecondary schools, Section 504 gives learning disabled students academic opportunities such as:

- changes in the length of time to complete papers, tests, and degree programs
- adapted arrangements for completing academic work
- access to and use of auxiliary aids: taped books, tape recorders, interpreters, note-takers
- waiver or substitution of required but nonessential courses

A Guide to Section 504

How it applies to Students with Learning Disabilities and ADHD

What is Section 504?

Section 504 is the section of the Rehabilitation Act of 1973 which applies to persons with disabilities. Basically it is a civil rights act which protects the civil and constitutional rights of persons with disabilities. Section 504 prohibits organizations which receive federal funds from discriminating against otherwise qualified individuals solely on the basis of handicap. Section 504 is enforced by the U.S. Department of Education, Office for Civil Rights (OCR).

How Does Section 504 Define “Handicap”?

A person is considered “handicapped” if he/she:

1. has a physical or mental impairment which substantially limits one or more major activities,
2. has a record of such an impairment, or
3. is regarded as having such an impairment

(In addition to school-age children who are eligible for special education services, this includes, for example, persons with communicable diseases, temporary handicapping conditions, attention deficit disorder (ADD), behavior disorders, chronic asthma & severe allergies, physical handicaps, and diabetes.)

What is a “Major Life Activity”?

Major life activities include such things as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.

What Types of Discrimination Does Section 504 Prohibit

1. Denial of the opportunity to participate in or benefit from a service which is afforded non handicapped students.
 - Refusing to allow a student with an IEP the opportunity to be on the honor roll, denying credit to a student whose absenteeism is related to the disability, refusing to dispense Ritalin to a student with ADD (a school cannot require parents to waive liability as a condition of giving medicine, however, it is wise to get your physician’s prescription to back up medical accommodations).
2. Provision of opportunity to participate in or to benefit from a service which is not equal to that afforded others.
 - Determining sports eligibility on a student’s grades without regard to the student’s handicapping condition

A GUIDE TO SECTION 504 HOW IT APPLIES TO STUDENTS WITH LEARNING DISABILITIES AND ADHD (CONTINUED)

3. Provision of aids, benefits or services which are not as effective as those provided to others. Equally effective means equivalent, not identical, and must afford an equal opportunity, not equal results.
 - Placing a student with a hearing impairment in the front row instead of providing an interpreter.
4. Provision of different or separate benefits or services unless such action is necessary to be effective.
 - Separate classes, schools or facilities.
5. Aiding or perpetuating discrimination by providing assistance to an organization which discriminates.
 - Sponsoring a student organization which excludes persons with disabilities.
6. Denial of the opportunity to participate on a planning or advisory board because of an individual's handicapping condition.
7. Otherwise limiting the enjoyment of any right, privilege, advantage or opportunity enjoyed by others.
8. Selecting a site or location which effectively excludes persons with disabilities or subjects them to discrimination
 - Locating students with disabilities in inferior facilities due to a lack of classroom space.

What Does "Reasonable Accommodation" Mean?

A recipient of federal funds shall make reasonable accommodation to the known physical or mental limitations of an otherwise qualified person unless the recipient can demonstrate that the accommodation would impose an undue hardship on the operation of its program. Courts have required accommodations which achieve "meaningful equal opportunity." Accommodations need to take into account both the functional limitations of the individual and the alternative methods of performing tasks or activities, which would permit people of varying abilities to participate without jeopardizing outcomes. Some examples of reasonable accommodations are modified homework requirements, provision of readers, provision of taped textbooks, changes in the way tests are given, provision of a teacher's aide, or seating in the front row of the classroom.

1. Accommodations must be individualized.
2. The individual needs of the person with a disability should be met to the same extent as the needs of persons without handicapping conditions.
3. Modifications can be made to regular programs or the provision of different programs may be necessary.
4. Accommodations should place the student with a disability at an equal starting level with the non-handicapped student.

A GUIDE TO SECTION 504 HOW IT APPLIES TO STUDENTS WITH LEARNING DISABILITIES AND ADHD (CONTINUED)

How Does Section 504 Define “Appropriate Education”?

A free appropriate education is one provided by the public elementary or secondary school which includes regular or special education and related aids and services that (i) are designed to meet the individual educational needs of persons with disabilities as adequately as the needs of non handicapped persons are met, and (ii) are based upon adherence to evaluation, placement and procedural safeguard requirements.

Does Section 504 Require Evaluations?

Section 504 Regulation, 34 CFR Section 104.35(a) requires that a district evaluate “any person who, because of handicap, needs or is believed to need a special education or related services” (emphasis added). An evaluation is also required prior to any significant change in placement. Pre-screening methods which affect a student’s eligibility for special education may be considered “evaluations” and are *subject to proper notice requirements*. EHLR DEC.353.237 (1989).

Section 504 does not require that a district must carry out a full evaluation of a student simply because a parent requests it. However, refusal by the district to do so constitutes an official action with respect to the student’s evaluation and placement, and the district must provide that parent with procedural safeguards.

Does Section 504 Require an IEP?

Section 504 requires a written plan describing placement and services. Placement decisions must be based upon information drawn from a variety of sources and all information must be documented and considered. Although a formal IEP is not required, the placement decision must be made by a group of persons knowledgeable about the child, about the meaning of the evaluation data and about placement options.

What Procedural Safeguards do Parents Have?

To be in compliance with Section 504, school districts must:

1. Provide written assurance of nondiscrimination.
2. Designate an employee to coordinate compliance.
3. Provide grievance procedures to resolve complaints.
4. Provide notice of nondiscrimination in admission or access to its program or activities. Notice must be included in a student/parent handbook.
5. Annually identify and locate all qualified children with disabilities who are not receiving public education.
6. Annually notify persons with disabilities and their parents or guardian of the district’s responsibilities under Section 504.

A GUIDE TO SECTION 504 HOW IT APPLIES TO STUDENTS WITH LEARNING DISABILITIES AND ADHD (CONTINUED)

7. Provide parents or guardians with procedural safeguards:
 - a. Notice of their rights.
 - b. An opportunity to review relevant records
 - c. An impartial hearing – parents or guardians must be notified of their right to request a hearing regarding the identification, evaluation, or educational placement of persons with handicapping conditions.

How do I File an OCR Complaint?

Find someone in your regional OCR office who understands the application of Section 504 on education, and use that person as your contact. Explain the situation, specify the issue, and cite the area of discrimination. OCR should then send a representative to investigate the complaint.

What if I Don't Agree with OCR's Ruling?

Under the Freedom of Information Act ask for a copy of the investigation plan used by the OCR representative, a copy of the investigation report, and a copy of the school's documents. If you don't think that the investigation was a careful and thorough examination of the issue of complaint or the conclusions are wrong, write a letter of appeal saying you don't agree with the Letter of Finding and stating your reasons.

UNDERSTAND YOUR LEGAL RIGHTS IN THE MENTAL HEALTH SYSTEM

Activity A: Distribute a copy of **Your ‘Rights’ in a Psychiatric Facility: An Overview** and thoroughly review definitions, legal rights and complaint procedures.

Activity B: Distribute and discuss the handout **Access to your Medical, Psychiatric and Personal Records**.

Use the **SAMPLE letter** as a guide to assist students in writing to request a copy of their medical records.

Help students identify a person or persons who could assist them in understanding the content of their medical, psychiatric and personal records.

Activity C: Inform students that 2 years ago the legislature passed **An Act Concerning Outpatient Mental Health Treatment for Minors and Defining Community Health Centers**, a bill permitting minors to receive up to six sessions of mental health treatment without parental consent.

Review the sections of **Public Act No. 92-129** to inform students of their rights under this legislation.

YOUR “RIGHTS” IN A PSYCHIATRIC FACILITY AN OVERVIEW

WHAT IS A “MENTALLY ILL” PERSON?

According to Connecticut State law a “mentally ill person “ is someone who requires care and treatment due to an inability to live an active life (i.e., “gravely disabled”) as a result of a serious mental or emotional impairment or if that person is “a danger to him or herself or others.” The state’s definition is derived from the Third Revised edition of the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM III-R).

WHAT DOES “DANGEROUS TO ONESELF OR OTHERS” MEAN?

The term “Dangerous to Oneself or Others...” has been interpreted to mean “if there is great risk of the individual causing physical harm to him/herself or upon another person.” [NOTE: *There is considerable debate among advocates, mental health professionals and legal experts over how clear this definition may actually be.*]

WHAT ARE “VOLUNTARY” AND “INVOLUNTARY” ADMISSIONS?

Any person who applies to a hospital or psychiatric facility of their own choice for observation, diagnosis or treatment because of symptoms of a mental disorder, is considered a “Voluntary” admission.

An “Involuntary” patient is anyone who has been admitted to a psychiatric facility or ward “at the request of...” someone other than the person considered the patient.

WHAT IS “INFORMED CONSENT”?

“Informed Consent” implies that a patient has an understanding of the nature and extent of his/her “illness”; has had the risks and benefits of all treatment options, medication uses and side effects explained clearly and understandably; and that she or he is able to make intelligent informed choices about whether she or he wishes to make use of those treatments and/or medications being recommended.

In practice, a psychiatrist and a patient’s “treatment team” may have decided to withhold some of the information described above on the basis that it would be harmful for the patient to be told this information at the time. In fact, there are some psychiatrists who may find that reading this may be deemed harmful to your health and may be able to legally prevent you from doing so on that basis. This is censorship, pure and simple, but citizens identified as mental patients are customarily censored. If they weren’t, there wouldn’t be a need for advocates, self advocacy or the mental health consumer movement.

CAN SOMEONE ADMITTED LEAVE A HOSPITAL FREELY?

A “voluntary” patient who wishes to leave a facility must sign a “Five Day Paper” to inform the facility he or she wants to leave. The hospital may choose to keep the person for up to five days after the request has been signed.

Hospital staff may apply to Probate Court to have a “Voluntary” patient civilly committed to the hospital. If this is done, it may take up to 15 days before the Probate hearing date, during which time the person would be required to stay in the facility. If the hospital *does not* file for a Probate Court hearing, the individual must be released within 5 days.

WHAT HAPPENS IF SOMEONE IS “PROBATED”?

The Probate Judge must give the patient, in writing, a “probable cause” hearing within 72 hours.

The hospital must inform the patient 24 hours before they file a commitment hearing request. Anyone wishing to avoid a civil commitment hearing must sign back in as a “Voluntary” patient and revoke their “5 day paper” request before the actual Probate hearing date.

IS A VOLUNTARY PATIENT REQUIRED TO TAKE THE MEDICATIONS OR TREATMENT GIVEN OR PRESCRIBED?

Legally, a “Voluntary” patient cannot have treatment or medication forced upon him or herself. Psycho-surgery (e.g., lobotomies) or Shock treatments cannot be given without written informed consent. As of October 1, 1993, a voluntary patient can be forced to take medication or treatment if found either to be: “1) incompetent by 2 physicians and the head of the hospital; or 2) at a significant risk of harm.” The hospital must either file a petition in Probate Court for a court order to medicate you or hold an internal hearing. This change in the law is important and too complex to explain further. If you have any questions or concerns, you should call an advocate immediately.

WHAT IS AN “EMERGENCY” PATIENT?

An “emergency patient” is one whom a physician has concluded is “dangerous to his or herself or others” or “gravely disabled.”

If someone is admitted as an “Emergency Patient”, a psychiatrist must evaluate that person within 48 hours of being admitted to a facility. That person may be kept up to 15 days without a court ordered decision. They may be kept in the hospital an additional 15 days if the hospital has applied for an involuntary commitment hearing.

An emergency patient cannot be held longer than 30 days if she/he has not been committed by the Probate Court.

WHAT IF THE PATIENT DISPUTES THE DECISION TO BE AN EMERGENCY PATIENT?

The patient or an Advocate representative may request, in writing, a Probable Cause Hearing. This is sent to the Probate Court serving the town where the hospital is located. The hearing must be held within 72 hours from when the Court has received this request.

The patient has the right to cross examine witnesses and to be represented by an attorney.

An outside doctor who the patient chooses may also be called in to testify.

WHAT DOES A CIVIL COMMITMENT MEAN?

A civilly committed patient must stay in a hospital because the probate judge has received:

- 1 – an application from the hospital requesting involuntary commitment, and
- 2 – sworn certificates from at least two doctors selected by the court, one of whom must be a psychiatrist. The probate judge will decide, based on evidence presented, whether or not a person will be committed.

The doctors testifying must report, in writing, what made them decide whether or not the patient was “a danger to him/herself or others” and/or “gravely disabled.” The doctor’s report must identify whether or not the patient’s condition has “seriously disrupted” his/her ability to live an active life; whether or not a less restrictive alternative (than hospital commitment) is recommended and available; and whether or not the person being probated is “capable of understanding the need to accept treatment” on a voluntary basis.

CAN AN INVOLUNTARY PATIENT REFUSE TREATMENT AND/OR MEDICATIONS?

Yes. An involuntary patient may refuse psychiatric treatment including drugs. It is against the law for any medical or surgical procedures to be performed without written informed consent. As of October 1, 1993, an involuntary patient can be forced to take medication or treatment if found either to be: “1) incompetent by 2 physicians and the head of the hospital; or 2) at a significant risk of harm.” The hospital must either file a petition in Probate Court for a court order to medicate you or hold an internal hearing. This change in the law is important and too complex to explain further. If you have any questions or concerns, you should call an advocate immediately.

CAN SOMEONE BE LOCKED IN SOLITARY CONFINEMENT OR PLACED IN RESTRAINTS?

Legally, no one can be placed in seclusion or mechanical restraints against their will. There are exceptions to this, however, and if it has been decided that a patient is “in imminent physical danger to self or others” a physician can order seclusion or restraints in writing.

Legally, seclusion and restraints cannot be used as substitutes for treatment. In practice, this can occur to individuals who do not conform to the rules of the “therapeutic environment.”

In clinical records it may appear as if the use of mechanical restraints and seclusion is declining. In practice, this may reflect the fact that the language of reporting has changed. Seclusion, for instance, is now more commonly referred to as “Time Out.” In practice, the physician’s signed order for requiring restraints may have been written up hours after the actual use of restraints has occurred.

DOES A CITIZEN LOSE HIS OR HER CIVIL RIGHTS ONCE IN A PSYCHIATRIC FACILITY?

In theory, NO ONE in any public or private hospital should be deprived of any personal, property or civil rights, "including the right to vote, hold or convey property and contract except in accordance with due process of law" or unless one has been declared legally incompetent in a court of law. In practice, the civil and human rights of citizens placed in psychiatric facilities can be, have been and continue to be violated.

WHAT RIGHTS DOES A "MENTAL PATIENT" HAVE WHILE IN A FACILITY?

There are numerous rights a patient retains, including the right to communicate by sealed mail with any individual, group or agency; the right to receive visitors at regular hours, to have access to private, individual storage space, to wear one's own clothes, etc.

In practice, the rights of any patient may be denied them if the head of a hospital OR his/her authorized "representative" has decided that it would be harmful for the patient to exercise his or her rights.

HOW CAN COMPLAINTS OF VIOLATIONS OF INDIVIDUALS BE ADDRESSED?

There are "Complaints Procedures" for resolving patients' rights complaints at state operated facilities. These include the following:

- A. Forms and envelopes for filing a complaint are available to patients on the ward. Complaints may also be filed verbally.
- B. Contact the Legal Rights Advocate of the Facility.
- C. DMH's Affirmative Action Officer may be contacted on your own. You may also wish to contact the DMH Director of Consumer Education at 1-800-446-7348.
- D. The Superintendent or Director of the facility may be contacted.
- E. File a complaint directly with the DMH Commissioner's office: 90 Washington Street, Hartford, CT 06106.
- F. Contact the Office of Protection and Advocacy at 1-800-842-7303; TDD (203) 566-2102.

ACCESS TO YOUR MEDICAL, PSYCHIATRIC AND PERSONAL RECORDS

Introduction

Since the issue of access to records is often raised by individuals considered to be “mentally ill”, PAIMI has developed this general guide to understanding your rights in gaining access to your records. Please note that there are several different laws that may apply, depending on the circumstances. Therefore, you need to know the following:

1. What type of document(s) you want (e.g., medical, psychiatric).
2. What person (doctors, therapists) and/or facility (public or private hospital, outpatient clinic, Department of Mental Health facility) has the records.
3. Whether the records can be released to you.
4. Whether the records can be released to your authorized representative.

Please remember that this is merely a guide to assist you in evaluating your legal rights. It is not intended to answer all your legal questions. If you believe that your rights have been violated, you should consult with an attorney.

I. Access to Psychiatric Records From A Psychiatric Facility

What are psychiatric “facilities”?

A psychiatric “facility” is any inpatient or outpatient hospital, clinic, or other facility for diagnosis, observation or treatment of the mentally disordered. The facility can be either public or private.

How do I obtain access to my records?

You have the right, upon written request, to inspect all of your hospital records and to make copies.

When can I obtain access to my records?

If your request is in connection with legal action related to your hospitalization, you or your attorney can have access to your records during or after your hospitalization. Otherwise, you may have access to your records only after your discharge from a facility.

Can the facility refuse my request?

So long as your request is not made in connection with litigation related to your hospitalization, the facility may refuse to disclose any portion of your record which the facility determines:

1. Would be medically harmful to you:
2. Would constitute an invasion of privacy of another person; or
3. Would violate an assurance of confidentiality furnished to another person.

Can I appeal a facility's refusal to disclose my records?

Yes. If you wish to contest a facility's refusal to disclose your records, a motion may be filed in superior court. The court then sends a notice of a hearing date and an order to have the records brought to court. The judge may review the records in private when deciding whether they should be disclosed. The judge will release the records to you if she or he decides in your favor. You can attempt to bring this action yourself but it is always better to consult with an attorney first.

II. Access to Hospital Records

How do I obtain access to my hospital records?

After your discharge from a private or public hospital, you or your physician or attorney may examine and make copies of your hospital records. Be sure to make your request in writing and to keep a copy of your letter. Your right to access your records only applies after discharge and only to hospitals receiving state aid.

How do I know whether the hospital I was in received "state aid"?

"State aid" refers only to appropriations by the legislature. This does not include tax exemptions, welfare reimbursements, or payments under other contracts with the state. To find out if the hospital you were discharged from receives state aid you can ask for a copy of its annual report or contact the Commissioner on Hospital and Health Care.

What are hospital records?

Hospital "records" include the history, bedside notes, charts, pictures and plates kept in connection with your treatment at the hospital.

Can I appeal if the hospital refuses my request?

Yes. If your request for records is denied, you may file a motion for disclosure with a judge of the superior court. The court sets a hearing date and orders the hospital to bring the records to the court. If the hospital refuses to produce the records, the judge can impose a fine of no more than \$100.00 or imprisonment for not more than 6 months, or both. Again, you can attempt to do this yourself, but it is better to consult with an attorney first.

If I was in a hospital that did not receive state aid, do I have the right to obtain my records?

Yes. There is a law that requires health care institutions licensed by the state to provide you access to your records.

What are health care “institutions” licensed by the state?

Health care institutions licensed by the state include, for example, hospitals, nursing homes, mental health facilities, and alcohol or drug treatment facilities. Health care institutions include state agency facilities except state facilities for persons with mental disabilities or substance abuse problems. Since practically all state agency facilities will be covered by the rules discussed in the next section on “personal data”, look to that section for guidance in dealing with state operated facilities.

III. Access to Personal Records

Can I have access to records containing personal information about me?

Yes. You are entitled to access personal data by public agencies.

What is “personal data”?

“Personal data” is any information about your education, finances, medical or emotional condition or history, employment or business history, family or personal relationships, reputation or character.

What is a “public agency”?

A public “agency” is any state or municipal board, commission, department or officer which maintains a personal data system. This would include the Department of Mental Health, for example.

What specific rights do I have regarding my personal data?

Public agencies must allow:

- (1) you to contest the accuracy, completeness or relevancy of your personal data;
- (2) the personal data to be corrected upon your request when the agency concurs in the proposed correction;
- (3) you to add your own statement which shall become a permanent part of the record, when you believe the agency maintains inaccurate or incomplete personal data;
- (4) you access, upon written request, to all your personal data.

Can the agency refuse my request for access to my personal data?

Yes, the agency may refuse disclosure but only:

1. If the agency determines that disclosure of medical, psychiatric or psychological data concerning you would be detrimental to you; or
2. Not disclosing such information is permitted or required by law.

What can I do if the agency refuses my request for disclosure?

If an agency refuses to disclose personal data, you may request that a qualified medical doctor be permitted to review the data to determine if it should be disclosed. If disclosure is recommended by your medical doctor, the agency must disclose the data to you. If, however, your medical doctor does not recommend disclosure, the agency cannot disclose the data but must inform you of your right to appeal in court.

What is the process for filing an appeal?

Within 30 days of the agency's refusal, you must petition the superior court where you reside for an order requiring the agency to disclose the personal data. The court, after a hearing and a private review of the records, will order the disclosure unless it determines that such disclosure would be detrimental to you or is otherwise prohibited by law. We advise you consult with an attorney prior to initiating any action.

Also if you are aggrieved by an agency's decision, you may bring an action in court for an injunction, declaratory judgment, mandamus or a civil action for damages.

All of these terms are difficult to explain. You should contact an attorney for assistance in this area.

IV. ACCESS TO MEDICAL RECORDS FROM HEALTH CARE PROVIDERS

Who are health care providers?

Health care providers are individuals licensed to provide health care services (for example, medical doctors, doctors of osteopathy, chiropractors, podiatrists, physical therapists, occupational therapists, substance abuse counselors, midwives, nurses, etc.).

Are there any exceptions to the law covering records maintained by health care providers?

Yes. It does not apply to:

- a. Information in records relative to any psychiatric or psychological problems or conditions and;
- b. Personal data maintained by any public agency.

How do I obtain access to my records from a health care provider?

Once you make a request, a provider is required to supply you complete and current information concerning your diagnosis, treatment and prognosis. Such information shall also be supplied to any person you designate as your representative. You may request and receive this information orally. If you want a copy of your record, the request must be in writing. In furnishing you a copy of the health record, the provider cannot charge more than 25 cents a page and the cost of first class postage, if applicable.

Can the health care provider deny my request?

Your request may be denied if the provider determines:

1. the information is detrimental to your physical or mental health; or
2. is likely to cause you to harm yourself or another.

Can I appeal the provider's refusal to disclose my record?

Yes. If disclosure is denied by a provider, you may, within 30 days of the refusal, petition the court for an order of disclosure. The court after a hearing and a private review, will order disclosure unless it determines that disclosure would be detrimental to your physical or mental health or is likely to cause you to harm yourself or another.

We urge you to contact an attorney prior to initiating any appeal of this kind. Attached is an example of a letter of request. You must first determine which section applies to your individual situation prior to writing the letter.

These laws are complex. They may be difficult to understand and apply. There are a number of legal resources available to you for free consultation. All requests and information is confidential.

PAIMI – Protection and Advocacy for Individuals with Mental Illness
Office of Protection and Advocacy for Persons with Disabilities
60-B West Street, Hartford, CT 06120
Phone: 297-4300; 1-800-842-7303; TDD 566-2102

Connecticut Bar Association
101 Corporate Place
Rocky Hill, CT 06067
Phone: 721-0025

Legal Aid Society of Hartford County, Inc.
80 Jefferson Street
Hartford, CT 06106
Phone: 541-5000; TDD 541-5069

Connecticut Legal Services
P.O. Box 841
Middletown, CT 06457
Phone: 344-0447

SAMPLE

Connecticut Valley Hospital
P.O. Box 351
Eastern Drive
Middletown, CT 06470
Attn: Medical Records Dept.

December 1, 1992

RE: Medical Records of John Doe

Dear Records Department:

I am writing to request a copy of (or the opportunity to inspect my records) maintained by Connecticut Valley Hospital. I was a patient at the hospital from approximately June 1, 1990 to April 1, 1991.

Please send a copy of my records to the address printed below at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

John Doe
1 State Street
Hartford, CT 06111
Phone: 555-1000

SUBSTITUTE SENATE BILL NO. 94
PUBLIC ACT NO. 92-129

**An Act Concerning Outpatient Mental Health Treatment for Minors
And Defining Community Health Centers**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (a) For the purposes of this section, "outpatient mental health treatment" means the treatment of mental disorders, emotional problems or maladjustments with the object of (1) removing, modifying or retarding existing symptoms; (2) improving disturbed patterns of behavior; and (3) promoting positive personality growth and development. Treatment shall not include prescribing or otherwise dispensing any medication which is a legend drug as defined in section 20-184a of the general statutes.

(b) A psychiatrist licensed pursuant to chapter 370 of the general statutes, a psychologist licensed pursuant of chapter 383 of the general statutes, an independent social worker certified pursuant to chapter 383b of the general statutes or a marital and family therapist certified pursuant to chapter 383a of the general statutes, may provide outpatient mental health treatment of a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2) the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment and (5) in the opinion of the provider treatment, the minor is mature enough to participate in treatment productively. The provider of such treatment shall document the reasons for any determination made to treat a minor without the consent or notification of a parent or guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that (A) he is voluntarily seeking such treatment; (B) he has discussed with the providers the possibility of involving his parent or guardian in the decision to pursue such treatment; (C) he has determined it is not in his best interest to involve his parent or guardian in such decision; and (D) he has been given adequate opportunity to ask the provider questions about the course of his treatment.

(c) After the sixth session of outpatient mental health treatment provided to a minor pursuant to his section, the provider of such treatment shall notify the minor that the consent, notification or involvement of a parent or guardian is required to continue treatment, unless such a requirement would be seriously detrimental to the minor's well-being. If the provider determines such a requirement would be seriously detrimental to the minor's well-being, he shall document such determination in the minor's clinical record, review such determination every sixth session thereafter and document each such review. If the provider determines such a requirement would no longer be seriously detrimental to the minor's well-being, he shall require the consent, notification or involvement of a parent

or guardian as a condition of continuing treatment. No provider shall notify a parent or guardian of treatment provided pursuant to this section or disclose any information concerning such treatment to a parent or guardian without the consent of the minor.

- (d) A parent or guardian who is not informed of the provision of outpatient mental health treatment for his minor child pursuant to this section shall not be liable for the costs of the treatment provided.

Sec. 2 (NEW) As used in sections 17-314k, 17-314i, 19a-7b, and 19a-59b of the general statutes and section 18 of public act 91-11 of the June special session, "community health center" means a public or non profit private medical care facility which (1) is not part of a hospital and is organized and operated to provide comprehensive primary care services;

(2) is located in an area which has a demonstrated need for services based on geographic, demographic and economic factors; (3) serves low income, uninsured, minority and elderly persons; (4) provides, on an ongoing basis, primary health services by physicians and, where appropriate, mid-level practitioners, diagnostic laboratory and x-ray services, preventive health services and patient care management; (5) maintains an ongoing quality assurance program; (6) is a participating Title XIX and Medicare provider; (7) has a governing board with authority and responsibility for policy and conduct of the center, the majority of whom are active users of the center, and of the nonuser board members, no more than half may derive more than ten per cent of their annual income from the health care industry; (8) is open at least thirty-two hours per week; and (9) has arrangements for professional coverage during hours when the center is closed.

GUARDIANSHIP AND SELF-DETERMINATION

Objective: Students will understand the implications of guardianship.

Activity A: Review the Connecticut statute on guardianship. Discuss the fact that at age 18, the State of Connecticut considers individuals capable of making their own decisions unless determined otherwise by Probate Court. Highlight the importance of decision-making and accountability.

Activity B: Review the article on **Guardianship and Self-Determination** by David Flower. Debate the need for guardianship and discuss the idea proposed in this article that legal guardianship is increasingly a thoughtful attempt to promote self-determination, rather than a simple taking away of rights.

GUARDIANSHIP FACT SHEET
CONNECTICUT ADULTS WITH MENTAL RETARDATION
(CONNECTICUT GENERAL STATUTES 45A-668 TO 45A-684)

**Under Connecticut Law an Adult with Mental Retardation is Deemed
Competent to Make Their Own Decisions Unless Determined Otherwise by
Probate Court.**

Connecticut law assumes adults with mental retardation, age 18 and over, are capable of making their own decisions. However, when a probate court determines that an individual adult with mental retardation is not capable of making a particular decision or decisions in general, the judge can appoint a guardian to act in any of three capacities.

Plenary Guardian

Makes all decisions requiring consent for an adult with mental retardation. Usually, only appointed for someone with profound mental retardation.

Limited Guardian

Makes decisions in any one or a combination of specific areas assigned by the court, such as:

1. Place of abode
2. Habilitative and Educational Programs
3. Release of Clinical Records and Photographs
4. Behavioral Intervention Programs
5. Medical and Dental Treatment
- 6.

Temporary Limited Guardian

Makes decisions in any one or a combination of specific areas assigned by the court as above for a temporary period of time (within 60 days). Used most often for specific surgical, medical or dental treatment.

Process for Appointing a Guardian

Any adult person, whether family or not, may petition the court asking that a guardian be appointed for an adult individual with mental retardation. A hearing is held by the court serving the town where the individual lives or where his/her legal residence is; for example, the town where involved parents live. The judge decides whether to appoint a guardian by gathering information from an assessment team designated by the Department of Mental Retardation. The judge pays particular attention to what the individual's strengths and weaknesses are. She/he may also listen to others such as parents, teachers and social workers.

For a guardian to be appointed the court needs to find, by clear and convincing evidence, that the individual is not able to make any, or some, informed decisions about matters related to his/her care.

(For a complete copy of the statutes contact the Department of Mental Retardation at 566-3680)

GUARDIANSHIP AND SELF-DETERMINATION

BY DAVID FLOWER

The idea of legal guardianship understandably tends to raise mixed feelings in persons concerned with self-determination. Guardianship is, after all, based on two premises seemingly irreconcilable with the ideal of self-determination. The first premise is that some people are not able to make competent decisions. The second premise is that those persons' legal rights to make certain choices should therefore be removed and given to another to exercise on their behalf. The dilemma concerning guardianship and self-determination is therefore quite clear: Guardianship is a legal relationship that attempts to insure that potentially vulnerable persons' best interests and rights are protected, but at the expense of the right to self-determination.

Guardianship law, like our society in general, has traditionally been reluctant to view persons with developmental disabilities as capable of self-determination. There is a growing recognition, however, that historical assumptions about the capacities of individuals with developmental disabilities are simply not accurate. Legal systems are perhaps slower to change. Nonetheless, conceptions of "legal competence" and the roles and functions of guardians are also changing. The premises underlying guardianship are likewise changing in ways that may allow legal guardianship and self-determination to more peacefully coexist.

Guardianship laws increasingly recognize that individual capacity is not an all or nothing affair, to be determined simply by looking at a disability label. In the past, "competence" was often determined as if it were some inherent, global trait that most people were blessed with and some completely lacked. Most state guardianship statutes now require some degree of functional assessment of a person's capabilities and skills, rather than relying almost solely on a disability label to reach a conclusion of legal incompetence. Furthermore, most guardianship laws now acknowledge that decisional capacity is not global, but that a person may be able to make decisions in some areas or situations even if lacking capacity in others. Most states accordingly provide for limited guardianships, where the guardian is not automatically vested with plenary power, but may have a limited area of authority while the person under guardianship retains other decisional rights.

This increased focus on functional definitions of legal competence should also force courts to more clearly face the question of whether certain people need any sort of guardian at all. Indeed, the possibility of varying levels of need in regard to substitute decision-making relationships has brought increased interest to crafting a continuum of alternatives, including guardianship. Full guardianship should be seen as one option among many, including limited guardianship, alternative legal arrangements such as trusts and power of attorney, formal supports such as case management, and informal social supports. In this evolving view, guardianship is seen much as any other service: it may not be needed at all, and if it is needed it should be provided in the most appropriate and least restrictive manner.

GUARDIANSHIP AND SELF-DETERMINATION (CONTINUED)

There is also a growing understanding that not only is the ability to exercise personal control not a global, inherent trait, but that it is largely dependent on individual opportunity, social support, and personal growth. As people with developmental disabilities become part of communities, experience true opportunities for choice, and are supported in their choices, “legal competence” increases hand-in-hand with functional competence. To the extent that a person’s choices and wishes are heard, valued, and supported by the larger community, there is less need for protective arrangements. Specific support tools such as personal futures planning reach toward this same end. The principles of support not supervision; communication, not paternalism; and choice, not helplessness are coming to be valued in the practices of guardianship as they are in the ideal of community inclusion.

In this same vein, the role of legal guardians also seems to be undergoing some evolution. There is a move away from conceptions of guardianship as a custodial relationship, toward a view that guardians should serve primarily as “substitute decision-makers.” In broad terms, of course, guardians have always been substitute decision-makers. Where the field of guardianship is truly changing is in a greater focus on the principles and processes of ethical decision-making. Substitute decision-making is seen less often as a paternalistic decision on behalf of the person, and more as a determination and advancement of the person’s wishes. To some degree, the ideal role of guardians is converging on the role of advocates. Like advocates, when guardians truly hear and work to support a person’s wishes, individual choice is supported. A guardian or advocate may be the only person who truly does hear and value those wishes, and can be instrumental in bringing them to a service system or community that may otherwise ignore them.

The changing nature of the services available to persons with developmental disabilities demands that we confront the dilemma of guardianship. The number and variety of options for work; community living, and provision of support services continue to increase. Service and support systems increasingly are taking on a market orientation, and state governments are encouraging privatization of services and emphasizing consumer choice. Given this trend, it is vital that important individual decisions do not devolve onto service providers or others who have no such legal or ethical authority. The first preference is always that the individual concerned should have true opportunity to make those decisions, and that individual autonomy receive support.

Most people with developmental disabilities can indeed exercise autonomy – a basic fact too long ignored. On the other hand, many do not exercise autonomy because of an inability or unwillingness of others to learn to communicate with them, a historical and still present unwillingness to offer the opportunity for choice making, and/or through the lack of community or social support. Legal guardianship is increasingly a thoughtful attempt to promote self-determination, rather than a simple taking away of rights.

GUARDIANSHIP AND SELF-DETERMINATION (CONTINUED)

Like our communities in general, guardianship is an imperfect system that often serves to devalue and exclude some members of society. Like our communities, it is also a system in transition, and is slowly beginning to search for ways to support inclusion, autonomy, and dignity of all persons.

David Flower is a graduate student in Educational Psychology and a law student at the University of Minnesota, Minneapolis. Reprinted with permission from IMPACT, Institute on Community Integration, College of Education, University of Minnesota, Volume 6(4), Winter 1993/94.

VOTING

Objective: Students will demonstrate knowledge of their right to vote.

Activity A: Make copies of the handout **Voting** for your students, or purchase brochures from the ARC at \$13 per hundred. The student brochure answers questions about voting: What is voting? Who can vote? When and how can I vote?, etc.

Activity B: Review the videotape **You Can Vote**, sponsored by Awareness Communication Team, which encourages people with disabilities to vote and helps them overcome barriers to voting.

Activity C: Assist students with registering to vote.

About half the states require registration in person, and half allow it by mail. Obviously, mail-in registration offers the advantage of convenience. Both types of registration, however, can be done in class if the registration clerk's office agrees to send someone to the class to register the students. Such a visit offers the advantage of having a guest speaker on the subject of voting procedures. Registration deadlines vary from a few days to a month before the election.

Activity D: Have a student call your city or county clerk for voter registration information, and ask about rules for helping a voter read the ballot. The student can report this information back to the class.

Activity E: Discuss the importance of making wise choices. Encourage students to ask questions of parents, teachers, friends and neighbors concerning political parties and candidates. It is best to get more than one point of view. Call the candidates' local offices and ask one of their representatives to visit the class for a short talk and question/answer period.

Activity F: A total language approach can be taken to voting instructing. A notebook of news and magazine items, pictures, letters written, and notes taken from class discussions will keep attention focused on the election. It is a good idea to hold a mock election in class, selecting a person to go perform a duty that involves the whole class. For example, hold an election to choose one person to decide on a special activity for the class. One candidate might campaign for a picnic, another for a field trip, etc. Such an activity will demonstrate the will of the majority, wise choices, and campaign speeches.

Picture code the issues on sample ballots, and then discuss their meanings and potential impact on the community. Hold mock debates by class members who present both pro and con opinions. Take a class trip to look at a bridge that proposed taxes are needed to strengthen. Then put a picture of a bridge by that item on the sample ballot. Stress, however, that the picture will not appear on the official ballot.

Activity G: Give students the opportunity to go to the polls or vote absentee. Polling places that utilize voting machines will often allow training sessions with the machines. One alternative to hands-on training would be to visit the site yourself and take pictures of the machines for a small teacher-made training booklet for classroom use.

VOTING

WHAT IS VOTING?

Voting means making choices. Citizens of the United States must choose which people they want to make decisions for them. Obviously, we can't all go to Washington to run our own government. We can't all go to city hall to make decisions for ourselves. For that reason, we vote. We choose people to decide for us. This is a big, important job. We must choose well. We want to be happy with our choices. We make choices that will affect the whole United States. Voting is a serious responsibility.

United States citizens vote by marking ballots. Ballots are pieces of paper with the choices listed on them. Some people use voting machines to mark their ballots.

WHO CAN VOTE?

In the United States, citizens 18 and over can vote.

Where you born in the United States?

Are your parents citizens? Or

Did you take a test to become a citizen?

If you answered "yes" to one of these questions, then you are a citizen, and you can vote.

WHAT IS A CITIZEN?

A citizen is a person who lives in a country and enjoys its privileges. A good citizen is concerned about his country. A United States citizen enjoys special freedoms.

What do you have to do to enjoy freedom? Citizens have duties. Some of the duties of United States citizens are:

Citizens are expected to obey the laws.

If they don't like the laws, they can vote to change them.

Citizens over age 18 are expected to vote.

Any citizen of the United States 18 years old or older can vote.

HOW AND WHEN CAN I VOTE?

All states require voters to register. To find out how and when to register to vote, call the city or county clerk or the League of Women Voters, listed in the telephone directory. Also, the National Organization on Disability will help you. Call it at (202) 293-5960, TDD (202) 293-5968. When you call the city or county clerk, ask them whether they will allow someone to help you read the ballot. Ask them also whether they will allow you to register by mail.

National elections take place every two years. Members of Congress and one-third of the Senators are elected then. The President is elected every four years. The date for national elections is always on the first Tuesday after the first Monday in November.

VOTING (CONTINUED)

Some cities have chosen to hold their elections at other times. You can ask the city clerk about your particular city.

WHO CAN HELP ME IF I DECIDE TO VOTE?

Your teacher is a good person to ask for help.

A parent is also often eager to help.

Who takes you to the doctor? Maybe that person is the one to ask.

Neighbors or friends sometimes help.

Call the League of Women Voters for help. It is an organization that helps people

vote. It is listed in the phone book.

Get some phone numbers to call for a ride at the last minute, in case your helper can't take you to vote.

WHAT IF I CAN'T READ VERY WELL?

Ballots are often hard to read. However, most polling places will let you take someone with you to read for you.

HOW CAN I DECIDE ON MY CHOICES?

Voting requires some study. Sometimes you will vote on new laws for your community. Other elections are about choosing the right people as leaders. You may need some help making your decisions. There are many places to get help. Don't forget that every citizen must make his/her own choices. Another person cannot make you vote for something or someone you don't like.

Here are some ways you can learn whom and what you want to vote for.

Talk to teachers, parents, friends and neighbors about their choices.

Listen to television and radio news.

Look at the people running for office (called candidates).

Listen to what they say.

Keep a notebook about voting and candidates.

REMEMBER: CITIZENS VOTE TO KEEP THEIR FREEDOM. VOTING IS A SERIOUS DUTY AND PRIVILEGE. ASK SOMEONE TO HELP YOU TO PREPARE TO VOTE.

USING THE TELEPHONE

Objective: Students will be provided with information on their telephone rights.

Activity A: Distribute the **Telephone Support Project** handout, and discuss telephone rights.

Activity B: Invite a representative from the telephone company to further discuss telephone rights, consumer responsibilities, and special services for individuals with disabilities.

TELEPHONE SERVICE INFORMATION

Some people lose their telephone service because they cannot pay their bill. There here are a few money saving ideas that you may not be aware of.

Money Saving Tips

It cost more money to have extra services on your phone. Some examples are:

- Call Waiting
- Call forwarding
- Three way calling

You might be spending \$3.00 or more each month that you do not need to. If you do not need these services, **don't get them**

There is a charge every time you use call trace. (*69)

It cost money if you dial 900 numbers.

It may cost you more money to make long distance calls during the day. You may want someone to help you find out what your service plans prices are for day, evening, and weekend calling.

Find out when is the best time to call long distance.

To keep this information handy, cut it out and keep it with your phone ..book.

Know Your Telephone Rights and Responsibilities.

If a consumer cannot see, read or use a phone book because of a disability, he or she may ask the local phone company not to charge for calls to Directory Assistance, to obtain local numbers (555-1212). You may be asked to fill out an application; however, a doctor's signature is not required.

Some local areas have special 3 didget numbers for local information.

When you call directory assistance they will offer to place the call for you, this service **IS NOT FREE**.

Everyone can make two directory assistant calls per month for free. If you tell the operator at the beginning of the call, you may be able to get 2 numbers per call. **After that you will be charged for each number that you request.**

Consumers should call their local phone company's consumer help line for more information.



ADDITIONAL RESOURCES

Developmental Disability Councils

Protection and Advocacy

University Centers for Excellence

**Parent Training and Information
Centers**

NICHCY

Central Directory of Resources

LISTING OF NATIONAL ORGANIZATIONS

NATIONAL ASSOCIATIONS STATE COUNCILS ON DD

CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCILS (CDDC)

2102 Weatherton Dr.
Wilmington, DE 19810
Phone: (302) 529-7270
FAX: (302) 529-7271
E-Mail: INFO@cddc.com
Web Page: <http://www.cddc.com>
Consortium Director:
Phyllis Guinivan, Ph.D.

Office of Governmental Relations
296 Dover Road
Warrenton, VA 20186-2308
Phone: (504) 428-1095
Director of Government Relations:
Ed Burke
E-Mail: epbcddc@aol.com

NATIONAL ASSOCIATION OF DEVELOPMENTAL DISABILITIES COUNCILS (NADDC)

1234 Massachusetts Ave. N.W.
Suite 103
Washington, D.C. 20005
Phone: (202) 347-1234
FAX: (202) 347-4023
E-Mail: NACCD@naddc.org
Web Page: <http://www.naddc.org>
Executive Director:
Mrs. Donna Heuneman
E-Mail: dheuneman@naddc.org

NATIONAL ASSOCIATIONS PROTECTION AND ADVOCACY AGENCY

National Organization
National Association of Protection and Advocacy Systems (NAPAS)
900 2nd Street, N.E., Suite 211
Washington, D.C. 20002
Phone: (202) 408-9514
FAX: (202) 408-9520
E-Mail: vicki@napas.org
Web Page: <http://www.protectionandadvocacy.com/>
Executive Director: Curtis Decker
E-Mail: curtis@napas.org

NATIONAL ASSOCIATIONS UNIVERSITY CENTERS

American Association of University Affiliated Programs

Suite 410

Silver Spring, MD 20910

Phone: (301) 588-8252

FAX: (301) 588-2842

E-Mail: thosinski@aaup.org

Web Page: <http://www.aaup.org/>

Executive Director:

Dr. George Jesien

WHAT IS THE COUNCIL ON DEVELOPMENTAL DISABILITIES?

What is the Council on Developmental Disabilities? The North Carolina Council on Developmental Disabilities (DD Council) is part of a national network of organizations that assist people with developmental disabilities. In each state, federal law (PL 106-402), the Developmental Disabilities Assistance and Bill of Rights Act or DD Act) creates a planning council, such as the DD Council, a protection and advocacy system, and a university affiliated program. Together, these three organizations work to promote the "independence, productivity, integration and inclusion into the community" of people with developmental disabilities and their families.

Like all DD Councils and their partners, we are funded through the US Administration on Developmental Disabilities (ADD). The NC DD Council receives approximately \$1.8 million in federal funds, through the NC Department of Health and Human Services. Our 32 members, appointed by the governor, decide how those funds will be used, based on a three-year State Plan. We are proud that 60% of our members are people with developmental disabilities or family members of people with developmental disabilities.

The DD Council's role in NC's ADD network is to promote a community service delivery system that is personalized to meet the unique needs of each individual with a developmental disability. We do this by funding community partners to conduct activities, across the state, that advance innovative, cost-effective ways of providing services. We share information about the best of what's happening across the nation and advocate for changes to make NC communities more welcoming to and supportive of people with disabilities. The DD Council is strongly committed to supporting leadership roles for people with developmental disabilities and families in all the work that we do.

In our state, there are over 118,000 North Carolinians affected by developmental disabilities. Under the DD Act, the Council advises all state agencies in North Carolina that receive federal funds used to assist people with developmental disabilities. Under state law, we have a special advisory role to the NC Department of Health and Human Services (see NCGS 143B-177-179).

How do I contact the Council? You may reach us by mail, telephone, fax and e-mail:

The North Carolina Council on Developmental Disabilities
1001 Navaho, Suite GL-103
Raleigh, NC 27609
(919)-850-2833 (voice/tdd)
(800)-357-6916 (voice/tdd)
(919)-850-2895 fax
www.nc-ddc.org
Council Chair: William B. Morris, III
Executive Director: Holly Riddle, J.D., M.Ed.

Customers. Our customer is anyone with a developmental disability or a member of that person's family (see [definition of DD](#)). Our customers are people who experience a wide range of disabilities--intellectual, physical or both--but they have much in common with each other and with everyone else. Like people not affected by a disability, our customers tell us they want to live full, productive lives. They want the rights and responsibilities of full citizenship. They want to choose and have control over the services and supports that will enable them to be respected, contributing members of their families, communities, state and nation.

Mission. Our mission is to ensure that people with developmental disabilities and their families participate in the design of and have access to culturally competent services and supports, as well as other assistance and opportunities, that promote inclusive communities.

We describe our mission as "building bridges to communities." We envision inclusive communities to be those where people with developmental disabilities and their families are valued and respected. In these communities, people with developmental disabilities live, go to school, work, play and retire, side by side with others. In inclusive communities people with disabilities can exercise the rights and responsibilities of full citizenship. They have access to the specialized services--provided by those of their choice--when, where and how they want them. They also have access to community services and informal supports. We are dedicated to promoting, through partnership and collaboration the way to service delivery systems and communities that afford each person with a developmental disability the opportunity to live a self-determined life in an inclusive community.

The DD Council is committed to partnership. Our partnership is led by people with disabilities and their families. Together, we work with policy makers, legislators, professionals and other community members to meet the shared need of those with developmental disabilities for a personalized, coordinated array of services and supports provided in the community.

The Council itself is comprised of 32 members appointed by the governor. Sixty percent of our members are people with developmental disabilities or family members of people with developmental disabilities. Others include representatives from major state agencies serving people with developmental disabilities, legislators and community representatives. The Council is an independent entity, directed by its members. All of our meetings are open to the public. We encourage you to attend and share your concerns or ideas with us during the public comment period of each Council meeting.

Philosophy. The Council on Developmental Disabilities recognizes that all people with developmental disabilities:

- are unique, have value and must be afforded dignity and respect
- can contribute to family and society ("contribution"), provided the necessary services and supports ("no more and no less than what is needed")
- can lead self-determined lives when given freedom, responsibility, support and control over their lives ("self-determination," "family support")
- have the right to participate fully in developing the unique services and supports that allow them to pursue their dreams, hopes and desires ("person-centered planning")
- can benefit from the on-going support of family and friends ("circle of supports")
- have a right to the same life choices as others ("dignity of risk")
- have a right to be safe and free from harm
- can, with support, participate fully in society ("full citizenship") and should not be expected to earn that right by progressing through a "continuum of care"
- must have ready access to vital services and supports, including accessible transportation, affordable housing and health care, competitive work, inclusive recreation and leisure opportunities, and specialized services, as well as those services generally available to all who reside in a community
- have the right to belong to and be included in all aspects of society ("community inclusion") while retaining their own cultural and ethnic heritage ("cultural competence")
- benefit from inclusive communities, just as society benefits ("mutual interdependence") from the contributions and economic productivity of those with disabilities

Responsibilities. The Developmental Disabilities Bill of Rights and Assistance Act (PL 106-402) states that Councils, through members, staff, consultants, contractors, or grantees shall have specific responsibilities, as defined in the federal law. Some of our responsibilities are:

- Systemic change, capacity building and advocacy
- Examination of priority areas
- State plan development, implementation and monitoring
- Demonstration of new approaches
- Outreach
- Training
- Supporting communities
- Interagency collaboration and coordination
- Coordination with related councils
- Barrier elimination, systems design and citizen participation
- Public education and coalition development
- Informing policymakers
- Prevention
- Other activities consistent with the DD Act

ADD network partners. The DD Act (PL 106-402) provides the DD Council with two partners, 1) the protection and advocacy system: The NC Governor's Advocacy Council for Persons with Disabilities; and 2) Centers for Excellence in Developmental Disability Research, Education and Service: In NC, the Center for Development and Learning. Together, these three agencies make up North Carolina's "Administration on Developmental Disabilities (ADD) Network." Our state ADD network is administered through the Region IV Administration on Children and Families ADD office in Atlanta: telephone: 404-562-2911.

The Governor's Advocacy Council for Persons with Disabilities (GACPD) is charged with protecting the legal and human rights of people with developmental and other disabilities. Its address is 2113 Cameron Street, Suite 218, Raleigh, NC 27605-1275. The toll-free number for GACPD is 1-800-821-6922. The GACPD Website is <http://www.doa.state.nc.us/doa/gacpd/gacpd.htm>.

The Center for Development and Learning (CDL) is charged with 1) the preparation of students, fellows and other leadership personnel; 2) community training and technical assistance for or with people with developmental disabilities, professionals, paraprofessionals, students and volunteers; and 3) dissemination of information and research findings. The address for the CDL is Campus Box 7255, University of North Carolina, Chapel Hill, NC 27599-7255. Its Website is <http://cdl.unch.unc.edu>.

State partners. The Council has many partners. Some are represented on the Council itself: people with developmental disabilities or family members of people with developmental disabilities; the public at large; non-governmental agencies; local governmental agencies; the Office of the Secretary of the Department of Health and Human Services (DHHS); the NC General Assembly; the Division of Mental Health, Developmental Disabilities, and Substance Abuse; the Division of Aging; the Department of Public Instruction, Division of Exceptional Children; the Division of Social Services; the Division of Vocational Rehabilitation; the Division of Medical Assistance; the Division of Maternal and Child Health; and the Department of Corrections, Mental Health and Psychological Services.

The Council is a member of numerous advisories, task forces, committees, councils, and consortia, including the NC Developmental Disabilities Consortium and the Coalition 2001.

Becoming part of the DD Council family. The 32 members of the DD Council are appointed by the governor and serve on a voluntary basis. Each year, the Council advertises for new members, who serve a four-year term. We review all applications and make recommendations to the governor for his consideration. The Council holds public meetings four times a year and welcomes guests. Each meeting closes with a "public comment" period. If you are a person with a disability and would like to attend a meeting, please let us know in advance of any accommodation you may require.

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

State Councils on Developmental Disabilities Program

Under Part B of the Act, the State Councils on Developmental Disabilities program provides financial assistance to each State to support the activities of Developmental Disabilities Council in that State. Councils are uniquely composed of individuals with significant disabilities, parents and family members of people with developmental disabilities, and representatives of State agencies that provide services to individuals with developmental disabilities. Together, this group of individuals develops and implements a statewide plan to address the Federally-mandated priority of employment, and optionally any of three other Federal priorities (case management, child development, and community living) as well as one optional State priority.

The emphasis of the Councils is to increase the independence, productivity, inclusion and integration into the community of people with developmental disabilities, through a variety of systemic change, capacity building, and advocacy activities on their behalf, including development of a State Plan, which lays out activities for demonstration of new approaches to enhance their lives; training activities; supporting communities to respond positively; educating the public about their abilities, preferences, and needs; providing information to policy-makers to increase their opportunities; and eliminating barriers.

Fiscal Year 1999 appropriations provided \$64,803,000 to support these activities.

This program is authorized under Part B of the Act.

LISTING OF STATE COUNCILS ON DD

ALABAMA

STATE COUNCILS ON DD
Alabama State Council for DD
RSA Union Building
Halcyon
Post Office Box 301410
Montgomery, AL 36130-1410
Phone: (334) 242-3973
Toll Free: (800) 846-3735
FAX: (334) 242-0797
Web Page: <http://www.acdd.org>
Executive Director:
Sheryl Matney
E-Mail: addpc@mh.state.al.us
Chair: Elizabeth Prince
E-Mail: bdprince@rehab.state.al.us

ALASKA

STATE COUNCILS ON DD
Governor's Council on Disabilities
And Special Education
3601 C Street, Suite 740 (physical
address)
P.O. Box 240249 (mailing address)
Anchorage, AK 99524-0249
Phone: (907) 269-8990
FAX: (907) 269-8995
Executive Director:
David Maltman
E-Mail:
dmaltman@health.state.ak.us
Chair: Marie Simmons
E-Mail:
msimmons@tananachiefs.org

AMERICAN SAMOA

STATE COUNCILS ON DD
American Samoa
Developmental Disabilities Council
P.O. Box 194
Pago Pago, AS 96799
Phone: (011-684) 633-5908
FAX: (011-684) 633-2919
E-Mail: council@samoatelco.com
Executive Director:
Henry Sesepasara
Chair: Lu Tagisia Faumuina

ARIZONA

STATE COUNCILS ON DD
Governor's Council on
Developmental Disabilities
1717 West Jefferson Street
Rm. 112, Site Code 074Z
Phoenix, AZ 85007
Phone: (602) 542-4049
FAX: (602) 542-5320
Executive Director:
Michael Ward
E-Mail: vomw3617@de.state.az.us
Chair: Josephine Frampton
E-Mail: elect@whitemtns.com

ARKANSAS

STATE COUNCILS ON DD
Governor's Developmental
Disabilities
Planning Council
Freeway Medical Tower
5800 West 10th, Suite 805
Little Rock, AR 72204
Phone: (501) 661-2589
TDD: (501) 661-2736
FAX: (501) 661-2399
Executive Director:
Wilma Stewart
E-Mail:
wstewart@healthyarkansas.com
Chair:
Terrell Tebbetts
E-Mail: ttebbetts@lyon.edu

CALIFORNIA

STATE COUNCILS ON DD
California State Council on
Developmental Disabilities
2000 "O" Street, Suite 100
Sacramento, CA 95814
Phone: (916) 322-8481
TDD: (916) 324-8420
FAX: (916) 443-4957
Executive Director:
Judy McDonald
E-Mail: jeaton@dss.ca.gov
Chair: Martin Appel

COLORADO

STATE COUNCILS ON DD
Colorado Developmental Disabilities
Planning Council
Stapleton Plaza Office Center
3333 Quebec St., Suite 6009
Denver, CO 80207
Web Page:
<http://www.cddpc@state.co.us>
Phone: (720) 941-0176
FAX: (720) 941-8490
Acting Director: Marcia Tewell
Phone: (720) 941-1809

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

STATE COUNCILS ON DD
CNMI Governor's Developmental
Disabilities Council
P.O. Box 2565
U.S. Northern Marianas
Saipan, MP 96950-2565
Phone: (670) 664-7000
TDD: (670) 322-3014
FAX: (670) 664-7030
E-Mail: gddc@cnmiddcouncil.org
Web Page:
<http://www.cnmiddcouncil.org>
Executive Director:
Thomas J. Camacho
E-Mail:
tcamacho@cnmiddcouncil.org
Chair: Lydia M. Sablan

CONNECTICUT

STATE COUNCILS ON DD
Connecticut Council on
Developmental Disabilities
460 Capitol Avenue
Hartford, CT 06106-1308
Phone: (860) 418-6160
TTY: (860) 418-6172
Toll Free: (800) 653-1134
FAX: (860) 418-6003
Web Page:
<http://www.state.ct.us/ctcdd/>
E-Mail: maggie.carr@po.state.ct.us

Executive Director: Edward T.
Preneta
E-Mail: ed.preneta@po.state.ct.us
Chair: Margaret M. Cohan

DELAWARE

STATE COUNCILS ON DD
State of Delaware
Developmental Disabilities Council
Margaret M. O'Neill Building, 2nd
Floor
410 Federal Street, Suite 2 Dover,
DE 19901
Phone: (302) 739-3333
Toll Free: (800) 273-9500 (Out-of-
state)
Toll Free TDD: (800) 464-HELP (In-
state)
FAX: (302) 739-2015
Executive Director:
Sandy Reyes
E-Mail: sreyes@state.de.us
Chair: Larry Henderson
E-Mail: independentcil@juno.com

WASHINGTON, DC

STATE COUNCILS ON DD
D.C. DD Council
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Building 801 East, Room 1301
Washington, D.C. 20032
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TDD: (202) 279-6089
FAX: (202) 279-6090
Acting Director:
Mary Brown
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Chair: Florence Blair

GOV'T OF FEDERATED STATES OF MICRONESIA

STATE COUNCILS ON DD
Gov't of Federated States
of Micronesia
Department of Education
Palikir, Pohnpei, FM 96941
Phone: (691) 320-2609
FAX: (691) 320-5500
Executive Director: Yosiro Suta

Chair: Ferdinand S. Frederick

FLORIDA

STATE COUNCILS ON DD
Florida DD Council
124 Marriott Drive, Suite 203
Tallahassee, FL 32301-2981
Phone: (850) 488-4180
TDD: (850) 488-0956
Toll Free: (800) 580-7801
FAX: (850) 922-6702
Web Page: <http://www.fddc.org>
Executive Director:
Joseph Krieger
E-Mail: joek.fddc@nettally.com
Chair: Linda Merrell

GEORGIA

STATE COUNCILS ON DD
Governor's Council on
Developmental Disabilities for
Georgia
2 Peachtree St., NW, #3-210
Atlanta, GA 30303
Phone: (404) 657-2126
TDD: (404) 657-2133
FAX: (404) 657-2132
Web Page: <http://www.ga-ddcouncil.org>
Executive Director:
Eric E. Jacobson
E-Mail: eejacobson@dhr.state.ga.us
Chair: Lynette Bragg
E-mail:
BraggLy1@memorialmed.com

GUAM

STATE COUNCILS ON DD
Guam DD Council
104 E Street
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FAX: (671) 475-9128
E-Mail: gnamddc@netpci.com
Executive Director:
Rodney Priest
E-Mail: guamddc@netpci.com
Chair: Heidi San Nicolas
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HAWAII

STATE COUNCILS ON DD
Hawaii State Planning Council
on Developmental Disabilities
919 Ala Moana Blvd., Ste #113
Honolulu, HI 96814
Phone: (808) 586-8100
FAX: (808) 586-7543
E-Mail: hiddc@pixi.com
Executive Director: Diana C. Tizard
Chair: David Woll
E-Mail: Wolld001@hawaii.rr.com

IDAHO

STATE COUNCILS ON DD Idaho
State Council on
Developmental Disabilities
802 W. Bannock St., Suite 308
Boise, ID 83702-0280
Phone: (208) 334-2179
TDD: (208) 334-2179
Toll Free: (800) 544-2433 (Idaho
only)
FAX: (208) 334-3417
Web Page:
<http://www2.state.id.us/icdd/>
E-Mail: icdd@icdd.state.id.us
Executive Director, Marilyn Sword
E-Mail: msword@icdd.state.id.us
Chair: Kathy Gneiting
E-Mail: gneiting@ida.net

ILLINOIS

STATE COUNCILS ON DD
Illinois Council on Developmental
Disabilities
830 S. Spring Street
Springfield, IL 62704
Illinois Council on Developmental
Disabilities
100 W Randolph, Suite 10-600
Chicago, IL 60601
Phone: (217) 782-9696
FAX: (217) 524-5339
Executive Director: Sheila Romano
E-Mail: sromano@mail.state.il.us
Chair: Jill Garrett
E-Mail:
garrettj@housegopmail.state.il.us

INDIANA

STATE COUNCILS ON DD
Governor's Council for People with
Disabilities
43 W. Market Street
Harrison Building, Suite 404
Indianapolis, IN 46204
Phone: (317) 232-7770
FAX: (317) 233-3712
Executive Director: Suellen Jackson-
Boner
E-Mail: suellen@in.net
Chair: Gary Miller, Ph.D.

IOWA

STATE COUNCILS ON DD
Governor's DD Council
617 E. Second Street
Des Moines, IA 50309
Phone: (515) 281-9083
Toll Free: (800) 452-1936
FAX: (515) 281-9087
Executive Director
Becky Maddy Harker
E-Mail: bharker@dhs.state.ia.us
Chair: Bob Bacon
E-Mail: Robert-bacon@uiowa.edu

KANSAS

STATE COUNCILS ON DD
Kansas Council on Developmental
Disabilities
Docking State Office Bldg.
915 S.W. Harrison, Room 141
Topeka, KS 66612-1570
Phone: (785) 296-2608
FAX: (785) 296-2861
Web Page:
<http://www.nekesc.org/kids/kcdd.html>
Executive Director: Jane Rhys, Ph.D.
E-Mail: jrhys@midusa.net
Chair: Dave Hederstedt
E-Mail:
dave_hederstedt@fnbhutch.com

KENTUCKY

STATE COUNCILS ON DD
Kentucky Developmental Disabilities
Council
100 Fair Oaks Lane, 4th FL.

Frankfort, KY 40621-0001
Phone: (502) 564-7841
Toll Free: (877) 367-5332
FAX: (502) 564-5478
Executive Director: Pat Sybold
E-Mail: pat.seybold@mail.state.ky.us
Chair: Veronica Brown
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LOUISIANA

STATE COUNCILS ON DD
Louisiana State Planning Council
on Developmental Disabilities
200 Lafayette St., Suite 404
Baton Rouge, LA 70821-3455
Phone: (225) 342-6804
FAX: (225) 342-1970
Executive Director:
Santee Winchell
E-Mail: swinchel@dhh.state.la.us
Chair: Mike Vasko
E-Mail: mvasko@spraymaxinc.com

MAINE

STATE COUNCILS ON DD
Maine DD Council
Togus Ctr. Bldg. 205 Room 313
139 State House Station
Nash Building
Augusta, ME 04333-0139
Phone: (207) 287-4213
FAX: (207) 287-8001
Executive Director: Peter R. Stowell
E-Mail: peter.stowell@state.me.us
Chair: James Meehan
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MARYLAND

STATE COUNCILS ON DD
Maryland DD Council
One Market Center, Box 10
300 West Lexington Street
Baltimore, MD 21201-2323
Phone: (410) 333-3688
FAX: (410) 333-3686
E-Mail: MDDC@erols.com
Acting Director: Cathy Lyle
Chair: Jackie Golden

MASSACHUSETTS

STATE COUNCILS ON DD
Massachusetts DD Council
174 Portland Street, 5th Floor
Boston, MA 02114
Phone: (617) 727-6374 - ext.108
TDD: (617) 727-1885
FAX: (617) 727-1174
Web Page:
<http://www.state.ma.us/mddc/>
Executive Director:
Daniel M. Shannon
E-Mail: dan.shannon@anf-
cbo.state.ma.us
Chair: Thomas Healy

MICHIGAN

STATE COUNCILS ON DD
Michigan D.D. Council
Lewis Cass Building 6th Floor
Lansing, MI 48913
Mailing Federal Express, UPS
etc. use zip code - 48933
Regular mail use zip - 48913
Phone: (517) 334-6769/7240
TDD: (517) 334-7354
FAX: (517) 334-7353
Executive Director: Vendella Collins
E-Mail: collinsve@state.mi.us
Chair: Karla L. Kirkland
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MINNESOTA

STATE COUNCILS ON DD
Governor's Council on Dev.
Disabilities Minnesota Dept. of
Administration
370 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
Phone: (651) 296-4018
Toll Free (877) 348-0505
TDD: (651) 296-9962
FAX: (651) 297-7200
E-Mail: admin.dd@state.mn.us
Web Page: <http://www.mnddc.org>
Executive Director: Colleen Wieck,
Ph.D
E-Mail: colleen.wieck@state.mn.us
Chair: Jackie Mlynarczyk

E-Mail: ceo@kaposia.com

MISSISSIPPI

STATE COUNCILS ON DD
Developmental Disabilities Council
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
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TDD: (601) 359-6230
FAX: (601) 359-6295
Executive Director:
Edwin L. Butler
E-Mail: MSDDC@hotmail.com
Chair: DR.Jane Taylor

MISSOURI

STATE COUNCILS ON DD
Missouri Council for Developmental
Disabilities
P.O. Box 687
1706 E. Elm Street
Jefferson City, MO 65102
Phone: (573) 751-8611
TDD: (573) 751-8611
Toll Free: (800) 500-7878
FAX: (573) 526-2755
Web page:
<http://www.modmh.state.mo.us/mrdd/moplan/moplan.html>
Executive Director: Kay Conklin
E-Mail: nthurst@aol.com
Chair: Neva Thurston
E-Mail: mvasko@spraymaxinc.com

MONTANA

STATE COUNCILS ON DD
Montana DD Planning Council
NADDChes
P.O. Box 526
Helena, MT 59624
Phone: (406) 444-1338
FAX:(406) 444-5999
Executive. Director: Deborah
Swingley
E-Mail: dswingley@state.mt.us
Chair: Othelia Schulz

NEBRASKA

STATE COUNCILS ON DD

Governor's Council on DD
301 Centennial Mall, South
P.O. Box 95044
Lincoln, NE 68509-5044
Phone: (402) 471-2330
TDD (402) 471-9570
FAX: (402) 471-0383
E-Mail:
doh7111@vmhost.cdp.state.ne.us
Executive Director: Mary Gordon
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Mary.Gordon@hhss.state.ne.us
Chair: Linda Walker Gardels
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NEVADA

STATE COUNCILS ON DD
Governor's Council on DD
711 S. Stewart Street
Carson City, NV 89710
Phone: (775) 687-4452
TDD: (775) 687-3388
FAX: (775) 687-3292
Executive Director: Ken Vogel
E-Mail: kvogel@govmail.state.nv.us
Chair: George Brown

NEW HAMPSHIRE

STATE COUNCILS ON DD
New Hampshire DD Council
The Concord Center, Unit 315
10 Ferry Street
Concord, NH 03301-5004
Phone: (603) 271-3236
Toll Free TDD: (800) 735-2964
FAX: (603) 271-1156
E-Mail: nhddcncl@aol.com
Executive Director: Alan Robichaud
Chair: James Piet
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NEW JERSEY

STATE COUNCILS ON DD
New Jersey DD Council
32 West State Street, CN 700
Trenton, NJ 08625-0700
Phone: (609) 292-3745
FAX: (609) 292-7114
E-Mail: njddc@njddc.org
Executive Director: Ethan B. Ellis

Chair: Maureen Babula
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NEW MEXICO

STATE COUNCILS ON DD
New Mexico DD Council
435 St. Michael's Drive
Building D
Santa Fe, NM 87505
Phone: (505) 827-7590
FAX: (505) 827-7589
Executive Director:
Pat Putnam
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Chair: Bob Pasternack, Ph.D.
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NEW YORK

STATE COUNCILS ON DD
New York State DD Council
155 Washington Ave., 2nd. Floor
Albany, NY 12210
Phone: (518) 486-7505
TDD: (518) 486-7505
Toll Free: (800) 395-3372
FAX: (518) 402-3505
Web Page:
<http://www.ddpc.state.ny.us>
Executive Director: Sheila M. Carey
E-Mail: scarey@ddpc.state.ny.us
Chair: Michael J. Mackin
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NORTH CAROLINA

STATE COUNCILS ON DD
North Carolina Council on
Developmental Disabilities
1001 Navaho Dr. Suite GL103
Raleigh, NC 27606
Phone: (919) 850-2833
Toll Free: (800) 357-6916
FAX: (919) 733-1863
Web Page: <http://www.nc-ddc.org>
Executive Director: Holly Riddle
E-Mail: holly.riddle@ncmail.net
Chair: Bill Morris
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NORTH DAKOTA

STATE COUNCILS ON DD
State Council on Developmental
Disabilities
ND Dept. of Human Services
600 East Boulevard Avenue
Bismarck, ND 58505-0250
Phone: (701) 328-8953
FAX: (701) 328-8969
E-Mail: sowalt@state.nd.us
Executive Director: Tom Wallner
E-Mail: sowalt@state.nd.us
Chair: Terry Woelber

OHIO

STATE COUNCILS ON DD
Ohio Developmental Disabilities
Planning Council
8 East Long Street, 12th Floor
Columbus, OH 43215
Phone: (614) 466-5205
TDD: (614) 644-5530
FAX: (614) 466-0298
Web Page:
<http://www.state.oh.us/ddc/>
Executive Director: David Zwyer
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david.zwyer@dmr.state.oh.us
Chair: Stuart Warshauer
E-Mail: swarshau@one.net

OKLAHOMA

STATE COUNCILS ON DD
Oklahoma DD Council
3033 N. Walnut, Suite 105-E
Oklahoma City, OK 73105
Phone: (405) 528-4984
TDD: (405) 528-4984
Toll Free: (800) 836-4470
FAX: (405) 528-0956
Web Page: <http://www.okddc.org>
E-Mail: OPCDD@aol.com
Executive Director: Ann Trudgeon
E-Mail: atrudgeon@okddc.org
Chair: Oneal Netherland

OREGON

STATE COUNCILS ON DD

Oregon DD Council
540 24th Place, NE
Salem, OR 97301-4517
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Toll Free: (800) 292-4154
FAX: (503) 945-9947
E-Mail: ODDC@aol.com
Executive Director: Charlotte Duncan
Chair: Kirby Erickson
E-Mail: Kirbye@magick.net

PENNSYLVANIA

STATE COUNCILS ON DD
Pennsylvania DD Council
569 Forum Building
Commonwealth Avenue
Harrisburg, PA 17120-0001
Phone: (717) 787-6057
FAX: (717) 772-0738
E-Mail: PADDPC@aol.com
Executive Director: Graham
Mulholland
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Chair: Paul O'Hanlon

PUERTO RICO

STATE COUNCILS ON DD
Puerto Rico DD Council
P.O.Box 9543
Santurce, PR 00908-0543
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FAX: (787) 721-3622
E-Mail: prced@prtc.net
Executive Director:
Ethel M. Torres Arroyo
Chair: Vicente Sanabria Acevedo,
Esq.

RHODE ISLAND

STATE COUNCILS ON DD
Rhode Island DD Council
400 Bald Hill Road
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PROTECTION AND ADVOCACY (P&A)

P&A are Federally mandated systems in each state and territory. They provide protection of the rights of persons with disabilities through legal based advocacy. P&A's were established to address public outcry in response to the abuse, neglect, and lack of programming in institutions for persons with disabilities. Congress has created distinct statutory programs to address the needs of different populations of persons with disabilities.

The Protection and Advocacy for Persons with developmental Disabilities (PADD) Program was created by the Developmental Disabilities Assistance and Bill of Rights (DD) Act of 1975. P&A's are required by the Act to pursue legal, administrative and other appropriate remedies to protect and advocates for the rights of individuals with developmental disabilities under all applicable federal and state laws.

The governor in each state designated an agency to be the P&A system, and provided assurance that the system was and would remain independent of any service provider. 1994 amendments to the DD Act expanded the system to include a Native American P&A program.

Administration for Children Youth and Families, Administration on Developmental Disabilities (ADD) administers the PADD program.

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program was established in 1986. Each state has a PAIMI program that receives funding from the national Center for Mental Health Services. Agencies are mandated to (1) protect and advocate for the rights of people with mental illness and (2) investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illness. Agencies provide advocacy services or conduct investigations to address issues that arise during transportation or admission to, the time of residency in, or 90 days after discharge from such facilities. The system designated to serve, as the PADD program in each state and territory is also responsible for operating the PAIMI program.

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) administers the PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) Program was established by Congress as a national program under the Rehabilitation Act in 1993. PAIR programs were established to protect and advocate for the legal and human rights of persons with disabilities.

Although PAIR is funded at a lower level than PADD and PAIMI, it represents an important component of a comprehensive system to advocate for the rights of all persons with disabilities. The system designated to serve, as the PADD program in each state and territory is also responsible for operating the PAIR program.

Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (RSA) administers PAIR. **The Client Assistance Program (CAP)** was established as a mandatory program by the 1984 Amendments to the Rehabilitation (Rehab) Act. Every state and territory, as a condition for receiving allotments under Section 110 of the Rehab Act, must have a CAP.

CAP services include assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of persons receiving or seeking services under the Rehab Act.

Rehabilitation Services Administration also administers CAP.

The Protection & Advocacy for Assistive Technology (PAAT) Program was created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act) to include funding for P&A's to "assist individuals with disabilities and their family members, guardians, advocates and authorized representatives in accessing technology devices and assistive technology services" through case management, legal representation and self advocacy training.

Originally passed by Congress in 1988, the Tech Act set up a lead agency in each state to coordinate activities to facilitate access to, provision of and funding for assistive technology devices and services for individuals with disabilities.

Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR) administers PAAT.

Eligibility & Priorities

The DD Act requires that **PADD** clients meet the definition of developmental disabilities as defined in the Act as chronic and attributable to mental and/or physical impairments which must be evident prior to the age of twenty-two. They tend to be life long and result in substantial limitations in three or more the major life areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Individuals eligible for **PAIMI** must have significant mental illness or emotional impairment and reside in residential facilities. These facilities, which may be public or private, include hospitals, nursing homes community facilities, board and care homes, homeless shelters, jails and prisons. PAIMI may address issues, which arise during transposition or admission to, the time of residency in, or 90 days after discharge from such facilities.

Persons eligible for **PAIR** are individuals with disabilities who are not eligible for the PADD or PAIMI programs, or whose issues do not fall within the jurisdiction of CAP.

Individuals eligible for **CAP** are those persons who are seeking or receiving services from a Rehab Act project, program or community rehabilitation program.

In addition, P&As develop priorities, after receiving public comment, which establish case selection criteria. Priorities must insure that the most vulnerable populations or those with complex advocacy needs are served before less vulnerable populations. P&As must reach out to unserved or underserved populations. The need to prioritize is necessary as the demand for representation often exceeds the resources of the P&A system.

Legally based advocacy for persons with disabilities based on the following principles:

Equality, Equity and Fairness - People with disabilities are full and equal citizens under the law. They are entitled to equal access to the same opportunities afforded all members of society. People with disabilities are entitled to be free from abuse, neglect, exploitation, discrimination, and isolation, and to be treated with respect and dignity.

Meaningful Choice and Empowerment - People, regardless of age, type and level of disability have the right to make choices both with respect to daily routines and major life events.

Supports and Participation - Services and supports are shaped by the unique needs and preferences of each individual, and assure and enhance opportunities for integration in all aspects of life. Services are age-appropriate and premised on the fact that people with disabilities, continue to learn, change and develop throughout their lives. For children such growth is best accomplished within families, and for adults, within integrated communities, rather than institutions.

Independence - Advocacy services are based on a philosophy of equal access, peer support and self-determination to be achieved through individual, professional and system advocacy. Services are delivered in a manner that maximizes leadership, independence, productivity and integration of individuals with disabilities.

Cultural Competency - Advocacy services reflect, and are responsive to, the diverse cultural, ethnic and racial composition of society.

Activities of a P&A System include: Investigating, negotiating or mediating solutions to problems expressed by persons with disabilities eligible for P&A and CAP services;

- Providing information and technical assistance to individuals, attorneys, governmental agencies, services providers and other advocacy organizations;
- Providing legal counsel and litigation services to eligible persons and groups who satisfy the established priorities for the provision of services; and
- Providing education and training for their staff, governing boards, advisory councils, volunteers, service delivery professionals, constituency groups and the community.

In addition, P&A systems interact with elected and appointed officials to share information which will assist policy makers in making legislative and administrative changes which benefit persons with disabilities.

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NATIONAL ASSOCIATION OF PROTECTION AND ADVOCACY

NAPAS, is the voluntary national membership association of protection & advocacy systems and client assistance programs, assumes leadership in promoting and strengthening the role and performance of its members in providing quality legally based advocacy services. NAPAS has a vision of a society where people with disabilities exercise self-determination and choice and have equality of opportunity and full participation. NAPAS believes this vision will be realized through the enactment and vigorous enforcement of laws protecting civil and human rights.

NAPAS was created to: facilitate coordination of its members; represent the needs of members before federal agencies and Congress; and provide technical assistance and training to member agencies, which enhance their effectiveness on the state and local level.

NAPAS has daily contact with P&As and CAPs nationally and has provided training and technical assistance to its members since its inception. NAPAS' goals and activities are based on its understanding of the needs and capacities of the P&A/CAP network.

NAPAS is a non-profit membership organization chartered by the State of Florida in 1983. It is exempt from federal income taxes under section 501 (3) of the Internal Revenue Code.

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NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE.

The University Centers is a discretionary grant program providing for operational and administrative support to University Centers in the States as part of a national network to support interdisciplinary training, exemplary services, technical assistance, and information/dissemination activities.

The mission of University Centers is to serve as liaisons between academic expertise and institutions of higher learning and service delivery systems so as to positively affect the lives of individuals with developmental disabilities and their families by increasing their independence, productivity, and integration into communities.

The University Centers have evolved considerably during their history since 1963. Fifiield and Fifiield, in their 1995 historical survey of University Centers, consider their evolution to have occurred within three periods. The first period (1963-1974) emphasized the construction of institutions, closely associated with Universities, and predominantly serving persons with mental retardation, at which clinical services, diagnosis and treatment, and the training of personnel and centralized expertise were provided. The second period (1975-1986) emphasized community-based service, developmental concepts, providing services through a person's full life span, and emerging environmental concerns. This period included the expansion of the definition of developmental disabilities to include autism and learning disabilities. It also saw the creation of the three major components of the present developmental disabilities system: State Developmental Disabilities Planning Councils, Protection and Advocacy Agencies, and University Centers. The third period (1987 to present) has emphasized a consumer focus, as exemplified by the completion of an extensive national consumer satisfaction evaluation study ("The 1990 Report"), and brought the issues of consumer empowerment, independence and inclusion into major focus.

Currently, University Centers engage in four broad tasks: conducting interdisciplinary training, promoting exemplary community service programs, providing technical assistance at all levels from local service delivery to community and state governments, and conducting research and dissemination activities. UAPs provide community training and technical assistance to family and individual support service organizations, working with individuals with developmental disabilities, family members of these individuals, professionals, paraprofessionals, students, and volunteers. Direct exemplary service programs and the provision of training and technical assistance may include activities in the areas of family support, individual support, personal assistance services, clinical services, prevention services, health, education, vocational and other direct services. The University Centers continue to contribute to the development of new knowledge through research, development and field-testing of models, and the evaluation of existing as well as innovative practices.

Over the past decade, the network of University Centers has increased from 40 at the time of the 1987 reauthorization to its present total of 61, with 60 additional training initiative projects in the areas of early intervention, community services, positive behavioral supports, assistive technology, community transition, the Americans with Disabilities Act, aging, and special concerns. Fiscal year 1995 marked the completion of the legislative mandate that every State and Territory be served by at least one university affiliated program, and saw the addition of the Guam University Center. This expansion and development of new programs is concurrent with an increased impetus for excellence, accountability and involvement of consumers and consumer organizations.

Fiscal Year 1999 appropriations provided \$17,461,000 to support these activities.

This program is authorized under Part D of the Act.

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Ritter Hall Annex-00400

13th St. and Cecil B. Moore Ave.
Philadelphia, PA 19122-4015
Phone: (215) 204-1356
FAX: (215) 204-6336
Web
Page:http://www.temple.edu/inst_disabilities/
Executive Director:
Diane N. Bryen, Ph.D.

PUERTO RICO

UNIVERSITY CENTERS
University of Puerto Rico
Medical Sciences Campus
Graduate School of Public Health/
Institute on Developmental
Disabilities
P.O.Box 365067
San Juan, PR 00936-5067
Phone: (787) 754-4377
FAX: (787) 759-6719
Executive Director:
Margarita Miranda, Ph D.

RHODE ISLAND

UNIVERSITY CENTERS
University Affiliated Program
Of Rhode Island
Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908
Phone: (401) 456-8024
FAX: (401) 456-8072
Executive Director:
A. Anthony Antosh, Ph.D.

SOUTH CAROLINA

UNIVERSITY CENTERS
University of South Carolina
Center for Developmental Disabilities
Columbia, SC 29208
Phone: (803) 935-5248

FAX: (803) 777-6058
Web Page:<http://www.cddc.sc.edu>
Executive Director: Richard
R.Ferrante, Ph.D.
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SOUTH DAKOTA

UNIVERSITY CENTERS
Center for the Developmentally
Disabled
University of South Dakota
School of Medicine
1400 W. 22nd Street
Sioux Falls, SD 57069-9999
Phone: (605) 357-1439
FAX: (605) 357-1438
Web
Page:<http://www.usd.edu/sduap/home.html>
Executive Director: Judy Struck,
M.A.

TENNESSEE

UNIVERSITY CENTERS
Boling Center for Developmental
Disabilities
University of Tennessee
711 Jefferson Avenue
Memphis, TN 38105-0418
Phone: (901) 448-6511
FAX: (901) 448-7097
Executive Director:
Frederick B. Palmer, M.D.

TEXAS

UNIVERSITY CENTERS
University Affiliated Program
University of Texas at Austin
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Austin, TX 78712-1290
Phone: (512) 471-7621
FAX: (512) 471-7549
Executive Director:
Penny C. Seay, Ph.D.

UTAH

UNIVERSITY CENTERS

Center for Persons with Disabilities
A University Affiliated Program
Utah State University
Logan, UT 84322-6800
Phone: (801) 797-1981
FAX: (801) 797-3944
Web Page:<http://www.cpd.usu.edu>
Executive Director: Marvin Fifield,
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VERMONT

UNIVERSITY CENTERS
Center on Disability and Community
Inclusion
5 Burlington Square, Ste 450
University of Vermont
Burlington, VT 05401-4439
Phone: (802) 656-4031
FAX: (802) 656-1357
Web
Page:<http://www.uvm.edu/~uapvt/>
Executive Director:
Chigee Cloninger, Ph.D.

VIRGIN ISLANDS

UNIVERSITY CENTERS
University of the Virgin Islands
Division of Education
No. 2 John Brewers Bay
St. Thomas, VI 00802-9990
Phone: (304) 693-1323
FAX: (304) 693-1325
Executive Director:
Yegin Habteyes, Ph.D.

VIRGINIA

UNIVERSITY CENTERS
VIDD
P.O. Box 843020
700 E. Franklin St.,
Richmond, VA 23284-3020
Phone: (804) 828-3876
FAX: (804) 828-0042
Web Page:<http://www.vcu.edu/vidd>
Executive Director:
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WASHINGTON

UNIVERSITY CENTERS

Center on Human Development
& Disability

University of Washington
Box 357920 - Columbia Street
Clinic Building

Seattle, WA 98195-920

Phone: (206) 543-2832

FAX: (206) 543-5771

Web

Page:<http://www.depts.washington.edu/chdd/>

Executive Director:

Michael J.Guralnick, Ph.D.

WEST VIRGINIA

UNIVERSITY CENTERS

University Affiliated Center for
Developmental Disabilities
West Virginia University
Airport Research & Office Park

955 Hartman Run Road

Morgantown, WV 26505

Phone: (304) 293-4692

FAX: (304) 293-7294

Web

Page:<http://www.wuv.edu/~uacdd/>

Executive Director:

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WISCONSIN

UNIVERSITY CENTERS

Waisman Center on Mental
Retardation and Human
Development

University of Wisconsin

1500 Highland Avenue

Madison, WI 53705-2280

Phone: (608) 263-5776

FAX: (608) 263-0529

Web

Page:<http://www.waisman.wisc.edu/index.html>

Executive Director:

Terrence R. Dolan, Ph.D.

WYOMING

UNIVERSITY CENTERS

Wyoming Institute for Disabilities

College of Health Sciences

University of Wyoming

112 Education Building.

Laramie, WY 82071-4298

Phone: (307) 766-2761

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E-Mail: WIND.uw@uwyo.edu

Executive Director:

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NATIONAL ASSOCIATIONS

UNIVERSITY CENTERS

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Executive Director:

Dr. George Jesien

TECHNICAL ASSISTANCE ALLIANCE FOR PARENT CENTERS

What Is the Alliance?

The Technical Assistance Alliance for Parent Centers (the Alliance) is funded by the U.S. Department of Education, Office of Special Education Programs, to serve as the coordinating office for the Technical Assistance to Parent Projects beginning October 1, 1997. The Alliance is a new innovative project which focuses on providing technical assistance for establishing, developing, and coordinating Parent Training and Information Projects under the Individuals with Disabilities Education Act. The Alliance offers a variety of resources to assist the Parent Centers as they move into the 21st Century. This will further strengthen the Parent Centers' ability to effectively serve the families in their community whose children have disabilities.

What Are Parent Training and Information Centers?

Parent Training and Information Centers (PTIs) in each state provide training and information to parents of infants, toddlers, children, and youth with disabilities and professionals who work with children. This assistance helps parents to participate more effectively with professionals in meeting the educational needs of children and youth with disabilities.

How Will PTIs Benefit?

PTIs, will benefit from the following:

1. Computerized, user-friendly linkages with one another, including Web sites;
2. Increased opportunities to network and coalesce with one another around issues which impact children, students, and families in special education;
3. Opportunities to apply to be a center of expertise; and
4. Collaborative activities with larger constituencies in the public and private sectors, including businesses and direct access to teams of experts.

Who Is a Part of the Alliance?

The Alliance is a partnership comprised of a coordinating office located at PACER Center in Minnesota and four regional centers located in New Hampshire, Ohio, Texas, and California. Alliance partners are as follows:

Alliance Coordinating Office:

PACER Center

8161 Normandale Blvd.
Minneapolis, MN 55437-1044
(952) 838-9000 voice
(952) 838-0190 TTY
(952) 838-0199 fax
1-888-248-0822 toll free number
nationwide

E-mail: alliance@taalliance.org

Web site: www.taalliance.org

Paula F. Goldberg, Project Co-

Director

Sharman Davis Barrett, Project Co-Director

Sue Folger, TA Project Administrator

Dao Xiong, Multicultural Advisor

Jesús Villaseñor, Multicultural Advisor

Northeast Regional Center

Parent Information Center
P.O. Box 2405
Concord, NH 03302-2405
(603) 224-7005 voice & TDD
(603) 224-4365 fax
E-mail: picnh@aol.com
Judith Raskin, Regional Director
Lori Salvi, TA Coordinator
Lilly Ramos Spooner, Multicultural
TA Coordinator
Covering: CT, DE, DC, ME, MD, MA,
NH, NJ, NY, PA, PR, RI, VT, USVI

Midwest Regional Center

Ohio Coalition for the Education of
Children with Disabilities (OCECD)
Bank One Building
165 West Center Street, Suite 302
Marion, OH 43302-3741
(740) 382-5452 voice & TDD
(740) 383-6421 fax
E-mail: ocecd@gte.net
Margaret Burley, Regional Director
Dena Hook, TA Coordinator
Gloria Mitchell, Multicultural TA
Coordinator
Covering: CO, IL, IA, IN, KS, KY, MI,
MN, MO, NE, ND, OH, SD, WI

South Regional Center

Partners Resource Network, Inc.
1090 Longfellow Drive, Suite B
Beaumont, TX 77706-4819
(409) 898-4684 voice & TDD
(409) 898-4869 fax
E-mail: path@partnerstx.org
Janice S. Meyer, Regional Director
Melissa LeBlanc, Technical
Assistance Coordinator
J. Linda Juarez, Multicultural TA
Coordinator
Covering: AL, AR, FL, GA, LA, MS,
NC, OK, SC, TN, TX, VA, WV

West Regional Center

Matrix Parent Network and Resource
Center
94 Galli Drive, Suite C
Novato, CA 94949
415-884-3535
415-884-3555 FAX
E-mail: matrix@matrixparents.org
Deidre Hayden, Regional Director
Nora Thompson, Technical
Assistance Coordinator
Patricia Valdez, Multicultural TA
Coordinator
Covering: AK, AZ, CA, Department
of Defense Dependent Schools, HI,
ID, MT, NV, NM, OR, Pacific
Jurisdiction, UT, WA, WY

How Will the Alliance Reach Its Goals?

The Alliance will achieve several of its goals by building the technological capacity of the parent centers. Over the next five years the Alliance will provide sufficient funds to insure that federally funded Parent Training and Information Centers and funded Community Parent Resource Centers have technology for on-line access. This network will provide a user-friendly, national communication network for the timely delivery and collection of information for PTIs.

Technical assistance information, training, and publications will cover a wide range of topics including management and education. Through annual needs assessments, the Alliance will address those topics which have merited the greatest attention from PTIs and will provide this information in a current and timely manner. The Alliance will develop standardized curricula that can be adapted by PTIs to meet the needs of families they serve and arrange for teams of experts to address priority topics from PTIs.

Networking and collaborating with a variety of multicultural, limited English proficiency, and literacy organizations will serve to increase cultural competency and accessibility in publications and technical assistance activities. Each regional center has a Multicultural Technical Assistance Coordinator. The staff will provide technical assistance that can readily and easily be accessed by the PTIs and Community Parent Resource Centers. The Alliance will establish a central translation service to assist centers in the translation of written materials. Each year, one of the topical institutes will focus on meeting the needs of multicultural populations.

What Is Scope of the Alliance?

The Alliance will establish collaborative relationships with national clearinghouses, regional resource centers, and national dissemination projects concerned with the education of youth with disabilities (e.g. NICHCY, ERIC, assistive technology projects) to identify strategies and best practices for working with parents, families, teachers, and schools. The Alliance will disseminate the information through collective activities including joint publication efforts, Web links, and conferences. In addition, the Alliance will establish collaborative activities between parent centers and stakeholders on the issues of systems change and school reform.

The Alliance has joined forces with several representatives from the business and media communities. These collaborations will assist parent centers in building relationships with representatives of the business community. These leaders are willing to share their expertise in order to help parent centers cultivate needed technology, media, public relations, administrative, management, and fiscal skills.

Federally Funded Parent Projects:



Alabama

Special Education Action
Committee Inc.
Carol Blades, Director
P.O. Box 161274
Mobile, AL 36616-2274
334-478-1208 Voice &
TDD
334-473-7877 FAX
1-800-222-7322 AL only
seacofmobile@zebra.net
[home.hiwaay.net/~seachs
v/](http://home.hiwaay.net/~seachs/v/)

Alaska

PARENTS, Inc.
Faye Nieto
4743 E. Northern Lights
Blvd.
Anchorage, AK 99508
907-337-7678 Voice
907-337-7629 TDD
907-337-7671 FAX
1-800-478-7678 in AK
parents@parentsinc.org
www.parentsinc.org

American Samoa

American Samoa PAVE
Fa' Anati Penitusi
P.O. Box 6844
Pago Pago, AS 96799
011-684-699-6946
011-684-699-6952 FAX
[SAMPAVE@samoatelco.c
om](mailto:SAMPAVE@samoatelco.com)
[www.taalliance.org/ptis/am
samoa/](http://www.taalliance.org/ptis/am
samoa/)

Arizona

Pilot Parents of Southern
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Lynn Kallis
2600 North Wyatt Drive
Tucson, AZ 85712
520-324-3150
520-324-3152
papsa@pilotparents.org
www.pilotparents.org
Southern AZ

Arizona

RAISING Special Kids
Marta Urbina
4750 N. Black Canyon
Hwy, Suite 101
Phoenix, AZ 85017-3621

602-242-4366 Voice &
TDD
602-242-4306 FAX
1-800-237-3007 in AZ
Central and Northern AZ
[raisingspecialk1@qwest.n
et](mailto:raisingspecialk1@qwest.net)

Arkansas

Arkansas Disability
Coalition
Wanda Stovall
1123 University Ave.,
Suite 225
Little Rock, AR 72204-
1605
501-614-7020 Voice &
TDD
501-614-9082 FAX
1-800-223-1330 AR only
adc@alltel.net
www.adcpti.org
Statewide
With FOCUS AR

Arkansas

FOCUS, Inc.
Ramona Hodges
305 West Jefferson Ave.
Jonesboro, AR 72401
870-935-2750 Voice
870-931-3755 FAX
888-247-3755
focusinc@ipa.net
www.grnco.net/~norre/
With Arkansas Disability
Coalition AR

California

DREDF
Diane Lipton
2212 Sixth Street
Berkeley, CA 94710
510-644-2555 (TDD
available)
510-841-8645 FAX
1-800-466-4232
dredf@dredf.org
www.dredf.org
Northern California
With Parents Helping
Parents, Santa Clara

California

Exceptional Family
Support, Education and
Advocacy Center
Debbie Rowell

6402 Skyway
Paradise, CA 95969
530-876-8321
530-876-0346
1-888-263-1311
sea@sunset.net
www.sea-center.org

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Exceptional Parents
Unlimited
Leslie Lee
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Fresno, CA 93726
559-229-2000
559-229-2956 FAX
epu1@cybergate.com
[www.exceptionalparents.o
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rg)
Central California

California (CPRC)

Loving Your Disabled
Child
Theresa Cooper
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Los Angeles, CA 90043
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323-299-4373 FAX
lydc@pacbell.net

www.lydc.org
Most of LA County

California

Matrix
Deidre Hayden
94 Galli Drive, Suite C
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1-800-578-2592
[alliance@matrixparents.or
g](mailto:alliance@matrixparents.or
g)
www.matrixparents.org
Northern California
With Parents Helping
parents, Santa Clara

California

Parents Helping Parents of
San Francisco
Lois Jones
594 Monterey Blvd.
San Francisco, CA 94127-
2416
415-841-8820
415-841-8824 FAX

sfphp@earthlink.com
Nine counties in the San Francisco Bay area

California

Parents Helping Parents of Santa Clara

Mary Ellen Peterson
3041 Olcott St.
Santa Clara, CA 95054-3222

408-727-5775 Voice / 408-727-7655 TDD

408-727-0182 FAX

info@php.com

www.php.com

Northern California
With Matrix and DREDF

California (CPRC)

Parents of Watts

Alice Harris
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323-569-3982 FAX

egertonf@hotmail.com

With Loving Your Disabled Child

California

Support for Families of Children with Disabilities

Juno Duenas
2601 Mission #710
San Francisco, CA 94110-3111

415-282-7494

415-282-1226 FAX

sfcdmiss@aol.com

San Francisco

California

TASK

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714-533-8275

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Southern California

California

TASK, San Diego

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303

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858-874-2386

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tasksd1@yahoo.com

City of San Diego and

Imperial counties

California (CPRC)

Vietnamese Parents of Disabled Children Assoc., Inc. (VPDCA)

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310-370-6704

310-542-0522 FAX

luyenchu@aol.com

With Loving Your Disabled Child

Colorado

PEAK Parent Center, Inc.

Barbara Buswell

611 North Weber, Suite

200

Colorado Springs, CO

80903

719-531-9400 voice / 719-

531-9403 TDD

719-531-9452 FAX

1-800-284-0251

info@peakparent.org

www.peakparent.org

Connecticut

Connecticut Parent

Advocacy Center

Nancy Prescott

338 Main Street

Niantic, CT. 06357

860-739-3089 Voice &

TDD

860-739-7460 FAX (Call

first to dedicate line)

1-800-445-2722 in CT

cpacinc@aol.com

[members.aol.com/cpacinc/](http://members.aol.com/cpacinc/cpac.htm)

cpac.htm

Delaware

Parent Information Center

of Delaware (PIC/DE)

Marie-Anne Aghazadian

700 Barksdale Road, Suite

16

Newark, DE 19711

302-366-0152 voice / 302-

366-0178 (TDD)

302-366-0276 FAX

1-888-547-4412

picofdel@picofdel.org

www.picofdel.org

District of Columbia

Advocates for Justice and Education

Bethann West

2041 Martin Luther King

Ave., SE, Suite 301

Washington, DC 20020

202-678-8060

202-678-8062 FAX

1-888-327-8060

justice1@bellatlantic.net

www.aje.gpg.com/

District of Columbia

Florida

Family Network on Disabilities

Jan LaBelle

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Clearwater, FL 33760-

1610

727-523-1130

727-523-8687 FAX

1-800-825-5736 FL only

fnd@fndfl.org

fndfl.org

Florida (CPRC)

Parent to Parent of Miami, Inc.

Isabel Garcia

c/o Sunrise Community

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G

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305-271-6628 FAX

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Miami Dade and Monroe

Counties

Georgia

Parents Educating Parents and Professionals for All

Children (PEPPAC)

Linda Shepard

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Douglasville, GA 30134

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Hawaii

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Idaho

Idaho Parents Unlimited,
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Cheryl Fisher
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ipul@rmci.net
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Idaho

Native American Parent
Training and Information
Center
Chris Curry & Susan
Banks
129 East Third
Moscow, ID 83843
208-885-3500
208-885-3628 FAX
famtog@moscow.com
Nation-wide resource for
Native American families,

tribes, and communities as
well as parent centers and
others needing information
on this subject.

Illinois

Designs for Change
Donald Moore
29 East Madison, Suite 95
Chicago, IL 60602
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857-1013 TDD
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markse@designsforchange.org
www.dfc1.org

Illinois

Family Resource Center
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939-3519 TTY & TDY
312-939-7297 FAX
1-800-952-4199 IL only
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www.ameritech.net/users/frcdptiil/index.html

Illinois

Family T.I.E.S. Network
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ftiesn@aol.com
www.taalliance.org/ptis/ftiesn/

Illinois

National Center for Latinos
with Disabilities
Everado Franco
1915-17 South Blue Island
Ave.
Chicago, IL 60608
312-666-3393 voice / 312-
666-1788 TTY
312-666-1787 FAX
1-800-532-3393
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Indiana

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Richard Burden
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1036
219-234-7101
219-239-7275 TDD
219-234-7279 FAX
1-800-332-4433 in IN
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www.insource.org

Iowa

Access for Special Kids
(ASK)
Jule Reynolds
321 E. 6th St
Des Moines, IA 50309
515-243-1713
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1-800-450-8667
ptiowa@aol.com
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Kansas (CPRC)

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Nina Lomely-Baker
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316-685-0768 FAX
nina@mhasck.org
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Sedgwick County and
Outlying area

Kansas

Families Together, Inc.
Connie Zienkewicz
3340 W Douglas, Ste 102
Wichita, KS 67203
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316-945-7795 FAX
1-888-815-6364
fmin@southwind.net
www.kansas.net/~family/

Kentucky

Special Parent
Involvement Network
(SPIN)
Paulette Logsdon
2210 Goldsmith Lane,
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502-456-0923
502-456-0893 FAX

1-800-525-7746
spininc@aol.com

Kentucky

FIND of Louisville
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Louisiana (CPRC)

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Louisiana

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Maine

Special Needs Parent Info
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Maryland

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info@ppmd.org
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Massachusetts

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Richard Robison
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Massachusetts
Urban / PRIDE / IPEST
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Roxbury Crossing, MA
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Michigan

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1-800-221-9105 in MI
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Michigan

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248-557-4456 FAX
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www.taalliance.org/ptis/mi-parents/
Wayne County

Minnesota

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Richardson
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952-838-0199 FAX
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Mississippi

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Jackson, MS 39216
(601) 982-1988
(601) 982-5792 FAX
1-800-366-5707 in MS
arcpti@parentpartners.org
- Parent Partners General
box
tburton@parentpartner.org
- Terry Burton, Director
gretchen@parentpartners.org
- Gretchen Kleeb,
Director of Training
aretha@parentpartners.org
- Aretha Lee, Resource
Specialist
sharlet@parentpartners.org
- Luticia Sharlet Scott,
Training Specialist
linda@arcms.org - Linda
Bond, Executive Director
ptiofms@mismet.com
www.parentpartners.org

Mississippi (CPRC)

Project Empower
Agnes Johnson
136 South Poplar Ave
Greenville, MS 38701
601-332-4852
601-332-1622 FAX

1-800-337-4852
empower@tecinfo.com

Missouri

Missouri Parents Act
(MPACT)
Janet Jacoby, Executive
Director
1 W. Armour Blvd. Suite
302
Kansas City, MO 64111
1-816-531-7070
1-816-531-4777 fax
1-800-743-7634
ptijci@aol.com
www.crn.org/mpact/

Montana

Parents Let's Unite for
Kids
Dennis Moore
516 N. 32nd Street
Billings, MT 59101
406-255-0540
406-255-0523 FAX
1-800-222-7585 in MT
plukinfo@pluk.org
www.pluk.org

Nebraska

Nebraska Parents Center
Glenda Davis
1941 South 42nd St., #122
Omaha, NE 68105-2942
402-346-0525 Voice &
TDD
402-346-5253 FAX
1-800-284-8520
gdavis@neparentcenter.org
www.neparentcenter.org

Nevada

Nevada Parents
Encouraging Parents
(PEP)
Karen Taycher
2810 W. Charleston Blvd.,
Suite G-68
Quall Park IV
Las Vegas, NV 89102
702-388-8899
702-388-2966 FAX
1-800-216-5188
nvpep@vegas.infi.net
www.nvpep.org

New Hampshire

Parent Information Center
Judith Raskin
P.O. Box 2405
Concord, NH 03302-2405
603-224-7005 (Voice &
TDD)
603-224-4379 FAX
1-800-232-0986 in NH
picnh@aol.com
www.parentinformationcenter.org

New Jersey

Statewide Parent
Advocacy Network (SPAN)
Diana MTK Autin
35 Halsey Street, 4th Floor
Newark, NJ 07102
973-642-8100
973-642-8080 FAX
1-800-654-SPAN
span@spannj.org
www.spannj.org

New Mexico

Parents Reaching Out,
Project ADOBE
Larry Fuller
1000-A Main St. NW
Los Lunas, NM 87031
505-865-3700 Voice &
TDD
505-865-3737 FAX
1-800-524-5176 in NM
nmproth@aol.com
www.parentsreachingout.org

New Mexico

EPICS Project
Martha Gorospe - Charlie
412 Camino Don Thomas,
P.O. Box 788
Bernalillo, NM 87004-0788
505-867-3396
505-867-3398 FAX
1-800-524-5176 in NM
epics@swcr.org

New York

The Advocacy Center
Cassandra Archie
277 Alexander St., Suite
500
Rochester, NY 14607
716-546-1700
716-546-7069 FAX

1-800-650-4967 (NY only)
advocacy@frontiernet.net
www.advocacycenter.com
Statewide except for NY
city.

New York

Advocates for Children of
NY
Ana Espada
151 West 50th Street, 5th
Floor
New York, NY 10001
212-947-9779
212-947-9790 FAX
aespada@advocatesforchildren.org
www.advocatesforchildren.org
Five boroughs of New
York City

New York

Resources for Children
with Special Needs, Inc.
Karen Schlesinger,
Director
200 Park Ave. South,
Suite 816
New York, NY 10003
212-677-4650
212-254-4070 FAX
info@resourcesnyc.org
www.resourcesnyc.org
New York City (Bronx,
Brooklyn, Manhattan,
Queens, Staten Island)

New York

Sinergia/Metropolitan
Parent Center
Donald Lash, Executive
Director
15 West 65th St., 6th Floor
New York, NY 10023
212-496-1300
212-496-5608 FAX
dalsinergia@worldnet.att.net
www.sinergiany.org
New York City

New York (CPRC)

United We Stand
Lourdes Revera-Putz
312 South 3rd Street
Brooklyn, NY 11211
718-302-4313, ext. 562

718-302-4315 FAX
uwsofny@aol.com
www.taalliance.org/ptis/uw/s/

North Carolina

ECAC, Inc.
Connie Hawkins
P.O. Box 16
Davidson, NC 28036
704-892-1321
704-892-5028 FAX
1-800-962-6817 NC only
ECAC1@aol.com
www.ecac-parentcenter.org/

North Dakota

ND Pathfinder Parent
Training And Information
Center
Kathryn Erickson
Arrowhead Shopping
Center
1600 2nd Ave. SW, Suite
19
Minot, ND 58701-3459
701-837-7500 voice / 701-
837-7501 TDD
701-837-7548 FAX
1-800-245-5840 ND only
ndpath01@minot.ndak.net
www.pathfinder.minot.com

Ohio

Child Advocacy Center
Cathy Heizman
1821 Summit Road, Suite
303
Cincinnati, OH 45237
513-821-2400
513-821-2442 FAX
CADCcenter@aol.com
Southwestern Ohio,
Northern Kentucky,
Dearborn County, Indiana

Ohio

OCECD
Margaret Burley
Bank One Building
165 West Center St., Suite
302
Marion, OH 43302-3741
740-382-5452 Voice &
TDD
740-383-6421 FAX
1-800-374-2806

ocecd@gte.net
www.taalliance.org/PTIs/reghohio/

Oklahoma

Oklahoma Parents Center,
Inc.
Sharon Bishop
4600 Southeast 29th
Street, Suite 115
Del City, OK 73115-4224
405-619-0500
405-670-0776 FAX
1-877-553-IDEA
okparentctr@aol.com

Oregon

Oregon COPE Project
Anne Brown
999 Locust St. NE
Salem, OR 97303
503-581-8156 Voice &
TDD
503-391-0429 FAX
1-888-505-COPE
orcope@open.org
www.open.org/~orcope

Pennsylvania (CPRC)

Hispanos Unidos para
Niños Excepcionales
(Hispanics United for
Exceptional Children)
Liz Hernandez
Buena Vista Plaza
166 W. Lehigh Ave., Suite
101
Philadelphia, PA 19133-
3838
215-425-6203
215-425-6204 FAX
nuneinc@aol.com
City of Philadelphia,
occasional service to
surrounding counties

Pennsylvania

Parent Education Network
Louise Thieme
2107 Industrial Hwy
York, PA 17402-2223
717-600-0100 Voice &
TTY
717-600-8101 FAX
1-800-522-5827 in PA
1-800-441-5028 (Spanish
in PA)

pen@parentednet.org
www.parentednet.org

Pennsylvania

The Mentor Parent
Program
Gail Walker
P.O. Box 47
Pittsfield, PA 16340
814-563-3470
814-563-3445 FAX
gwalker@westpa.net

Puerto Rico

APNI
Carmen Sellés de Vilá
P.O. Box 21280
Ponce de Leon 724
San Juan, PR 00928-1301
787-763-4665
787-765-0345 FAX
1-800-981-8492
1-800-949-4232
apnivr@prtc.net
Island of Puerto Rico

Rhode Island

RI Parent Information
Network
Cheryl Collins
175 Main Street
Pawtucket, RI 02860
401-727-4144 voice / 401-
727-4151 TDD
401-727-4040 FAX
1-800-464-3399 in RI
collins@ripin.org
<http://www.ripin.org/>

South Carolina (CPRC)

Parent Training &
Resource Center
Beverly McCarty
c/o Family Resource
Center
135 Rutledge Ave., PO
Box 250567
Charleston, SC 29425
843-876-1519
843-876-1518 FAX
mccartyb@musc.edu
Tri-county: Charleston,
Berkeley, and Dorchester

South Carolina

PRO-PARENTS
Mary Eaddy
2712 Middleburg Drive,

Suite 203
Columbia, SC 29204
803-779-3859 Voice
803-252-4513 FAX
1-800-759-4776 in SC
proparents@aol.com
community.columbiatoday.com/realcities/proparents

South Dakota

South Dakota Parent
Connection
Bev Petersen
3701 West 49th St., Suite
200B
Sioux Falls, SD 57106
605-361-3171 Voice &
TDD
605-361-2928 FAX
1-800-640-4553 in SD
bpete@sdparent.org
www.sdparent.org

Tennessee

Support and Training for
Exceptional Parents, Inc.
(STEP)
Nancy Diehl
424 E. Bernard Ave., Suite
3
Greeneville, TN 37745
423-639-0125 voice / 636-
8217 TDD
423-636-8217 FAX
1-800-280-STEP in TN
tnstep@aol.com
www.tnstep.org

Texas (CPRC)

El Valle Community Parent
Resource Center
Laura Reagan
530 South Texas Blvd,
Suite J
Weslaco, TX 78596
956-969-3611
956-969-8761 FAX
1-800-680-0255 TX only
texasfiestaedu@acnet.net
www.tfepoder.org
Cameron, Willacy, & Starr
Counties.

Texas (CPRC)

The Arc of Texas in the
Rio Grande Valley
Parents Supporting
Parents Network

Larry Zuniga
601 N Texas Blvd
Weslaco, TX 78596
956-447-8408
956-973-9503 FAX
1-888-857-8688
lzuniga@earthlink.net
www.thearcoftexas.org

Texas

Partners Resource
Network Inc.
Janice Meyer
1090 Longfellow Drive,
Suite B
Beaumont, TX 77706-
4819
409-898-4684 Voice &
TDD
409-898-4869 FAX
1-800-866-4726 in TX
txprn@pnx.com
www.PartnersTX.org

Texas

Project PODER
Yvette Hinojosa
1017 N. Main Ave., Suite
207
San Antonio, TX 78212
210-222-2637
210-475-9283 FAX
1-800-682-9747 TX only
poder@tfepoder.org
www.tfepoder.org
San Antonio, Hondo, &
Castroville. Cameron,
Hidalgo, Willacy, & Starr
Counties.

Utah

Utah Parent Center
Helen Post
2290 East 4500 S., Suite
110
Salt Lake City, UT 84117-
4428
801-272-1051
801-272-8907 FAX
1-800-468-1160 in UT
upc@inconnect.com
www.utahparentcenter.org

Vermont

Vermont Parent
Information Center
Connie Curtin
1 Mill Street, Suite A7

Burlington, VT 05401
802-658-5315 Voice &
TDD
802-658-5395 FAX
1-800-639-7170 in VT
vpic@together.net
homepages.together.net/~vpic

Virgin Islands

V.I. FIND
Catherine Rehema Glenn
#2 Nye Gade
St. Thomas, US VI 00802
340-774-1662
340-774-1662 FAX
vifind@islands.vi
www.taalliance.org/ptis/vifind/
Virgin Islands

Virginia (CPRC)

PADDA, Inc.
Mark Jacob
813 Forrest Drive, Suite 3
Newport News, VA 23606
757-591-9119
757-591-8990 FAX
1-888-337-2332
webmaster@padda.org
www.padda.org

Virginia

Parent Educational
Advocacy Training Center
Cheri Takemoto
6320 Augusta Drive
Springfield, VA 22150
703-923-0010
703-923-0030 FAX
1-800-869-6782 VA only
partners@peatc.org
www.peatc.org

Washington (CPRC)

Parent to Parent Power
1118 S 142nd St.
Tacoma, WA 98444
253-531-2022
253-538-1126 FAX
yvone_link@yahoo.com

Washington

PAVE/STOMP
Heather Hebdon
6316 South 12th St., Suite
B
Tacoma, WA 98465

253-565-2266 Voice &
TTY
253-566-8052 FAX
1-800-572-7368
hbedon@washingtonpave.org
washingtonpave.org
U.S. Military installations;
and as a resource for
parent centers and others
needing information on
this subject.

Washington

Washington PAVE
Joanne Butts
6316 South 12th St., Suite
B
Tacoma, WA 98465-1900
253-565-2266 (Voice &
TDD)
253-566-8052 FAX
1-800-572-7368 in WA
jbutts@washingtonpave.org
www.washingtonpave.org

West Virginia

West Virginia PTI
Pat Haberbosch
371 Broaddus Ave
Clarksburg, WV 26301
304-624-1436 Voice &
TTY
304-624-1438
1-800-281-1436 in WV
wvpti@aol.com
www.iolinc.net/wvpti

Wisconsin

Native American Family
Empowerment Center
Don Rosin
Great Lakes Inter-Tribal
Council, Inc.
2932 Highway 47N, P.O.
Box 9
Lac du Flambeau, WI
54538
715-588-3324
715-588-7900
1-800-472-7207 (WI only)
drosin@newnorth.net

Wisconsin

Parent Education Project
of Wisconsin

S. Patrice Colletti, SDS
2192 South 60th Street
West Allis, WI 53219-1568
414-328-5520 Voice / 414-
328-5525 TDD
414-328-5530
1-800-231-8382 (WI only)
PMColletti@aol.com
members.aol.com/pepofwi/

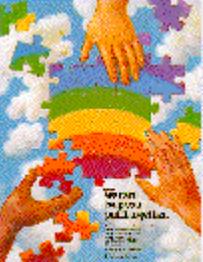
Wisconsin (CPRC)

Wisconsin Family
Assistance Center for
Education, Training and
Support
Janis M. Serak
2714 North Dr. Martin
Luther King Dr., Suite E
Milwaukee, WI 53212
414-374-4645 / 414-374-
4635 TTD
414-374-4655 FAX
wifacets@execpc.com

Wyoming

Parent Information Center
Terri Dawson
5 North Lobban
Buffalo, WY 82834
307-684-2277 Voice &
TDD
307-684-5314
1-800-660-9742 WY only
tdawsonpic@vcn.com
www.wpic.org

(CPRC)=Community Parent Resource Center



NICHCY

The NICHCY State Resource Sheet for your state will help you locate organizations and agencies within your state that address disability-related issues. Included on NICHCY state sheets are:

- state senators
- state governors
- state agencies serving children and youth with disabilities
- state chapters of disability organizations and parent groups
- parent training and information projects

These state level agencies and organizations can often refer you to local sources of information and assistance. Some state departments of education serving general and special education have web sites. The [National Association of State Boards of Education \(NASBE\)](#) provides links to sites.

NICHCY updates these State Resource Sheets regularly; however, the addresses and telephone numbers of these groups are constantly changing. If you find that an address or number has changed or is incorrect, please e-mail us at nichcy@aed.org and let us know. Your contribution to helping keep our State Resource Sheets current will be greatly appreciated by all who use them!

About NICHCY

NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals. Our special focus is children and youth (birth to age 22).

[Hablamos español.](#)

NICHCY provides information
and makes referrals in areas related to:

Specific disabilities
Early intervention
Special education and related services
Individualized education programs
Family issues

Disability organizations
Professional associations
Education rights
Transition to adult life, and much, much more!

NICHCY's Services Include:

Personal Responses to Your Specific Questions--

Our information specialists are available to speak with you about your area of interest or concern. Call us at **1-800-695-0285**, or e-mail nichcy@aed.org.

NICHCY Publications--

NICHCY makes available a wide variety of [publications](#), including fact sheets on specific disabilities, state resource sheets, parent guides, bibliographies, and our issue papers, "News Digest" and "Transition Summary." Most publications can be printed off the Internet. You may also request documents in print. Our publications are also available in alternative formats upon request.

Referrals to Other Organizations and Sources of Help--

We can put you in touch with [disability organizations](#), parent groups, and professional associations at the state and national level.

Information Searches of Our Databases and Library--

We can provide an information search to your unique needs and concerns.

Materials are also available in [Spanish](#), on disk, and as camera-ready originals.

Contact NICHCY

NICHCY
P.O. Box 1492
Washington, DC 20013
1-800-695-0285

If you have any remarks, suggestions, or corrections regarding the material that NICHCY has made available at this Web site, please send them to nichcy@aed.org.

The Central Directory of Resources

The Central Directory of Resources is a computerized database of agencies, organizations, services, and literature relevant to families of children with special needs living in North Carolina. Caring and knowledgeable Resource Specialists know the ins-and-outs of services and supports for children with special needs and their families. They take the time to identify each caller's needs and refer them to resources in their community or at the state or national level. One of our Resource Specialists is fluent in Spanish.

Our database houses information on developmental disabilities, physical disabilities, chronic illness, and rare diseases. This information is cross-referenced by county, so that when a parent or professional calls, we can let them know about resources that are available in their area. As well as providing information about services and resources by phone, we have family-friendly printed information that we mail to callers. We have literature on specific diagnoses and disabilities, transitioning between services, and parenting concerns along with other topics. Information is mailed to callers free of charge.

The Individuals with Disabilities Education Act, or [IDEA](#) requires that each state provide a Central Directory of Resources on public and private early intervention services and resources available in the state. Family Support Network provides this service for North Carolina. See our [Mandates](#) to learn more.

The Central Directory in your state should be a good resource for locating services and support in your area. We are currently developing a listing of the various state CDR's and plan to have it online by Spring 2001.

The National Information Center for Children and Youth with Disabilities (NICHCY) provides [resource sheets](#) for all 50 states (as well as Puerto Rico and the Virgin Islands) listing disability-related public agencies.

National organizations that provide information, support and advocacy on issues related to disabilities or chronic illness can be accessed by [searching the Central Directory of Resources](#) or by visiting our [links](#) page.

You may obtain a list of the Central Directory of Resources from

NICHCY
P.O. Box 1492
Washington, DC 20013
1-800-695-0285